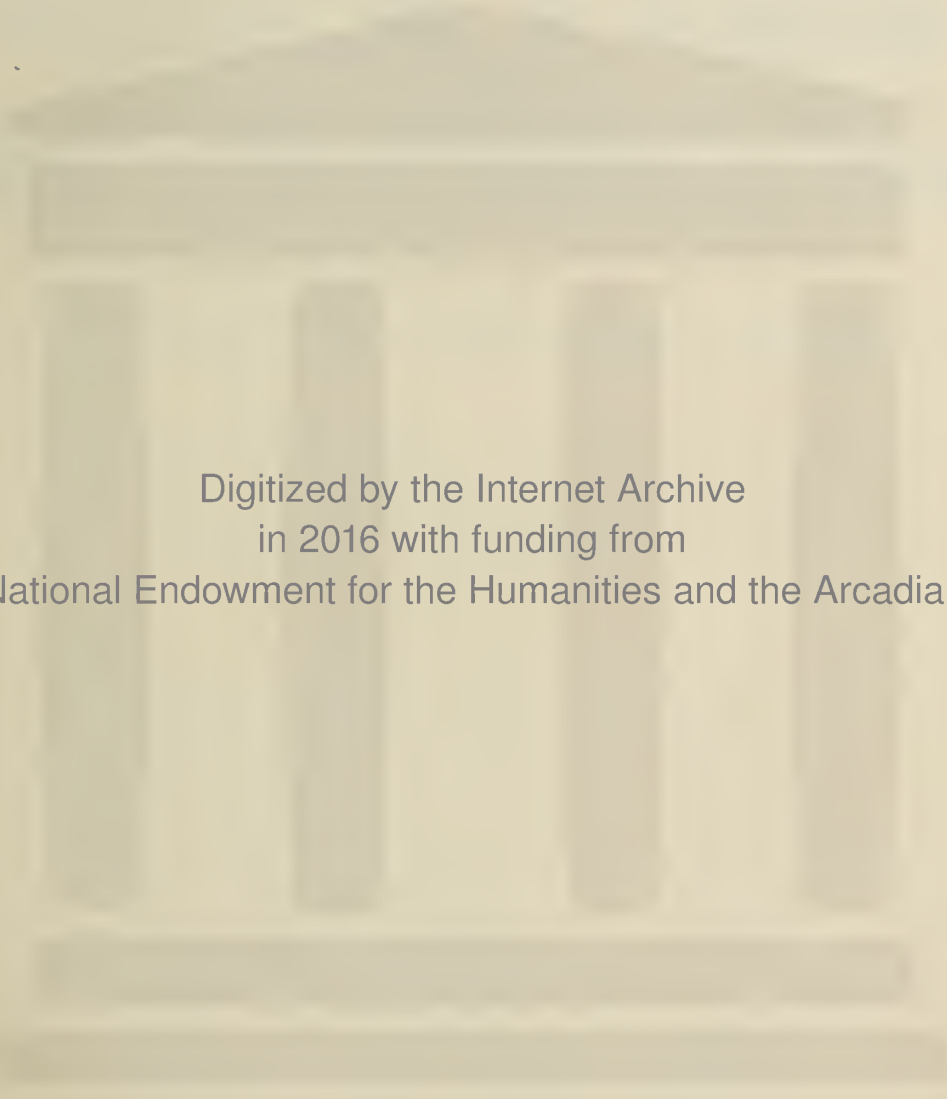
The New York
Academy of Medicine

Exchange.



Digitized by the Internet Archive
in 2016 with funding from
The National Endowment for the Humanities and the Arcadia Fund

https://archive.org/details/ohiostatemedical2719unse

The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY BY
THE OHIO STATE MEDICAL ASSOCIATION
AS A MEDIUM OF SERVICE TO ITS MEMBERS

INDEX TO VOLUME XXVII

The Ohio State Medical Journal
January - - - December, 1931

January	Pages	1	to	96
February	"	97	to	184
March	"	185	to	264
April	"	265	to	344
May	"	345	to	432
June	"	433	to	528
July	"	529	to	600
August	"	601	to	680
September	"	681	to	760
October	"	761	to	840
November	"	841	to	920
December	"	921	to	1000

SUPPLEMENT TO DECEMBER, 1931, VOL. XXVII.

OF MEDICINE
JAN 28 1932
LIBRARY
178898

ORIGINAL CONTRIBUTIONS

Abdominal Conditions, The Differential Diagnosis Between Cardiac Disease and, (W. W. Beauchamp) 209
Albumin Relation in Spinal Fluid, The, (Louis A. Miller) 291
Anemia. (A. Blaine Brower) 701
Anesthesia, Spinal; Subarachnoid Radicular Conduction Block. (Paul D. Scofield) 634
Ankle, Fractures of the, (Ralph G. Carothers) 781
Appendicitis in Children Under Thirteen Years of Age. (R. M. Watkins) 461
Arsenicals, Accidents and Sequelae in the Intravenous Use of, (C. L. Cummer) 711
Arthritis, Surgery of Certain Types of, (Chollett and Bershon) 205
Arthritis and Rheumatic Manifestations, Advances in Our Knowledge of the Etiology and Treatment of Chronic. (Willard C. Stoner) 861
Asthma, The Causes for Failure in the Treatment of, (Cohen and Rudolph) 941
Atrophy, The Neurological Principles Underlying the Treatment of Muscular. (Herman Campbell Stevens) 35
Aural and Intranasal Infections in Children. (Hugh G. Beatty) 31
Bacillus Coli Meningitis. (Vonderahe and Baurichter) 370
Bladder, Extrophy of the, with Transplantation of the Ureters into the Rectum. (C. C. Higgins) 705
Bronchoscopy, Laryngoscopy and Esophagoscopy. (John D. Fouts) 708
Burns, Skin Grafting with Reference to Extensive. (H. T. Sutton) 943
Cancer, The Relative Value of Irradiation and Operation in the Cure of Uterine. (John Osborn Polak) 363
Cardiac Disease, and Abdominal Conditions, The Differential Diagnosis Between. (W. W. Beauchamp) 209
Cardiac Pain, A Clinical Consideration. (Franklin Jukes) 879
Chondrodysplasia or Multiple Exostoses, Hereditary Deforming. (Harding and Fockler) 366
Chromium Plating, Health Hazards in. (L. Jackson Blair) 142
Climate, The Influence of, on the Female Sexual Functions. (C. A. Mills) 949
Clinic Conferences, Use and Abuse of, in a Health Department. (F. R. Dew) 789
Colitis, Chronic Ulcerative: Surgical Treatment of Refractory Cases. (Elmer R. Arn) 121
Cranio-Cerebral Injuries, A Consideration of. (H. E. LeFever) 371
Cranial, Extracranial and Intracranial Injuries. (Edson J. Brown) 627
Diabetes, Observations on Urinary Tract Infections in. (Frederic G. Maurer) 960
Ears, The Treatment of Chronic Suppurating. (George M. Coates) 128
Economics and the Early History of the Practice of Medicine. (E. Starr Judd) 562
Empyema, The Rational Treatment of. (S. O. Freedlander) 565
Esophagus, Perforation of the, by a Chicken Bone. (Louis Ginsburg) 568
Esophagoscopy, Bronchoscopy and Laryngoscopy. (John D. Fouts) 708
Facial Hemiatrophy, Progressive. (Franklin C. Wagenhals) 217
Female Sexual Functions, The Influence of Climate on the. (C. A. Mills) 949
Glaucoma, Advantages of External Scleral Scalpel Incision in the Iridectomy for Acute. (Clarence King) 213
Head Injuries, Extracranial, Cranial and Intracranial. (Edson J. Brown) 627
Health Administration, The Practical Professional Problems of Rural. (E. R. Hiatt) 877
Health Department, Use and Abuse of Clinic Conferences in a. (F. R. Dew) 789
Health Hazards in Chromium Plating. (L. Jackson Blair) 142
Hemiotrophy, Progressive Facial. (Franklin C. Wagenhals) 217
Hereditary Deforming Chondrodysplasia or Multiple Exostoses. (Harding and Fockler) 366
Hysterectomy. (R. B. Drury) 863
Industrial Commission, The Relation of the Physician to the, (W. E. Obetz) 958
Infant Mortality and Maternal Toxemia. (Miller and Snyder) 711
Infection in Women, The Management of Chronic Pelvic. (Luther O. Baumgardner) 39
Infections of Nasal Accessory Cavities. What Constitutes Conservatism in Plural. (John Edwin Brown) 287
Infectious Mononucleosis. Mitral Stenosis Following, (R. W. Bradshaw) 717
Injuries, A Consideration of Cranio-Cerebral. (H. E. LeFever) 371
Intestine, Simple Ulcer of the, (S. C. Lind) 621
Intranasal and Aural Infections in Children. (Hugh G. Beatty) 31
Intravenous Use of Arsenicals, Accidents and Sequelae in the, (C. L. Cummer) 117
Iridectomy for Acute Glaucoma. Advantages of External Scleral Scalpel Incision in the, (Clarence King) 213
Ischial-Ramic Diameter and the Uterine Cervix. (John Gardiner) 219
Laboratory Findings in Thyroid Diseases, Clinical. (Edith M. Miller) 799
Laryngoscopy, Bronchoscopy and Esophagoscopy. (John D. Fouts) 708
Lawyers and Psychiatrists, Some Suggestions for Better Cooperation Between. (Charles E. Kiely) 869
Leucemia, The Lymphocyte in Lymphatic; With Notes on Prognosis and Treatment. (Bruce K. Wiseman) 639
Malarial Therapy, Change in the Course of Paralysis of the Insane Under. (Lorne W. Yule) 139
Maternal Mortality and Morbidity in Ohio. (B. H. Carroll) 865
Medicine, The Practice of; The Early History and Economics. (E. Starr Judd) 562
Meningitis, Bacillus Coli. (Vonderahe and Baurichter) 370
Mental Hygiene Needs, Ohio. (E. A. North) 791
Mitral Stenosis Following Infectious Mononucleosis. (R. W. Bradshaw) 717
Mitral Stenosis, A Clinical and Pathological Study of Seventy Cases of, (Einsel, Feil and Stone) 783
Myasthenia Gravis. (C. H. Bayha) 956
Nasal Accessory Cavities, What Constitutes Conservatism in Plural Infections of, (John Edwin Brown) 287
Nephroptosis. (Smith, McKim and Rush) 27
Neurological Principles Underlying the Treatment of Muscular Atrophy, The, (Herman Campbell Stevens) 35
Otitis Media, Chronic Suppurative, The Treatment of, (George M. Coates) 128
Paralysis of the Insane under Malarial Therapy, Change in the Course of General. (Lorne W. Yule) 139
Pellagra in Ohio. (M. Tischer Hoerner) 296
Pelvic Infection in Women, The Management of Chronic, (Luther O. Baumgardner) 39
Peptic Ulcer. (George W. Crile) 285
Placenta, Single, Two Cases of Triplets. (Albert F. Kahler) 286
Pneumonia, The Present Status of the Treatment of, (R. H. McDonald) 223
Poliomyelitis, Some Phases of, (E. G. Horton) 796
Psychiatrists and Lawyers, Some Suggestions for Better Cooperation Between. (Charles E. Kiely) 869
Renal Rickets. (Mitchell and Guest) 134
Rheumatic Manifestations and Arthritis, Advances in Our Knowledge of the Etiology and Treatment of Chronic. (Willard C. Stoner) 861
Skin Grafting with Reference to Extensive Burns. (H. T. Sutton) 943
Snake-Bite, Poisonous; Etiology and Treatment with Case Reports. (W. Gordon Hartnett) 636
Spinal Anesthesia; Subarachnoid Radicular Conduction Block. (Paul D. Scofield) 634
Spinal Fluid, The Albumin Relation in, (Louis A. Miller) 291
Tenosynovitis. (H. R. Conn) 713
Thyroid Diseases, Clinical Laboratory Findings in, (Edith M. Miller) 799
Tonsils, The Pathology of One Hundred Consecutive. (H. L. Reinhart) 786
Tonsils, The Bacteriology of One Hundred Consecutive. (Carl L. Spohr) 872
Tonsils—Anatomy and Treatment. (John A. Lukens) 953
Toxemia, Maternal, and Infant Mortality. (Miller and Snyder) 711
Triplets—Single Placenta. Two Cases. (Albert F. Kahler) 286
Tuberculosis, A Critique of the More Recent Work in, as it Relates to Diagnosis and Prognosis. (Charles A. Doan) 292
Tuberculosis, Surgical Procedures in Pulmonary. (Steinke and Hyde) 549
Ulcer of the Intestine, Simple. (S. C. Lind) 621
Ulcer, Peptic. (George W. Crile) 285
Undulant Fever, The Clinical Picture of, (Walter M. Simpson) 21
Undulant Fever in Ohio. (Ey and Van Orsdall) 466
Ureters, Transplantation of, into the Rectum; Extrophy of the Bladder. (C. C. Higgins) 705
Urinary Tract Infections in Diabetics. Observations on, (Frederic G. Maurer) 960
Uterine Cancer. The Relative Value of Irradiation and Operation in the Cure of, (John Osborn Polak) 363
Uterine Cervix and the Ischial-Ramic Diameter. (John Gardiner) 219

AUTHORS TO CONTRIBUTIONS

Arn, Elmer A. (Dayton) 121
Baumgardner, Luther O. (Cleveland) 39
Baurichter, F. X. (Cincinnati) 370
Bayha, C. H. (Toledo) 956
Beatty, Hugh Gibson. (Columbus) 31
Beauchamp, W. W. (Lima) 209
Bershon, Albert L. (Toledo) 205
Blair, L. Jackson (Cleveland) 142
Bradshaw, R. W. (Oberlin) 717
Brower, A. Blaine (Dayton) 701
Brown, Edson J. (Cleveland) 627
Brown, John Edwin (Columbus) 287
Carothers, Ralph G. (Cincinnati) 781
Carroll, B. H. (Toledo) 865
Chollett, Burt G. (Toledo) 205
Coates, George M. (Philadelphia) 123
Cohen, Milton B. (Cleveland) 941
Conn, H. R. (Akron) 713
Crile, George W. (Cleveland) 285
Cummer, C. L. (Cleveland) 117
Dew, F. R. (St. Clairsville) 789
Doan, Charles A. (Columbus) 292
Drury, R. B. (Columbus) 863
Einsel, I. H. (Cleveland) 783
Ey, Leo F. (Columbus) 166
Feil, H. S. (Cleveland) 783
Fockler, H. H. (Columbus) 366
Fouts, John D. (Dayton) 708
Freedlander, S. O. (Cleveland) 565
Gardiner, John (Toledo) 219
Ginsburg, Louis (Toledo) 568
Guest, George M. (Cincinnati) 134
Harding, George T., III, (Columbus) 366
Hartnett, W. Gorton (Toledo) 636
Hiatt, E. R. (Troy) 877
Higgins, C. C. (Cleveland) 705
Hedges, E. H. (Lima) 960
Hoerner, M. Tischer (Dayton) 296
Horton, E. G. (Columbus) 796
Houser, D. C. (Urbana) 720; 803; 883; 963
Hyde, C. L. (Akron) 549
Judd, E. Starr (Rochester, Minn.) 562
Jukes, Franklin (Akron) 879
Kahler, Albert F. (New Holland) 286
Kiely, Charles E. (Cincinnati) 869
King, Clarence (Cincinnati) 213
LeFever, H. E. (Columbus) 371
Lind, S. C. (Cleveland) 621
Lukens, John A. (Toledo) 953
Maurer, Frederic G. (Lima) 960
McDonald, R. H. (Cleveland) 223
McKim, Gordon F. (Cincinnati) 27
Miller, Edith M. (Columbus) 799
Miller, Theodore (Cleveland) 711
Miller, Louis A. (Toledo) 291
Mills, C. A. (Cincinnati) 949
Mitchell, A. Graeme (Cincinnati) 134
North, E. A. (Cincinnati) 791
Obetz, W. E. (Columbus) 958
Polak, John Osborn (Brooklyn) 363
Reinhart, H. L. (Columbus) 786
Rudolph, J. A. (Cleveland) 949
Rush, Thomas W. (Cincinnati) 27
Scofield, Paul D. (Columbus) 634
Simpson, Walter M. (Dayton) 21
Smith, Parke G. (Cincinnati) 27
Frederick A. Snyder (Cleveland) 711
Spohr, Carl L. (Columbus) 872
Steinke, Carl (Akron) 549
Stevens, Herman Campbell (Cleveland) 35
Stone, C. S. (Cleveland) 783
Stoner, Willard C. (Cleveland) 861
Sutton, H. T. (Zanesville) 943
Van Orsdall, Finley (Columbus) 466
Vonderahe, A. R. (Cincinnati) 370
Wagenhals, Franklin C. (Columbus) 217
Waggoner, C. W. (Toledo) 43; 146; 302; 375
Watkins, R. M. (Cleveland) 461
Wiseman, Bruce K. (Columbus) 639
Yule, Lorne W. (Apple Creek) 139

ORGANIZATION—O. S. M. A.

Annual Meeting—

Plans for 1931 Annual Meeting, 59; Annual Meeting Plans Under Way, 115; Prepare to Attend the Annual Meeting, 201; Make Hotel Reservations Now for Annual Meeting in Toledo, 234; Attractions at the Annual Meeting, 281; Program for Eighty-Fifth Annual Meeting, Toledo, 303; Make Hotel Reservations for the Annual Meeting of the State Association Promptly, 315; Your Attendance is Requested, 361; Special Features, Clinics, Entertainment and Diversion in Connection with the Annual Meeting, Toledo, 409; Successful Annual Meeting in Retrospect, 448; The Attendance Record at Eighty-Fifth Annual Meeting, 488; The Successful Annual Meeting in Toledo Climaxed a Year of Splendid Organization Achievement, 491; Medical Golfers Make Low Scores Despite Weather Conditions, 499; Your Suggestions are Solicited on Annual Meeting Program Set-Up, 579; Program Arrangement for Next Annual Meeting, 648; Program Plans for Annual Meeting, 779; Annual Meeting Arrangements 885

Annual Address—

Annual Address of the President, 453; Inaugural Address of the Incoming President 457

Committees, Annual Reports—

Auditing and Appropriations 400
Medical Defense 391
Medical Economics 383
Medical Education and Hospitals 394
Mental Hygiene 402
Military Affairs 405
Periodic Health Examinations 397
Public Policy 377
Publication 389

Committee Appointments Announced at July Council Meeting 647

Council—

Numerous Subjects of Organization Policy and Procedure are Acted on at December Council Meeting, 59; Constitutional, Legislative and Other Organization Questions Before Council at the March Meeting, 311; Annual Report of the Councilors, 407; Council Meetings Held During the Eighty-Fifth Annual Meeting, 485; Committee Appointments, Annual Meeting Program Plans and Details, Policy Matters and Other Questions Decided at Council Meeting, July 12, 647; Annual Meeting Plans, Constitutional Questions, Workmen's Compensation Procedure, Medical Economic Problems and other Important Matters Considered by Council at October Meeting 885

County Societies and Academies of Medicine—

News Notes from, 74; 165; 250; 327; 416; 511; 588; 672; 736; 824; 903; 983; New Officers, 90; 176; Progressing or Retrogressing—Which? 57; Health Education Foundation Organized by Cleveland Academy, 412; Vital Function of County Societies, 619; Some Hints in Avoiding Erroneous News Reports of Medical Meetings 812

District Societies—(See County Societies)

Union Medical Association Quarterly Meeting, 74; Post Graduate Medical Lectures in Lima, 652; 735; Fifth District Meeting, 735; Program for Northwestern Ohio Meeting, 735; Successful District Meetings, With Attractive Programs Held Recently in Ohio 893

Membership—(See Organization)

Annual Membership Report 407

Meetings, Annual—(See Annual Meetings; Associations)

Organization—

Annual Summary of Organization Accomplishments, 360; Seasonal Preparation, 544; Autumn Activities Now Well Under Way, 777; United Thought and Effort Necessary, 857; A Review and Glance Ahead 937

GENERAL

Accidents—

Accident Hazards on the Farm and Their Relation to Workmen's Compensation, 67; Psychiatry vs. Accidents, 116; Accident Prevention Program Brings Gradual Results 240

Advertising—

Report of Special Council Committee on Advertising Ethics, 60; Fraudulent Health Advertising 898

Alcohol (See Prohibition)

American Medical Association—

The A. M. A. Meeting, June 8 to 12, 498; Recent A. M. A. Meeting, 650; Ohio Physicians Had a Prominent Part in Annual Meeting of A. M. A. Held in Philadelphia 571

Appendicitis, The Up-Grade in Deaths from 319

Associations—

American Board of Obstetrics and Gynecology Plans Examinations, 145; National Eclectic Medical Association Annual Meeting Plans, 161; Ohio Physicians on Program of College of Surgeons, 233; Annual Clinical Session, College of Physicians, 236; Northern Tri-State Medical Society Meeting, 239; American Assocation for the Study of Goiter, 248; Central Tri-State Meeting, 390; Annual Meeting of Northern Tri-State Medical Association, 503; Annual Meeting of Ohio State Eclectic Medical Association 531

Attorney General Opinions—(See also Court Decisions)

Attorney General Opinions and Court Decisions on Corporations Practicing Professions, Limitation on Health Authorities Establishing Dental Clinics, Township Poor Fund Cases, Difference Between Tort and Malpractice, Etc., 721; Recent Court and Attorney General Opinions on Workmen's Compensation, Medical Fees, Vaccination, and Feeble Minded Commitments 573

Auditing and Appropriations—

Report and Recommendations to Council, 63; Annual Report 400

Birth Control—

Correspondence from National Committee on Federal Legislation submitted to Council at March Meeting 313

Blindness, National Society for Prevention of, Standard Definition of Blindness is Advocated 42

Books Received—34; 68; 127; 133; 262; 295; 320; 465; 522; 564; 570; 704; 712; 716; 876 955

Budget—

Report and Recommendations of the Committee on Auditing and Appropriations to Council, 63; Budget Estimates of Operation of State Welfare and Health Departments for 1931-32 155

Cancer—

Ten Commandments of, 30; A State Experiment with Chronic Diseases, 155; Some Slants on Cancer Propaganda 526

Carbon Monoxide —

Not an Occupational Disease but Accidental Injury 811

Child Care—

The White House Conference on Child Health, 20; Pre-School Tinkering, 780; Proposed "White House Conference" 887

Christian Healing—

Recent Report on, Again Focuses Attention on the Distinctions and the Relationship Between Religion and Medicine 973

Chiropractic—(See Cults)

Clinics—

Legal Decisions on Dental Clinics, 721; Questionable Clinic Policy 548

Collections—

Delinquent Accounts, 203; Be Careful in Making Contracts with Collecting Agencies, 727; Legal Points on Who May or Should Be Held Responsible for the Payment of Medical Bills 815

Colleges, Medical—(See Medical Education)

Constitution and By-Laws—

Committee on Constitutional Conformity, 59; Constitutions Approved, 59; 311; Action on Constitutions, 485; Constitutional Conformity, 650; 885; Prompt Action by Component County Societies on Constitutional Revision is Urged by the Council 889

Cost of Medical Care—

A State Experiment With Chronic Diseases, 115; Excessive Standardization 546

Court Decisions—

On Corporate Practice of Medicine, 70; Important Court Decision and Other Legal Points on Physician's Responsibility to Patients, 157; Another Recent Court Decision Relating to the Responsibility of a Hospital for the Acts of its Employes, 237; Pertinent Court and Legal Opinions and Interpretations on Medical and Public Health Questions, 317; A Court Orders an Operation, 452; Attorney General Opinions and Court Decisions on Corporations Practicing Professions, Limitation on Health Authorities Establishing Dental Clinics, Township Poor Fund Cases, Difference Between Tort and Malpractice, Etc., 721; Recent Court Decisions on Practice of Medicine, Violation of Statutes and Sales of Medicine, 732; Recent Court Decisions and Attorney General Opinions on Workmen's Compensation, Medical Fees, Vaccination and Feeble Minded Commitments, 573; Privileged Communications, Public Documents, Medical Case Histories, Malpractice and Occupational Diseases are Discussed in Legal and Court Opinions, 810; Legal Points on Who May or Should Be Held Responsible for the Payment of Medical Bills, 815; Importance of X-ray in Fracture Cases, Suggestions for the Medical Expert, and Court Decisions on Mistaken Identity of Patients are Discussed 969

Crime—

Court Procedure and Expert Testimony Covered in Report by National Crime Commission, 147; An Institute of Legal Medicine is Proposed in Cincinnati 235

Cults—

Another Wierd Stunt of Governor Murray of Oklahoma 568

Deaths in Ohio—

73; 161; 240; 323; 415; 505; 584; 657; 737; 818; 899 979

Dental Board, Legal Decisions on 722

Diphtheria—

Procedure in Immunization—Cooperation Between Physicians and Health Departments 967

Disease—

A State Experiment With Chronic Diseases, 115; Importance of Nurses Training in Communicable Diseases is Pointed out by Committee on Nursing Schools, 729; Recent Summary and Study of Venereal Diseases in Ohio as Analyzed by Health Department 971

Drouth Relief Program—

Drouth and Health Problems, 18; Health and Medical Problems Arise as Important Angles, 231; Drouth, Typhoid, and Factors of Local Health Work, from State Health Department Viewpoint, 804; Health Field Work in the Drought Area 892

Drugs—

Medical Testimonials on Drugs Subject to Federal Regulation, 58; Local Comments on Prescribing and Dispensing Narcotic Drugs Under Federal Statutes and Regulations, 68; Violation of Pharmacy Laws 732

Economics—Corporate Practice of Medicine 70

An Industrial Commission Question, 60; Economic Depression and Medical Charity, 202; The Dole Menace, 204; Social Theories and Legislation, 282; Progress and Readjustments, 284; Public and Private Competition, 362; Annual Report of the Committee on Medical Economics, 383; The Practice of Medicine; The Early History and Economics, 562; Economic Principles vs. Radical Changes, 618; Rash or Reasonable Deductions, 619; Conviction and Principles, 620; The Radical or The Inconsistent Conservative, 698; Credit and Installment Buying, 699; Social Insurance as a Result of Economic Depression, 777; Some Angles to the Cost of Illness, 780; United Thought and Effort Necessary, 857; Getting Back to Fundamentals, 856; Proposed Medical Economics Survey, 886; Socialized Movements Affecting Medical Practice are Multiplied Through Present Economic Crisis 975

Education—(See Medical Education; Physical Education)

Federal Office of Education Survey on Salaries, 38; Physical Defects and Their Effect on Education 746

Ethics—

Advertising Ethics, 60; Suggested Principles Applying to Industrial Medicine, 148; Ethics Not Mysterious 545

Expert Testimony—

Court Procedure and Expert Testimony Covered in Report by National Crime Commission, 147; Importance of X-ray in Fracture Cases, Suggestions for the Medical Expert, and Court Decisions on Mistaken Identity of Patients are Discussed 969

Federal Legislation—(See Government; Legislation)

Federal Police Force Fallacy 451

Fees—(See Collections)

Flexible Fees are Advocated, 19; Bargain-Basement Medical Service, 699; Some Dangers in Flat Rate Fees in Hospital Service or Private Practice, 726; Court Decisions re Medical Fees 573

Foods—Misbranded "Health" Products 962

Gas—

Experiment by Public Health Service and Bureau of Mines, with Refrigerator Gases 315

General Assembly—(See Legislation)

Numerous Legislative Issues in 89th General Assembly Will Affect Public Health and Medical Practice, 45; The Ohio Legislature in Session, 113; Health, Welfare, Probate, Penal, and Workmen's Compensation, Among Subjects of New Ohio Laws; Governor White Swings Veto Ax 501

Genius, Health and Modesty 284

Goiter Classifications 892

Government—(See Legislation)

What Are the Needs of Government, 203; No Santa Claus in Government, 547; Getting Back to Fundamentals 857

Health—(See Public Health; State Department of Health)

Health Commissioners—

Cooperative Spirit in Health Work, 17; Numerous Phases of Public Health Work Were Considered at Successful Annual Conference of Health Commissioners in Columbus, 52; Pertinent Legal Opinions, 318; Interesting Program for Annual Conference of Ohio Health Commissioners will be Held in Columbus November 18 and 20 890

Health Education Foundation Organized in Cleveland 412

Health Insurance—(See State Medicine)

Historical Medicine—

The Practice of Medicine; The Early History and Economics 562

Hospitals—

Another Recent Court Decision Relating to the Responsibility of a Hospital for the Acts of its Employes, 237; 317; Are Government and Civilian Hospitals Comparable, 322; Hospital Losses from Automobile Accidents, 322; Dedication of New Lakeside Hospital, 504; the Ohio Law Governing Maternity Hospitals, 508; Some Angles to the Cost of Illness, 780; Possible Economics in Hospital Costs, 817; Another Wierd Stunt of Governor Murray of Oklahoma 968

News Notes of; 78; 182; 244; 338; 430; 510; 586; 666; 744; 830; 916 982

House of Delegates. Proceedings of the 471

Hygiene—(See Mental Hygiene)

A Slant on Public Hygiene 18

Illegitimate Children—

Legal Points and Necessary Procedure in Adoption of Illegitimate Infants 756

Immunization, Procedure in—

Cooperative Between Physicians and Health Departments 967

Imposters—

Warning Against, 526; Variety of "Gyp" Games Worked on Doctors, 598; Still Another Warning Against Fraud Artists, 646; A Timely Warning Against Unknown Solicitors and Agents, and Against Various Types of Gyp Games Aimed at Physicians 897

Income Tax—(See Taxation)

Indigents—Medical Service to 723

Regulations and Procedure in Making Federal Income Tax Returns 149

Industrial Commission of Ohio—

Accident Prevention Program Brings Gradual Results, 240; Information Submitted to Council on Pending Legislation, 312; Industrial Commission Appointments, 577; Write Legibly When Communicating with Ohio Industrial Commission, 577; Summary of Occupational Diseases, 578; Physicians are Responsible for Personal, Professional Service in Workmen's Compensation Cases Just as in Private Practice, 725; The Relation of the Physician to the Industrial Commission, 958; Medical Claims Under Workmen's Compensation Are Discussed by Chairman Leonard of the Ohio Industrial Commission 975

Industrial Medical Service—

Suggested Principles Applying to Industrial Medicine, 148; Technique and Records Advocated in Examination of Industrial Workers and in Health Examinations, 748; Industry Values Scientific Medicine 939

Insurance—(See State Medicine)

A Timely Warning 897

Laboratory—

Some Angles on the Scope and Limitation of Public Laboratory Practice 719

Laws—(See Legislation)

Legal Opinions—(See Court Decisions)

Legislation—(See Government)

Social Theories and Legislation, 282; Health, Welfare, Probate, Penal, and Workmen's Compensation Among Subjects of New Ohio Laws; Governor White Swings Veto Ax, 501; Excessive Restrictions 548

Licensure—(See Ohio State Medical Board)

Thirty-one New Physicians Licensed in Ohio in January, 160; Annual Congress on Medical Education, Licensure and Hospitals, 162; New Physicians Licensed in Ohio Number 220; Other Action by State Medical Board, 653; Interesting Figures and Other Data on Medical Licensure in Ohio 967

Malpractice—(See Medical Defense)

Maternity—

U. S. Senate Passed New Maternity and Infancy Bill, 239; Federal Maternal and Infancy Activities and Their Relation to Infant Mortality, 316; The Ohio Law Governing Maternity Hospitals 508

Medical Defense—

Annual Report, 391; Privileged Communications, Public Documents, Medical Case Histories, Malpractice and Occupational Diseases are Discussed in Legal and Court Opinions, 157; 810; Medical Defense Questions, 888; Importance of X-ray in Fracture Cases, Suggestions for the Medical Expert, and Court Decisions on Mistaken Identity of Patients are Discussed 969

Medical Economics—(See Economics)

Annual Report of Committee on 383

Medical Education—

Annual Congress on Medical Education, Licensure and Hospitals, 162; Annual Report of Committee on Medical Education and Hospitals, 394; High Standards of Medical Education, 698; Record Number of Medical Students With Benefits of Splendid Educational Facilities in Ohio's Three Class A Schools Shown at Start of Fall Term 805

Medical Memorial—Pershing Hall, Paris 66; 313; 314

Medicine—Medical Profession—

An Institute of Legal Medicine is Proposed in Cincinnati, 235; Knowing the Social Body, 451; Excessive Restrictions, 548; Rash or Reasonable Deductions, 619; Broad Field Open to New Physicians, 620; Bargain-Basement Medical Service, 699; Viewpoints on Medical Guilds, 734; Problems in the Equitable and Adequate Distribution of Medical Service as Viewed in An Interesting Report on Kentucky Conditions, 813; This Is No Time to Rock the Boat, 858; The Vital Place of the General Practitioner, 858; Industry Values Scientific Medicine, 939; A Suggestion on the Art of Medicine 940

Medicinal Liquor—(See Prohibition)

Changes Made in Regulations Governing Prescriptions for Medicinal Liquor 238

Meetings—

(See Associations; County Societies; Annual Meetings)

Membership—

Hocking County Situation, 62; 312; Membership Report to Council 64

Mental Hygiene—

Psychiatry vs. Accidents, 116; Welfare Advisory Commission Makes Extensive Recommendations for Changes and Enlargements in Ohio's Penal and Mental Insttiutions, 152; A Cure for the Suicide Impulse, 230; Mental Factors in General Practice, 283; Pertinent Legal Opinions, 317; Annual Report of Committee on Mental Hygiene, 402; Mental Patients in General Hospitals, 574; Ohio Mental Hygiene Needs, 791; Psychiatric Examination is Recommended as a Preliminary to Parole 964

Military Affairs—

Annual Report of Committee on 405

Military Committee—

Annual Report of 405

Mortality and Morbidity Statistics—

(See Vital Statistics)

Narcotics—

Legal Comments on Prescribing and Dispensing Narcotic Drugs Under Federal Statutes and Regulations, 68; Renewal of Federal Narcotic Permits Must Be Made Before July 1; Legal Restrictions on Prescriptions Set Forth, 500; Variety and Number of Narcotic Addicts in the U. S. 730

National Eclectic Medical Association, Annual Meeting Plans 161

News Notes—71; 163; 243; 324; 414; 507; 581; 658; 739; 820; 900 981

Nostrums—

Another Ohio Cure-All is Exposed by A. M. A., 246; Fatal Quack Treatment, 376; Federal Trade Commission Proceeds Against Patent Medicine, 678; Exploding the Obesity "Cures" 782

Nurses—

Data on Sources and Selection of Nurses for Private Duty Cases, 242; Report Shows Adequate Number of Nurses but Shortage for Specialized Cases, 321; Without Charity—Without Profit, 700; Importance of Nurses Training in Communicable Diseases is Pointed out by Committee on Nursing Schools, 729; Physician Instructors and Their Importance in Nurse Training and Education, 884; Cooperation with the State Nurses' Association, 887; Problem of Unemployment of Registered Nurses in Times of Depression 895

Obstetrics and Gynecology, American Board of 145
Obstetrical Service Here and Abroad 859

Occupational Diseases—(See Industrial Commission)

Summary of Occupational Diseases, 578; Summary of Recent Changes in Ohio's Workmen's Compensation Law Including Occupational Diseases, 728; Legal and Court Opinions 810

Ohio Public Health Association—

Public Health Organization, 62; Ohio Public Health Association Holds Annual Meeting, 576; The 1932 Christmas Seal Campaign 974

Ohio State Department of Health—(See Public Health)

Cooperative Spirit in Health Work, 17; Eleventh Annual Conference of Ohio Health Commissioners, 52; Budget Estimates of Operation for 1931-32, 155; Introducing Ohio's New State Director of Health, 233; Drouth, Typhoid, and Factors of Local Health Work, From State Health Department Viewpoint, 804; Interesting Program for Annual Conference of Ohio Health Commissioners, 890; Health Field Work in the Drought Area, 892; Procedure in Immunization—Cooperation Between Physicians and Health Departments 967

Ohio State Medical Board—

Examination Questions Asked at December Sessions, 65; Thirty-one New Physicians Licensed in Ohio in January, 160; New Medical Board Member, 161; New Ohio Physicians through Reciprocity, 236; Appointments to Medical Board, 236; 577; Physicians Recently Licensed in Ohio, 506; Large Class of Applicants Take June Examinations; The Questions Asked, 575; New Physicians Licensed in Ohio Number 220; Other Action by State Medical Board, 653; Recent Court Decisions on Practice of Medicine, Violation of Statutes and Sales of Medicine, 732; Interesting Figures and Other Data on Medical Licensure in Ohio 967

Optometry—Legal Decisions on 721; 811

Osteopaths—

Proposed Inspection of Osteopathic Schools 887

Paralysis—

Public Health Service Findings on "Jake" Paralysis 320

Penal Institutions—

Welfare Advisory Commission Makes Extensive Recommendations for Changes and Enlargements in Ohio's Penal and Mental Institutions, 152; Psychiatric Examination is Recommended as a Preliminary to Parole 964

Periodic Health Examinations—

Annual Report of Committee on, 397; Periodic Health Examinations Committee, 647; Technique and Records Advocated in Examinations of Industrial Workers and in Health Examinations 738

Pharmacy—Violation of Pharmacy Laws 732

Physical Education—(See Education)

Physicians, College of,

Annual Clinical Session 236

Physicians—

Population Trends and Distribution of Physicians, 326; Problems in the Equitable and Adequate Distribution of Medical Service as Viewed in an Interesting Report on Kentucky Conditions 813

Practice, Medical—(See Medicine; Medical Profession)

Court Decision on Corporate Practice of Medicine, 70; Important Court Decision and Other Legal Points on Physicians' Responsibility to Patients, 157; Mental Factors in General Practice, 283; A Court Orders an Operation, 452; Excessive Standardization, 546; The Medical Frontier of Today, 547; The Vital Place of the General Practitioner, 858; Obstetrical Service Here and Abroad, 859; Socialized Movements Affecting Medical Practice are Multiplied through Present Economic Crisis 976

President—

President's Page, 43; 146; 302; 375; 720; 803; 883; 961; Appreciation to the Presidents, 450; Annual Address of the President, 453; Inaugural Address of the Incoming President 457

Privileged Communications—

Legal Points on Responsibility to Patients, 157; Responsibility of Physicians for Revealing Diagnoses to Third Parties, 651; Priliveged Communications, Public Documents, Medical Case Histories, Malpractice and Occupational Diseases are Discussed in Legal and Court Opinions ... 810

Prohibition—

Change Made in Regulations Governing Prescriptions for Medicinal Liquor ... 238

Publication Committee—Annual Report of ... 339

Public Health—(See State Department of Health)

Cooperative Spirit in Health Work, 17; The Drouth and Health Problems, 18; A Slant on Public Hygiene, 18; Health and Medical Problems Arise as Important Angles in Extensive Drought Relief Program, 231; Some Problems of Old Age in Relation to Public Health, Social and Economic Relations as Seen by One Writer, 248; Necessary Health Costs Must Be Met, 283; Pertinent Court and Legal Opinions and Interpretations on Medical and Public Health Questions, 317; Physicians and Lay Health Groups, 697; Health Propaganda and Health Exploitation as Viewed by a Layman, 733; Lay Health Specialists, 738; Public Health Finances 811

Public Health Notes, 80; 164; 258; 325; 428; 509; 660; 741; 832; 901 ... 990

Public Policy—(See Legislation; Government, Economics)

Annual Report of Committee on, 421; Legislative Questions, 61; Summary of Activities of Committee Presented to Council, 61; 312; 651; Annual Report of Committee on Public Policy ... 377

Quackery—(See Nostrums)

Another Ohio Cure-All is Exposed by A. M. A., 246; Fatal Quack Treatment, 376; Notorious "Plastic Surgeons" Forced Out of Ohio Practice, 580; The A. M. A. Exposes "Magnetic Belt" fallacy, 580; Fraudulent Health Advertising ... 898

Radio—

Evaluating Radio Service ... 204

Reciprocity—

New Ohio Physicians, 236; Physicians Recently Licensed in Ohio ... 506

Reports, Annual—(See Committees)

Resolutions—(See Council Minutes; House of Delegates Minutes)

Sanovapor—Another Ohio Cure-All is Exposed by A. M. A. ... 246

School Children—

Intelligence Versus Defects in School Children ... 301

Sheppard-Towner Act—

The White House Conference on Child Health, 20; U. S. Senate Passed New Maternity and Infancy Bill, 239; Federal Maternal and Infancy Activities and Their Relation to Infant Mortality ... 316

Specialization—(See Medicine; Medical Profession)

Smallpox—(See Vaccination)

Statistics re Number of Cases ... 258

Social Service—(See Economics)

Economic Depression and Medical Charity, 202; Socialized Legal Service, 202; Physicians and Lay Health Groups, 697; Simple Solutions by Social Workers, 778; Proportion of Medical Charity, 860; The Business of Giving Away Money, 938; Socialized Program Not a Panacea ... 940

Socialism—(See State Medicine and Medical Economics)

The Dole Menace ... 204

State Institutions—

Budget Estimates of Operation for 1931-32, 155; The Use for Apple Creek Institution, 316; Building Improvements at State Welfare Institutions Contingent on Bond Issue ... 752

State Medicine—

Social Insurance Here and Abroad, 546; Experiments in Sickness Insurance, 617; Social Insurance as a Result of Economic Depression ... 777

Surgeons, American College of—

Ohio Physicians on Program ... 233

Taxation—

Regulations and Procedure in Making Federal Income Tax Returns, 149; A Number of New Laws Now Effective in Ohio; State's New Taxation System Adopted by Legislature, 655; Ohio's New Tax System Governing Returns and Payment on Personal Property, as Classified, Effective January 1, 1932 ... 965

United States Public Health Service—(See Public Health)

U. S. Veterans' Bureau—

Veterans' Hospital Increases, 66; Vital Medical-Economic and Political Problems Involved in Gradual Extension of Medical Service and Other Benefits to All Ex-Service Men, 643; Problem of Veterans' Benefits ... 887

Vaccination—

Court and Legal Opinions and Interpretations, 317; Recent Court Decisions and Attorney General Opinions, 573; A Wierd "Shot" at Vaccination ... 998

Vital Statistics—

Decrease in Ohio Deaths but Increases from Some Diseases, 64; Social and Economic Factors Predicate an Inevitable Increased Rate, According to One Authority ... 977

Vivisection—

Anti-Vivisection Legislation, 202; Animal Experimentation ... 547

Welfare, Department of—(See State Institutions)

Professional Services Under State Department of Welfare, 63; Budget Estimates of Operation for 1931-32, 155; Penal and Prison Problems, 651; Welfare Bond Issue Committee ... 896

Woman's Auxiliary—

Correspondence Submitted to Council ... 313

Workmen's Compensation—(See Industrial Commission)

Accident Hazards on the Farm and Their Relation to Workmen's Compensation, 67; Recent Legal Opinions, 573; Physicians are Responsible for Personal, Professional Service in Workmen's Compensation Cases Just as in Private Practice, 725; Summary of Recent Changes in Ohio's Workmen's Compensation Law Including Occupational Diseases, 728; Pointers on Filing Workmen's Compensation Fee Bills, 731; Recent Court Decisions on Workmen's Compensation, 573; Carbon Monoxide Poisoning an Accidental Injury, 811; Workmen's Compensation Question, 886; Medical Claims Under Workmen's Compensation Are Discussed by Chairman Leonard of the Ohio Industrial Commission ... 975

X-Ray—

Legal Points on Responsibility to Patients, 160; Importance of, in Fracture Cases ... 969

The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY BY
THE OHIO STATE MEDICAL ASSOCIATION
AS A MEDIUM OF SERVICE TO ITS MEMBERS

JANUARY, 1, 1931

VOLUME XXVII
Number - - 1

N.Y. ACADEMY OF MEDICINE
JAN 2 1931
LIBRARY

Happy New Year

Special Articles in This Issue on Public Health, Legislative and Social Problems.

Summary of Contents

ORIGINAL ARTICLES

The Clinical Picture of Undulant Fever. Walter M. Simpson, M.S., M.D., F.A.C.P., Dayton 21
Nephroptosis. Parke G. Smith, M.D., F.A.C.S., Gordon F. McKim, M.D., F.A.C.S., and Thomas W. Rush, M.D., Cincinnati 27
Intranasal and Aural Infections in Children. Hugh Gibson Beatty, M.D., Columbus 31
The Neurological Principles Underlying the Treatment of Muscular Atrophy. Herman Campbell Stevens, M.D., Cleveland 35
The Management of Chronic Pelvic Infection in Women. Luther O. Baumgardner, A.B., M.D., Cleveland 39
President's Page 43

EDITORIAL

Cooperative Spirit in Health Work 17
The Drouth and Health Problems 18
A Slant on Public Hygiene 18
Flexible Fees are Advocated 19
The White House Conference on Child Health 20

STATE NEWS

Numerous Legislative Issues in 89th General Assembly Will Affect Public Health and Medical Practice 45
Numerous Phases of Public Health Work Were Considered at Successful Annual Conference of Health Commissioners in Columbus 52
Numerous Subjects of Organization Policy and Procedure are Acted on at December Council Meeting 59
Decrease in Ohio Deaths but Increase From Some Diseases 64
Examination Questions Asked by Medical Board at December Sessions 65
Accident Hazards on the Farm and Their Relation to Workmen's Compensation, Pointed Out in Bulletin 67
Legal Comments on Prescribing and Dispensing Narcotic Drugs Under Federal Statutes and Regulations 68
Court Decision on Corporate Practice of Medicine 70
News Notes of Ohio 71
Deaths in Ohio 73
News Notes from County Societies and Academies 74, 90
Hospital Notes 79
Public Health Notes 80
Classified Advertisements 82

IMPORTANT ANNOUNCEMENT

Change* of Corporate Name

After January 1st, 1931

The Laboratory Products Company

will be known as

S. M. A. CORPORATION



Ever since 1921, when S. M. A. (an adaptation to breast milk) was first announced generally to the Medical Profession, we have been constantly referred to as "the S. M. A. Company". Common usage, therefore, suggested the change from The Laboratory Products Company to S. M. A. Corporation. It is however, the same company, the same personnel and the same products. The same ethical policies which have guided us so many years will also be strictly maintained.

* This change in corporate name was approved at a special meeting of the stockholders, December 10, 1930.

S. M. A.
Corporation
CLEVELAND, OHIO

THE SAWYER SANATORIUM

White Oaks Farm, Marion, Ohio

TREATS NERVOUS AND MENTAL DISEASES



THE PATIO

Provides Thorough Diagnosis, Scientific Treatment, Homelike Surroundings, Complete Equipment, Individual and Personal Professional Attention, Splendid Cuisine, all the modern conveniences of the best private homes. Located on an 130-acre farm. Presided over by men and women devoting all their time to the work.

Send for Booklet, Address

SAWYER SANATORIUM WHITE OAKS FARM MARION, OHIO

The Ohio State Medical Association

Ohio State Medical Journal

Entered as second class matter July 5, 1905, at the Postoffice at Columbus, Ohio, under act of Congress of March 3, 1879: Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Oct. 3, 1917. Authorized July 10, 1918.

Published monthly by
THE OHIO STATE MEDICAL ASSOCIATION
131 East State Street, Columbus, Ohio
Telephone: ADams 7045

This journal is published for and by the members of the Ohio State Medical Association. The Publication Committee does not assume responsibility for opinions expressed by individual essayists. It endeavors to maintain a high standard of advertising. Its advertising policy is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

Subscription $3.00 per year; single copies 30 cents.
Issued under the direction of the Publication Committee.

PUBLICATION COMMITTEE

Andrews Rogers, M.D., Chairman (1931)—Columbus
Gilbert Micklethwaite, M.D., (1932)—Portsmouth
A. B. Denison, M.D., (1933)—Cleveland

EXECUTIVE STAFF

Don K. Martin—Editor-Manager
Alice B. Haney—Advertising Manager

Officers 1930-1931

PRESIDENT
C. W. Waggoner, M.D.—Toledo

PRESIDENT-ELECT
D. C. Houser, M.D.—Urbana

TREASURER
H. M. Platter, M.D.—Columbus

EXECUTIVE SECRETARY
Don K. Martin—Columbus

State Council

First District
John A. Caldwell, M.D.—Cincinnati

Second District
E. M. Huston, M.D.—Dayton

Third District
O. P. Klotz, M.D.—Findlay

Fourth District
D. J. Slosser, M.D.—Defiance

Fifth District
C. L. Cummer, M.D.—Cleveland

Sixth District
D. W. Stevenson, M.D.—Akron

Seventh District
E. B. Shanley, M.D.—New Philadelphia

Eighth District
E. R. Brush, M.D.—Zanesville

Ninth District
I. P. Seiler, M.D.—Piketon

Tenth District
S. J. Goodman, M.D.—Columbus

Ex-Officio the ex-President:
A. H. Freiberg, M.D.—Cincinnati

CORRECTED ROLL OF DISTRICT AND COUNTY SOCIETIES

Societies	President	Secretary	
First District			
Adams	Ray Vaughn, West Union	O. T. Sproull, West Union	3d Wednesday in April, June, Aug., Oct.
Brown	R. B. Hannah, Georgetown	Geo. P. Tyler, Jr., Ripley	4th Wednesday in Feb., May and Nov.
Butler	Mark Millikin, Hamilton	P. E. Decatur, Hamilton	2d Wednesday, monthly.
Clermont	H. E. Cover, Bantam	Allan B. Rapp, Owensville	3d Wednesday, monthly.
Clinton	Kelley Hale, Wilmington	Robert Conard, Wilmington	1st Tuesday, monthly.
Fayette	E. H. McDonald, Bloominghurg	J. F. Wilson, Washington C. H.	1st Thursday, monthly.
Hamilton	L. H. Schriver, Cincinnati	D. T. Vail, Jr., Cincinnati	Monday evening of each week.
Highland	J. D. McBride, Hillshoro	W. B. Roads, Hillsboro	1st Wednesday in Jan., April, July and Oct.
Warren	S. S. Stahl, Warren	James Arnold, Lebanon	1st Tuesday in May, June, July, Sept., Oct. and Nov.
Second District	P. D. Espey, Xenia	D. B. Conklin, Dayton	
Champaign	V. G. Wolfe, Urbana	L. A. Woodburn, Urbana	2d Thursday, monthly.
Clarke	H. A. McKnight, Springfield	I. H. Boesel, Springfield	2d and 4th Wednesday noon.
Darke	I. H. Hawes, Arcanum	W. D. Bishop, Greenville	2d Thursday each month.
Greene	H. C. Messenger, Xenia	Marshall M. Best, Xenia	1st Thursday, monthly.
Miami	J. E. Murray, Piqua	G. A. Woodhouse, Pleasant Hill	1st Friday, monthly, except July and August.
Montgomery	H. H. Herman, Dayton	Miss M. E. Jeffrey, Dayton	1st and 3d Friday each month.
Preble	George Blackford, Eldorado	C. M. Treffinger, Eaton	3d Thursday, monthly.
Shelhy	M. F. Hussey, Sidney	B. S. Stephenson, Sidney	1st Friday, monthly.
Third District	F. M. Douglass, Toledo	E. E. Rakestraw, Findlay	
Allen	Alan Knisely, Lima	James Halfhill, Lima	3d Tuesday, monthly.
Auglaize	Roy C. Hunter, Wapakoneta	G. B. Faulder, Wapakoneta	3d Thursday, monthly.
Hancock	E. E. Rakestraw, Findlay	J. H. Marshall, Findlay	1st Wednesday, monthly.
Hardin	N. C. Schroeder, Kenton	W. N. Mundy, Forest	1st Thursday, monthly.
Logan	J. P. Harbert, Bellefontaine	A. H. Corliss, Bellefontaine	1st Friday, monthly.
Marion	F. E. Mahla, Marion	Robert G. McMurray, Marion	1st Tuesday, monthly.
Mercer	M. L. Downing, Rockford	F. E. Ayers, Celina	2d Tuesday, monthly.
Seneca	R. E. Hershherger, Tiffin	Robert Benner, Tiffin	3rd Thursday, monthly.
Van Wert	J. P. Sampsell, Van Wert	R. H. Good, Van Wert	3d Tuesday, monthly.
Wyandot	B. A. Moloney, Upper Sandusky	J. Craig Bowman, Up. Sandusky	1st Thursday, monthly.
Fourth District	(With Third District in Northwestern Ohio District)		
Defiance	J. J. Reynolds, Defiance	D. J. Slosser, Defiance	3d Thursday, monthly.
Fulton	L. C. Cosgrove, Swanton	Harold Heffron, Metamora	Semi-monthly.
Henry	J. H. Fiser, Malinta	F. M. Harrison, Napoleon	3d Wednesday, monthly.
Lucas	B. J. Hein, Toledo	A. P. Hancuff, Toledo	Friday, each week.
Ottawa	Geo. Boon, Oak Harhor	Gordon S. Sloan, Elmore	2d Thursday, monthly.
Paulding	L. R. Fast, Paulding	Forest Doster, Paulding	3d Wednesday, monthly.
Putnam	H. H. Sinks, Columbus Grove	Oscar J. Fatum, Ottoville	1st Thursday, monthly.
Sandusky	F. L. Moore, Fremont	E. J. Shanahan, Clyde	Last Thursday, monthly.
Williams	R. Alwood, Montpelier	H. J. Luxan, Montpelier	3d Thursday, monthly.
Wood	E. H. Mercer, Bowling Green	F. V. Boyle, Bowling Green	3d Thursday, monthly.
Fifth District	C. L. Cummer, Councilor	Chrm. Com. on Arrangements	Cleveland.
Ashtabula	A. J. Pardee, Ashtahula	R. B. Wynkoop, Ashtahula	1st Tuesday, monthly.
Cuyahoga	V. C. Rowland, Cleveland	Claude D. Waltz, Cleveland	Every Friday evening.
Erie	J. T. Haynes, Sandusky	G. A. Stimson, Sandusky	Last Thursday, monthly.
Geauga	Clara J. Swan, Chardon	Isa Teed-Cramton, Burton	Last Wednesday, Apr. to Dec.
Huron	John A. Sipher, Norwalk	B. C. Pilkey, Norwalk	2d Thursday, monthly.
Lake	W. R. Carle, Perry	F. J. Dineen, Painesville	4th Tuesday, monthly.
Lorain	W. S. Baldwin, Lorain	W. E. Hart, Elyria	2d Tuesday, monthly.
Medina	R. L. Mansell, Medina	J. K. Durling, Wadsworth	3d Thursday.
Trumhull	Ralph Herlinger, Warren	R. H. McCaughtry, Warren	3d Thursday, monthly, except June, July, August.

Societies	President	Secretary	
Sixth District	H. M. Schuffell, Canton	J. H. Seiler, Akron	2d Wed., Jan., April & Oct.
Ashland	D. L. Mohn, Ashland	H. M. Gunn, Ashland	1st Friday, hi-monthly.
Holmes	J. C. Elder, Millershurg	A. T. Cole, Millershurg	1st Tuesday, quarterly, Jan., April, July, October.
Mahoning	H. J, Beard, Youngstown	J. P. Harvey, Youngstown	3d Tuesday, monthly.
Portage	A. O. DeWeese, Kent	E. J. Widdecombe, Kent	1st Thursday, monthly.
Richland	Leopold Adams, Mansfield	D. C. Lavender, Mansfield	3d Thursday, monthly.
Stark	R. J. Shipley, Canton	F. S. VanDyke, Canton	3d Tuesday, Jan., March, May July, Sept., Nov.
Summit	C. C. Pinkerton, Akron	A. S. McCormick, Akron	1st Tuesday, monthly.
Wayne	W. B. Turner, Wooster	R. C. Paul, Wooster	2d Tuesday, monthly.
Seventh District	A. E. Weinstein, Steubenville	Carl Goehring, Steubenville	Steubenville, 1931
Belmont	C. J. Holley, Bridgeport	C. W. Kirkland, Bellaire	2d Wednesday, monthly at 1:45 p.m.
Carroll	(With Stark Co. Society)		
Columbiana	R. T. Holzbach, Salem	T. T. Church, Salem	2d Tuesday, monthly.
Coshocton	F. M. Marshall, Coshocton	J. D. Lower, Coshocton	4th Thursday, April, June, Sept., Decemher.
Harrison	J. M. Scott, Scio	R. P. Rusk, Cadiz	3d Wednesday, monthly.
Jefferson	V. B. Di Loreto, Steuhenville	M. H. Rosenblum Steubenville	Last Friday, monthly.
Monroe	G. W. Steward, Woodsfield	A. R. Burkhart, Woodsfield	2d Wednesday, monthly.
Tuscarawas	Jay W. Calhoon, Uhrichsville	R. E. Wolf, Uhrichsville	1st Thursday, monthly.
Eighth District	Chas. H. Higgin, Zanesville	Ward D. Coffman, Zanesville	
Athens	H. T. Phillips, Athens	T. A. Copeland, Athens	1st Monday, monthly.
Fairfield	J. W. Whittus, Baltimore	C. W. Brown, Lancaster	2d Tuesday, monthly.
Guernsey	C. L. Vorhies, Cambridge	Gordon Lawyer, Cambridge	1st and 3rd Tuesday each month.
Licking	C. J. Dillon, Newark	D. A. Skinner, Newark	Last Friday, monthly.
Morgan	D. G. Ralston, McConnelsville	C. E. Northrup, McConnelsville	3d Wednesday, monthly.
Muskingum	O. I. Dusthimer, Zanesville	Beatrice Hagen, Zanesville	1st Wednesday, monthly.
Nohle			First Thursday, monthly.
Perry	W. D. Porterfield, Jnnction City	F. J. Crosbie, New Lexington	3d Monday, monthly.
Washington	J. B. Penrose, Marietta	J. R. Warren, Marietta	2d Wednesday, monthly.
Ninth District			
Gallia	O. A. Vornholt, Galllpolis	Milo Wilson, Gallipolis	1st Thursday, monthly.
Hocking	O. V. Donaldson, Gore	M. H. Cherrington, Logan	
Jackson	Gomer E. Jones, Oak Hill	W. R. Riddell, Jackson	1st Tuesday, monthly.
Lawrence	G. G. Hunter, Ironton	F. R. Stewart, Ironton	1st Thursday, monthly.
Meigs	P. A. Jividen, Rutland	Byron Bing, Pomeroy	1st Thursday, April, July and Oct.
Pike	Paul Jones, Stockdale	L. E. Wills, Waverly	1st Monday, monthly.
Scioto	Geo. Martin, Portsmouth	C. M. Fitch, Portsmouth	2d Monday, monthly.
Vinton	O. S. Cox, McArthur	H. S. James, McArthur	3d Wednesday, monthly.
Tenth District			
Crawford	Clarence Adams, Galion	R. M. Malone, Galion	1st Monday, monthly.
Delaware	M. S. Cherington, Delaware	A. R. Callander, Delaware	1st Friday, monthly.
Franklin	R. B. Drury, Columhus	James A. Beer, Columbus	1st four Mondays.
Knox	W. H. Eastman, Fredericktown	J. Shamansky, Mt. Vernon	Last Thursday, monthly.
Madison	R. H. Trimhle, Mt. Sterling	H. P. Sparling, London	4th Wednesday.
Morrow	C. E. Neal, Cardington	Todd Caris, Mt. Gilead	1st Wednesday, monthly.
Pickaway	J. B. May, New Holland	Lloyd Jonnes, Circleville	1st Friday, monthly.
Ross	John Franklin, Chillicothe	W. C. Breth, Chillicothe	1st Thursday, monthly.
Union	H. G. Southard, Marysville	Angus MacIvor, Marysville	2d Tuesday, monthly.

H. IRVING COZAD, M.D.
G. DEAN TIPTON, M.D.

FAIR OAKS VILLA
AND
COTTAGES

¶ Any NERVOUS or MENTAL CONDITION which in the judgment of the attending physician needs our care, protection or treatment will be received at any time that we have the suitable environment available.

CUYAHOGA FALLS, OHIO
28 Miles from Cleveland
4 Miles from Akron

Reached by
Pennsylvania Lines
B. & O. R. R.
Akron, Bedford, Cleveland Interurban
Kent, Ravenna Interurban



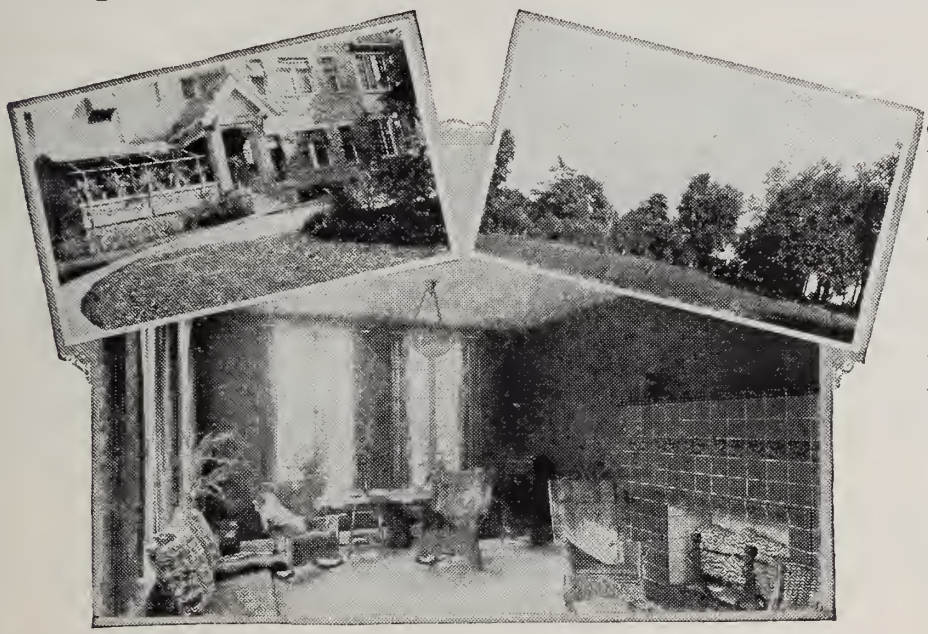
THE McMILLEN SANITARIUM
Cor. Nelson Road and East Fifth Ave.
SHEPARD—COLUMBUS, OHIO
R. A. KIDD, M.D., Superintendent

A PRIVATE NEUROPSYCHIATRIC HOSPITAL, modern in all particulars. Ideal location at the east edge of Columbus. Specialists services, laboratory facilities and well trained nurses. Fifty individual rooms. Patients taken for observation. Phone or write for information. ALCOHOLISM GIVEN SPECIAL ATTENTION.

"REST COTTAGE"

College Hill, Cincinnati, Ohio

STAFF
F. W. Langdon, M.D. ..... Visiting Consultant
Robert Ingram, M.D. ..... Visiting Consultant
Emerson A. North, M.D. ..... Visiting Consultant
D. A. Johnston, M.D. ..... Medical Director
H. P. Collins ..... Business Manager
Box No. 4, College Hill, Cincinnati, Ohio



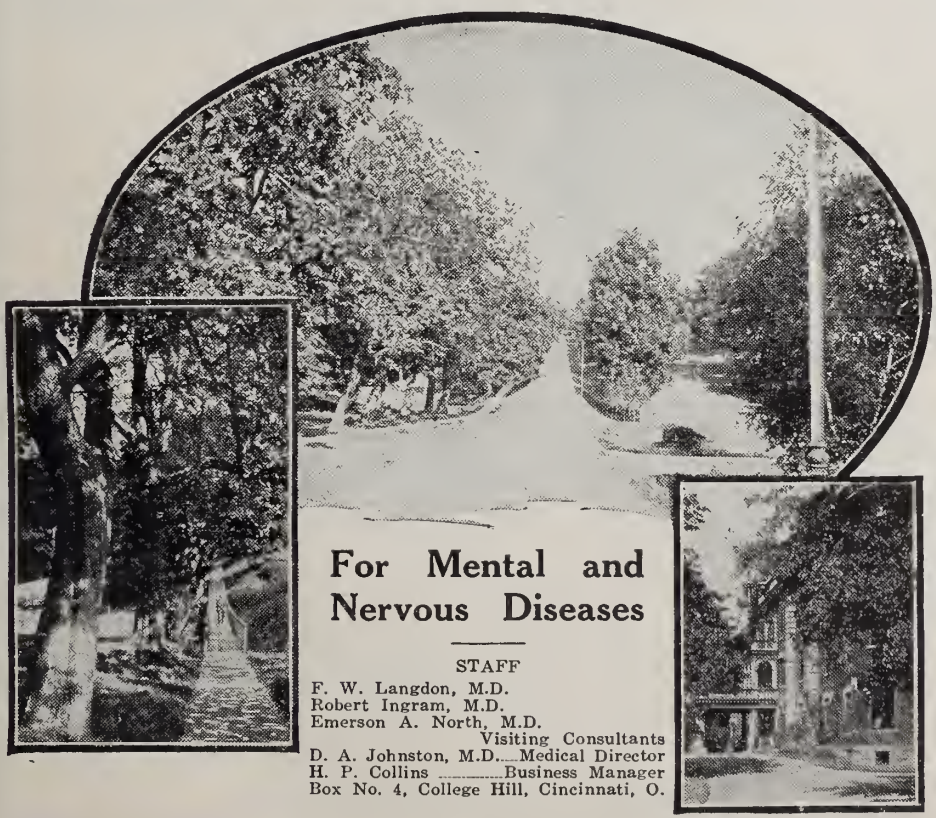
For purely nervous cases, nutritional errors and convalescents.

Completely equipped for hydrotherapy, massages, etc.

Cuisine to meet individual needs.

THE CINCINNATI SANITARIUM

INCORPORATED 1873



A strictly modern hospital fully equipped for the scientific treatment of nervous and mental affections. Situation retired and accessible. For details write for descriptive pamphlet.

For Mental and Nervous Diseases

STAFF
F. W. Langdon, M.D.
Robert Ingram, M.D.
Emerson A. North, M.D.
Visiting Consultants
D. A. Johnston, M.D. ..... Medical Director
H. P. Collins ..... Business Manager
Box No. 4, College Hill, Cincinnati, O.

THE ORCHARD SPRINGS SANITARIUM
near DAYTON, OHIO

A Private Hospital For Mental and Nervous Diseases — Established in 1911

This institution, with its modern facilities, its delightful and restful suburban location, and its well-trained efficient organization, has for 15 years been in a splendid position to render skilled beneficial service at reasonable rates.

GEORGE V. SHERIDAN
President

For detailed information, address
CHARLES B. ROGERS, M. D.
Resident Medical Director
R. F. D. No. 13, Dayton, Ohio
Telephone: Lincoln 213, Dayton City Exchange

HILLSVIEW FARMS

A sanitarium equipped for diagnosis and follow-up in convalescent cases.

Physical therapy department equipped and staffed by trained technicians for treatment of such Orthopedic conditions as Torticollis, Congenital or acquired Postural changes, Arthritis, anterior Poliomyelitis, Neuritis and allied Bone and Joint conditions.

We are especially interested in the Anemias, Diabetes and Arthritis.



Write for particulars, or telephone 2650.

WASHINGTON, PA.

Laboratory and X-Ray investigations under direction of Physicians of known and recognized ability.

Food preparations under direction of graduate dietitian. Dining-room and tray service. Milk and cream from our own herd of registered tuberculin tested Jerseys.

Mental cases and drug addicts not admitted.

Located high on the edge of Washington, thirty miles south of Pittsburgh.



THE OXFORD RETREAT
OXFORD, OHIO

For

Nervous
and
Mild Mental Cases

R. HARVEY COOK,
Physician in Chief

Write for Descriptive Circular

New Fire Proof Bldg. Opened June 1926



WHITING MINERAL SPRINGS
Sanitarium and Baths

Hydrotherapy scientifically applied for the treatment of rheumatism and allied diseases together with cases for elimination and rest cure.

Medical department thoroughly proficient and STRICTLY ethical.

First class and modern in every department with moderate rates.

DR. U. G. WHITING, Phy. & Mgr. MARTINSVILLE, INDIANA

THE MERCER SANITARIUM · MERCER, PENNA.

For Nervous and Mild Mental Disorders. Located at Mercer, Pa., 30 miles from Youngstown. Farm of 75 acres with registered tuberculin-tested herd. Re-educational measures emphasized, especially arts and crafts and outdoor pursuits. Modern laboratory facilities.

Address

W. W. Richardson, M.D., Medical Director

(Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.)

THE COLUMBUS RURAL REST HOME

AT WORTHINGTON, OHIO—JUST NORTH OF COLUMBUS



One of The Cottages—Forty-five Acres of Woods and Lawn

NERVOUS AND MILD AFFECTIVE DISORDERS

A Secluded Spot for Rest and Treatment. Good Accommodations—Kind and Efficient Nursing. Medical—Physical—Psychotherapeutic Measures.

Medical Director
G. T. Harding, Jr., M.D.

Laboratory
Geo. T. Harding III, M.D.

Resident Physicians
Fred'k H. Weber, M.D.
Mary J. Weber, M.D.

Grandview Hospital

MENTAL AND NERVOUS DISEASES

2700 GLENWAY AVENUE, PRICE HILL
TELEPHONE, WARSAW 1784
CINCINNATI, OHIO

T. A. RATLIFF, M. D., Resident Medical Director

Especial feature of treatment

INDIVIDUAL CARE

with Modern Hospital Service

Equipment—modern; **Location**—accessible.
Grounds—a park of 25 acres, well wooded and retired.
Descriptive Circular on request.

A PRIVATE SANATORIUM WITH HOSPITAL FACILITIES



A quarter century of efficient operation

Rates $25.00 Per Week and Up

Alcoholic treatment destroys the craving for alcohol, restores the appetite and sleep, and builds the patient up physically and mentally. Whiskey withdrawn gradually. Not limited to one pint of whiskey in ten days.

Nervous patients are accepted by us for observation and diagnosis as well as treatment.

Drug treatment is one of Gradual Reduction. It relieves the constipation, restores the appetite and sleep. Withdrawal pains absent. No hyoscine or rapid withdrawal methods used unless the patient desires same.

Mild mental cases have every comfort that their own home affords.

Cherokee Road (Long Dist. Phone East 1488)

DR. STOKES' SANATORIUM LOUISVILLE, KENTUCKY.

Situated in the choice highland section of Louisville, just 20 minutes' ride from all railroad stations

BACKWARD and PROBLEM CHILDREN

Require Intensive Scientific Training in a Suitable Environment

The Bancroft School

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. Winter quarters in New Jersey, summer camp on the coast of Maine. An incorporated educational foundation, operated not for profit, controlled by a Board of Trustees, offering the highest type of education attainable at rates within the reach of all. Organized to give the fullest possible cooperation to physicians.

Illustrated Catalog on Request

The Bancroft School Haddonfield, N. J.

"MESCO" Laboratories

The "MESCO" Laboratories manufacture the largest line of Ointments in the world. Sixty different kinds. We are originators of the Professional Package. Specify "MESCO" when prescribing Ointments. Send for lists.

MANHATTAN EYE SALVE CO.
Louisville, Kentucky

Magnesium Hydroxide Now in Palatable Wafers

Chewed and mixed with saliva, these wafers readily form a "Cream of Magnesia"—soft, bland and free from grittiness. Very palatable, too, and uniformly stable.

Plant's TRADE MARK $Mg(OH)_2$ MAGNESIA WAFERS

℞ *Each wafer the equivalent of one teaspoonful of Milk of Magnesia, U.S.P.*

PEDIATRICIANS prize them because of accurate dosage—each wafer equals 1 teaspoonful of *Milk of Magnesia* U. S. P. Particularly efficient in cyclic vomiting.

OBSTETRICIANS find them very valuable for Nausea of early pregnancy and for first postpartem cathartic. Recommended wherever milk of magnesia is prescribed. Professional Supply gladly sent gratis. Kindly mention druggist's name when replying.

ACCEPTED AMERICAN MEDICAL ASSN.

The Plant Products Co.
204-08 Western Reserve Bldg.
CLEVELAND, OHIO

Windsor Hospital

THE Windsor Hospital and Sanitarium is completely equipped with all the best apparatus for giving Hydrotherapy, Occupational Therapy, and other treatment for all types of Nervous diseases, acute and chronic.

Special rates given to patients remaining more than one month.

Herbert Sihler
Director

Phone RAndolph 2744

4415 Chester Ave., N.E.
(Formerly 4415 Windsor Ave., N.E.)

CLEVELAND, OHIO
ESTABLISHED 30 YEARS



APPALACHIAN HALL, ASHEVILLE, N. C.

AN INSTITUTION FOR REST, TREATMENT OF NERVOUS AND MENTAL DISEASES, DRUG ADDICTION AND ALCOHOLISM.

Appalachian Hall wishes to announce that it has recently acquired and is now occupying the famous Kenilworth Inn as its new sanatorium. Kenilworth Inn was erected at a cost of more than a million dollars and furnished at a cost of three hundred thousand. Appalachian Hall is an institution for the treatment of nervous and mental diseases, alcoholism, drug habituation, and a place for rest and convalescence. Every luxury and convenience, private rooms or rooms en suite. Special department for rest cures and convalescents. Physiotherapy, Occupational Therapy, Gymnasium, etc. Volley Ball, Tennis, Croquet, Horseback Riding, Golfing. Five beautiful golf courses available to patients. Resident physicians on duty at all times, a corps of graduate nurses, especially trained for this work. Training school for nurses. For information and rates write:

DRS. GRIFFIN AND GRIFFIN, Appalachian Hall, Asheville, N. C.



Receiving Hospital 2102 Cherry Street

MENTAL AND NERVOUS DISEASES, ALCOHOLISM, DRUG ADDICTION AND GENERAL INVALIDISM

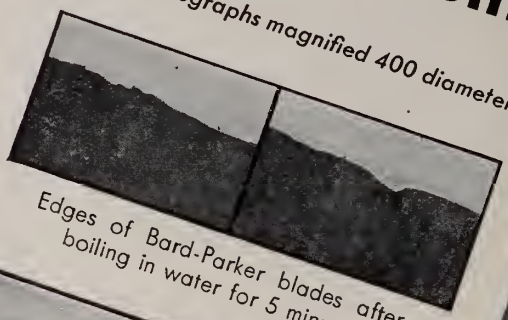
THE TOLEDO SANITARIUM, Toledo, Ohio

2102 Cherry Street Phone Jeff. 3979

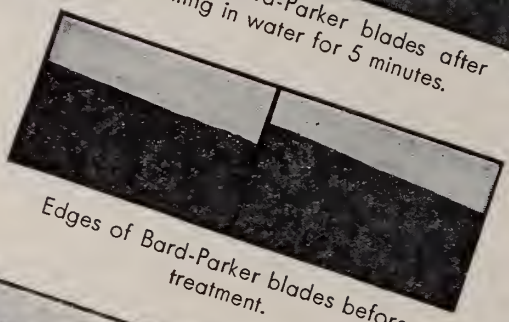
JAS. A. BELYEA, M.D., Manager LOUIS A. MILLER, M.D., Neurologist, Supervising Physician

BARD-PARKER Formaldehyde GERMICIDE Saves Your Instruments

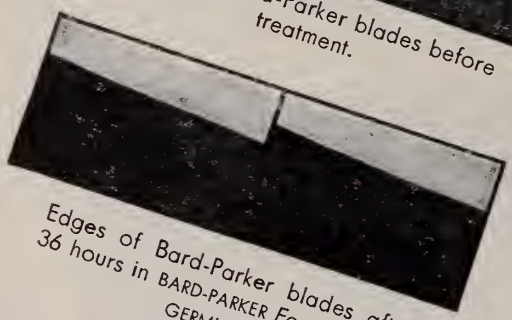
Micro-photographs magnified 400 diameters



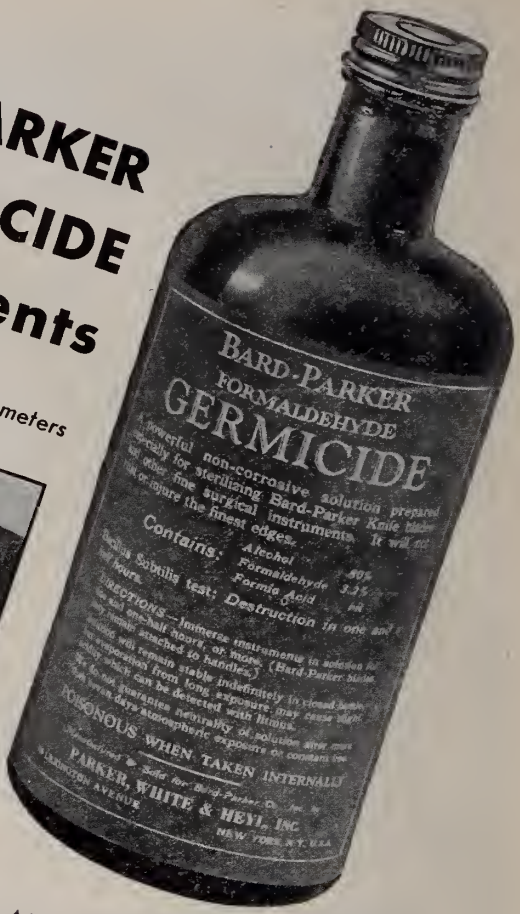
Edges of Bard-Parker blades after boiling in water for 5 minutes.



Edges of Bard-Parker blades before treatment.



Edges of Bard-Parker blades after 36 hours in BARD-PARKER *Formaldehyde* GERMICIDE.



BARD-PARKER Formaldehyde GERMICIDE was perfected to accomplish two functions: 1. Rapid and absolute sterilization of metal surgical instruments. 2. Preservation of keen cutting edges and surfaces of metal instruments. Comprehensive bio-chemical laboratory tests, conducted over a two year period, indicate that BARD-PARKER Formaldehyde GERMICIDE will accomplish:—

1. Complete destruction of non-spare bearing bacterio; Micracoccus Aureus, Bacillus Typhosus and Streptococcus Hemolyticus as test organisms, within a period of less than 10 seconds.

2. Complete destruction of the spore bearing orgonisms, c. Tetoni, b. Anthrocis and their spores within o period of less than 1 hour.

3. Preservation of the fine edges of Bord-Parker blades. No injurious effects from chemical erosion or rust upon metol instruments or rubber gloves.

Reports of germicidal tests sent upon request

Prices:

One pint bottles	$1.00 each
One quart bottles	1.75 each
One gallon bottles	5.00 each

Parker, White & Heyl, Inc.
369 Lexington Ave., New York, N.Y.
Please send me without obligation, liberal sample of BARD-PARKER *Formaldehyde* GERMICIDE.

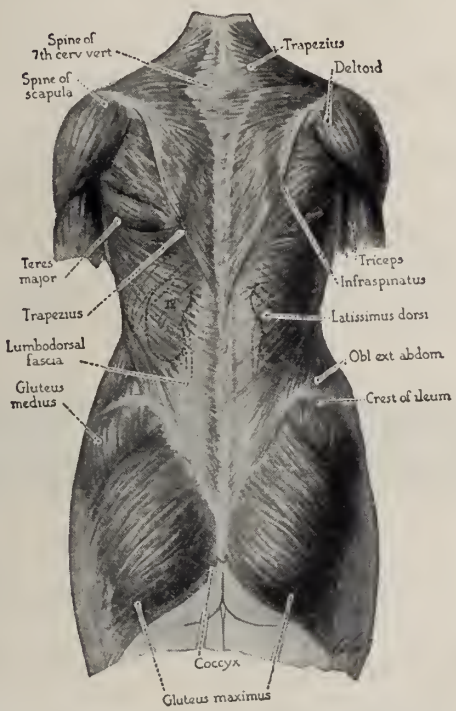
DOCTOR_____

STREET_____

CITY_____ STATE_____ 0-1

DEALER'S NAME _____

ANATOMICAL STUDIES



SUPERFICIAL MUSCLES OF THE BACK IN THE FEMALE

for the Practitioner

Sets of Anatomical Studies furnished to physicians upon request.

CAMP
TRADE MARK

Physiological Supports Scientifically Designed

S. H. CAMP & COMPANY
Manufacturers
JACKSON, MICHIGAN

Chicago
Merchandise Mart

New York
350 Fifth Ave.

London
252 Regent St. W.



Feeding the BABY!



Wilson's Unsweetened Evaporated Milk is an ideal base with which to start in making up your infant feeding formulas, because

1. It is packed under U. S. Government Standard.
2. It maintains a constancy of composition.
3. The fat globules are broken up and are easily digested.
4. It contains all vitamins, which milk can be depended upon to supply.
5. It will promote normal growth and health.

More detailed information and samples of Wilson's Milk will be sent to physicians upon their request.

WILSON'S MILK COMPANY
728 CHAMBER OF COMMERCE BLDG., INDIANAPOLIS, IND.

So PURE, It Needs No FLAVORING

Vitamin A is known to possess certain anti-infective properties, particularly in relation to the eyes, lungs and upper respiratory tract, including the sinuses. Vitamin D is known to prevent and cure rickets.

MEAD'S 10D COD LIVER OIL WITH VIOSTEROL

Many physicians prefer to prescribe vitamins A and D in the form of Mead's Standardized Cod Liver Oil. In cases where extra Vitamin D is required or in cases where the patient cannot tolerate normal doses

for VITAMIN A DEFICIENCIES and

of Mead's Standardized Cod Liver Oil and is thus unable to obtain the necessary amount of vitamin D, Mead's 10 D Cod Liver Oil with Viosterol is indicated because it may be given in half the normal dosage, still assuring adequate amounts of vitamins A and D.

for the PREVENTION and CURE of RICKETS

Samples and Literature on Request. Mead Johnson & Company, Evansville, Indiana, U.S.A.

Pioneers in Vitamin Research and Specialists in Infant Diet Materials

In . . . . Surgery

The advantage of administering alkalies before and after surgical interference is generally admitted; and there is no more agreeable as well as effective way of doing this than by the routine use of Wagner's Artificial Vichy. This is especially rational because the salts of sodium, potassium, calcium and magnesium which it contains are combined in physiologic proportions.



WAGNER'S
ARTIFICIAL
VICHY

The W. T. Wagner's Sons Company

Cincinnati, Ohio

Established 1868

PHYSICIAN READERS OF THIS JOURNAL WHO HAVE DESIRED TO MAKE A "WIDER THAN MERE SAMPLE TEST" OF THE FOLLOWING "COUNCIL ACCEPTED" PREPARATIONS ARE NOW GIVEN A WORTHWHILE OPPORTUNITY IN OUR INTRODUCTORY OFFER.

TABLETS CALCREOSE 4 GRS. provide full creosote medication in safe and adequate dosage to produce beneficial results. Sensitive stomachs tolerate Calcreose over long periods. Each tablet is equivalent to 2 grs. of creosote combined with hydrated calcium oxide.



COMPOUND SYRUP OF CALCREOSE is a tasty, effective cough syrup that does not nauseate. Each fluid ounce represents Calcreose Solution, 160 mins.; Alcohol, 24 mins.; Chloroform, approximately 3 mins.; Wild Cherry Bark, 20 grs.; Peppermint, Aromatics and Syrup, q.s.

INTRODUCTORY OFFER

With your purchase of one thousand Tablets Calcreose 4 grs., price $3.00, postpaid, 30 days dating, we will include FREE one dozen 3 oz. Compound Syrup of Calcreose, value $3.00, equipped with blank direction labels. You may return this portion of advertisement with your name and full address on bottom margin, if preferred.

THE MALTBIE CHEMICAL COMPANY, Newark, N. J.

Mercurochrome 220 Soluble

(Dibrom-oxymercuri-fluorescein)

The Stain Provides for Penetration

—and—

Fixes the Germicide in the Tissues

Mercurochrome is bacteriostatic in exceedingly high dilutions and as long as the stain is visible bacteriostasis is present. Reinfection or contamination are prevented and natural body defenses are permitted to hasten prompt and clean healing, as Mercurochrome does not interfere with immunological processes. This germicide is non-irritating and non-injurious when applied to wounds.

Hynson, Westcott & Dunning

Inc.

BALTIMORE, MD.

Nonspi

For Excessive Armpit Perspiration

Physician's samples sent without cost or obligation.

THE NONSPI COMPANY
2652 WALNUT STREET
KANSAS CITY, MISSOURI

Send free NONSPI *samples to:*

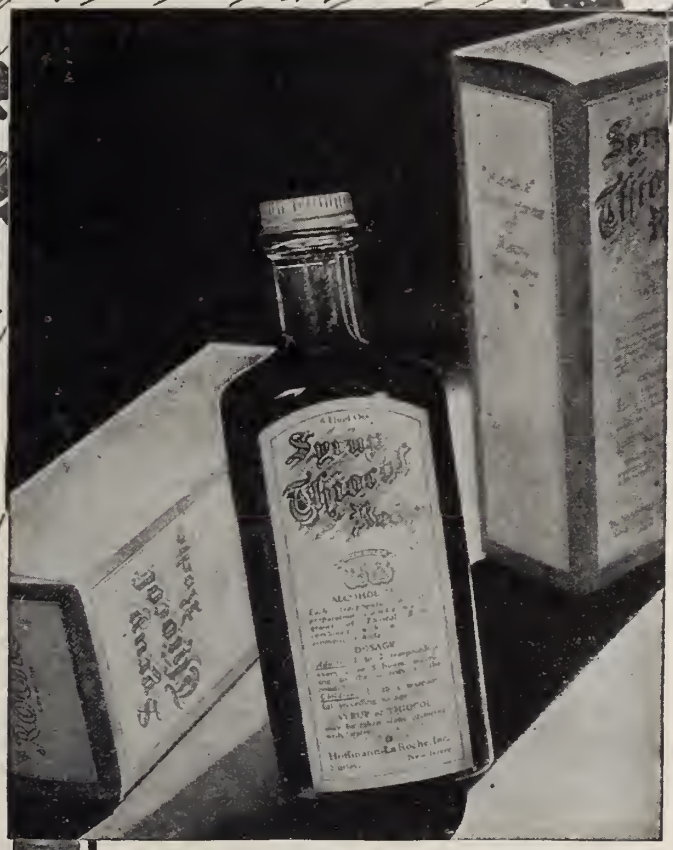
Name.....

Street.....

City.....

NONSPI

Thiocol weather . . .



for coughs and colds . .

prescribe

SYRUP *of* THIOCOL

'Roche'

Hoffmann-La Roche, Inc.

NUTLEY, NEW JERSEY

For years it has been definitely accepted as good therapy to prescribe Syrup of Thiocol for respiratory affections, which means that Thiocol gives markedly good results. . . . Syrup of Thiocol is a *one-drug* remedy containing only Thiocol, the potassium salt of ortho-guaiacol-sulphonic acid. . It is a rational remedy aimed at the seat of the trouble—the infection itself. . . . . .

Devoid of narcotics
Never advertised to the laity

At all pharmacies
in 6-ounce prescription bottles
A trial supply sent to physicians on request

GASTRON

The Entire Soluble Constituents of the fresh gastric mucosa, including the pyloric

The amino acids, colloidal proteins, known activated enzymes, associated nitrogenous extractives, organic and inorganic cell principles—these are all contained in Gastron.

GASTRON is an aqueous-acid-glycerin extract, 0.25% HCl.

It is significant of the degree in which Gastron represents a gastric-gland concentrate that 1. C.C is capable of converting 200 grams of coagulated egg albumen under the official test; the high protein content is shown by the copious precipitate with strong alcohol, ammonium sulphate, etc.

GASTRON, the true stomach-gland extract, gland tissue juice of constantly increasing repute in symptoms and disturbances with attribution of gastric deficiency.

GASTRON is agreeable and stomachic.

Fairchild Bros. & Foster

NEW YORK

Makers of original products suggested by the progress of science in medicine.

PUBLIC HEALTH - SOCIAL WELFARE MEDICAL ECONOMICS and ORGANIZATION PROBLEMS

With Editorial Comment by D.K.M.

Cooperative Spirit in Health Work

At the Eleventh Annual Conference of Ohio Health Commissioners held in Columbus recently, a considerable portion of the program was devoted to reviews and analyses of official public health activities throughout the state and to discussions of ways and means to improve existing methods for protection of the health and lives of Ohio's citizens.

Thoughtful study of the numerous and varied undertakings in the field of health administration as they were explained and discussed at the Columbus conference, adds strength to the frequently-uttered statement that Ohio is second to no other state in rendering high-class and efficient health service to its citizens.

At the present time, every county in the state, save one, has in operation an official public health department.

Scores of cities maintain efficient health departments.

An inventory of the activities of these departments during the past year reveals that only a comparatively few of them are failing to measure up to the important task delegated to them.

On the whole, however, the local health departments are adequately meeting the challenges of preventable disease and sanitation.

Official public health administration as now carried on in Ohio is in general based on sound scientific, economic and social principles. Through the tireless and conscientious efforts of health administrators and members of the medical profession, rational, constructive and sound health programs have been established and developed in practically every community.

Due to the establishment of cooperative and constructive relationships between health officials and medical societies in most of the counties, mistakes and misunderstandings have been minimized, resulting in well-balanced and adequately supported programs of great benefit to the public at large.

Much credit for the continuous progress being recorded in official public health work in Ohio is due the health commissioners of the state.

There has never been a time when Ohio could boast of so many alert and well-trained health commisisoners, with an understanding of the unlimited benefits to be derived from health activities founded on practical and fundamentally sound principles and having the support and active interest of members of the medical profession.

These "key men" in health administration in Ohio have been quick to realize, many through experience, that public health work must be sound scientifically and must, to succeed, be based on the group thought and counsel of the medical profession. They, for the most part, are aware of the dangers of and have refused to sponsor health programs exploiting fallacious economic and social theories, realizing that impractical and excessively socialized health projects are bound to have an unfavorable reaction and in the end be detrimental to the health of the community.

The sentiment expressed by many commissioners in their discussions and round-table conferences during the Columbus meeting indicated a sincere desire for the further development of the mutual and cooperative understanding and relationship now existing in most communities between their departments and members of their local medical profession.

The opinions expressed on this question by Dr. G. D. Lummis, health commissioner of Middletown, in a luncheon address during the conference, may be taken as an adequate summary of the feeling which the great majority of the commissioners of the state have regarding the value and importance of cooperation between health workers and physicians.

Dr. Lummis, the oldest health commissioner in Ohio in point of service, did not mince words in warning his colleagues that without the support and cooperation of their local medical profession they would prove flat failures and that their programs would be most ineffective unless based on the sound and fundamental principles of scientific medicine and good medical practice.

Dr. Lummis predicted a bright future for preventive medicine in Ohio because of the extensive development of this spirit of cooperation and mutual understanding but he at the same time counseled each commissioner to be constantly seeking new means for strengthening the relationship which should exist between the practicing physician and the health administrator.

Another encouraging factor in public health administration in Ohio is that an overwhelming majority of the 181 health districts of the state are under the direct supervision of physician-

commissioners, most of whom are active members of organized medicine.

Among the health commissioners who registered at the conference, thirty are either officers or legislative committeemen of their county medical societies, and many of the others who were in attendance were former officers and are still active members of their county medical unit.

The county health commissioners in attendance who at the present time are either officers or legislative committeemen of their respective county medical society included: Dr. S. J. Ellison, Adams County; Dr. Roy C. Hunter, Auglaize County; Dr. L. A. Woodburn, Champaign County; Dr. R. R. Richison, Clark County; Dr. T. T. Church, Columbiana County; Dr. D. M. Criswell, Coshocton County; Dr. W. D. Bishop, Darke County; Dr. James F. Wilson, Fayette County; Dr. W. E. Howell, Gallia County; Dr. W. C. Cory, Geauga County; Dr. J. M. Scott, Harrison County; Dr. J. C. Elder, Holmes County; Dr. B. C. Pilkey, Huron County; Dr. W. H. Carey, Logan County; Dr. R. H. Trimble, Madison County; Dr. F. E. Ayers, Mercer County; Dr. R. L. Pierce, Morrow County; Dr. Beatrice Hagen, Muskingum County; Dr. F. J. Crosbie, Perry County; Dr. O. R. Eylar, Pike County; Dr. B. S. Stephenson, Shelby County; Dr. M. V. Replogle, Williams County, and Dr. H. J. Powell, Wood County.

The city health commissioners present who are officers or legislative committeemen of their county medical society included: Dr. W. G. Carlisle, Bucyrus; Dr. C. L. Vorhies, Cambridge; Dr. D. R. Williams, Girard; Dr. J. Shamansky, Mt. Vernon; Dr. R. H. Good, Van Wert; Dr. A. J. Pardee, Ashtabula, and Dr. G. D. Lummis, Middletown.

It is to the credit of the health commissioners of Ohio and others directly or indirectly interested in public health administration that the inevitable readjustments of the past few years in public health activities have been accomplished and are still being carried out in many communities with a minimum of misunderstanding and conflict between public health departments and the medical profession; with a minimum of lost effort and inefficiency, and with a minimum of unsound, impractical and extravagant programs.

The Drouth and Health Problems

Conditions in Ohio resulting from the prolonged drouth and economic depression offer a distinct challenge to members of the medical profession and public health workers of the state.

Inadequate rainfall in many sections of Ohio since last spring has resulted in serious shortages in public water supplies and in unsatisfactory and dangerous sanitary conditions in numerous communities.

Sanitary engineers and communicable disease officials at the State Department of Health are anything but optimistic concerning what health conditions in many parts of the state will be during the next six months, especially after future rains have washed the present accumulation of sewage and bacteria-breeding refuse into water supplies or shallow wells.

Health officials also have been frank in their belief that present poor economic conditions will result in higher sickness and death rates, particularly from such causes as tuberculosis and pneumonia and other diseases contracted through lowered resistance due to lack of proper food, overcrowding and exposure.

An emergency undoubtedly will have to be met in the near future by physicians and health workers. Active cooperation between these two vital forces will go far toward minimizing the dangers to health and life which apparently have accompanied the drouth and economic depression.

It is also imperative that local communities be made to realize the menacing situation and that they give their wholehearted support to efforts to make local health departments more efficient and better prepared for the approaching battle with disease. There must not be at this time a curtailment in the scope and efficiency of public health activities, through pinch penny appropriations for this vital work.

A Slant on Public Hygiene

Few conservative thinkers place much reliance in the reasoning or accuracy of the verbal darts hurled from time to time at everything in general and plenty in particular by H. L. Mencken, the caustic editor, owner and critic of the *American Mercury*.

However, even Mencken at times sounds a note which is quite in harmony with the views of many serious-minded individuals who have not the peculiar ability, and perhaps the courage, which he possesses for expressing their inner emotions.

In a recent issue of the *American Mercury*, Mencken makes the following observation, which, while exaggerated and inaccurate, contains enough truths to make it of some importance to those members of the medical profession who are disturbed over what the future holds in store for the medical practitioner and the public.

"The whole public hygiene movement is rapidly becoming a nuisance", writes Mr. Mencken." As was inevitable, it is falling into the hands of men who are uplifters first, and scientific men only by a sort of afterthought. Their prosperity runs in direct ratio to the amount of dust they are able to kick up, and many of them kick it up with a plentiful lack of conscience, whether professional or otherwise. They not only talk with assurance of public benefits that every sensible medical

man knows are impossible; they also perfect a technique for terrorizing those who, for good or bad reasons, oppose them. The result, it seems to me, is damaging to the whole medical profession. A guild of men whose trade is succoring people in trouble, and whose achievement, at its best, is the highest and noblest that modern civilization can show, is thrown into the false position of a gang of prying and intolerant busybodies. The friend of everyone becomes a sort of Prohibition agent."

Naturally, Mencken's statement that "the whole public hygiene movement is rapidly becoming a nuisance" should not be taken seriously, for there is plenty of evidence to prove conclusively that the statement is wrong and misleading.

On the other hand, the Mercury-man's intimation that the invasion of uplifters, publicity-seeking and commercially-minded individuals into the field of health and medical activities, where they are rapidly overshadowing the hard-working, conscientious scientific man through their ability to kick up more dust than he can, is worthy of some consideration.

The growing tendency to run everybody's business through new laws, new regulations and new services which leave little in the end for the individual to do or accomplish has made itself felt in the fields of health and medicine. In some instances, individualism has been completely destroyed; in others, public contempt has been aroused.

The spread of the gospel of public hygiene in a rational way and by the proper agencies is desired and urged by the medical profession. Sound movements in this field of activity should receive the encouragement and active support and cooperation of physicians. It is up to the medical profession, however, to discourage and oppose, if necessary, those programs which have a tendency to cast reflections on the profession as a group and to promote a modern-day "racket" in the name of "public health."

Flexible Fees Are Advocated

Not infrequently the belief is expressed that some deep, basic and revolutionary change must be made in the present systems of medical service and medical practice to solve the economic problem faced by a large portion of the public when sickness overtakes them.

This is questionable reasoning in the opinion of some of the best thinkers on medico-social questions, who are of the belief that many of the present difficulties in meeting the costs of sickness can be eliminated by modification of a few of the factors which make up modern medical service, rather than through the creation of an entirely new social system.

While the physician is, of course, greatly interested in steps being taken now in the hospital field to avoid unnecessary hospitalization of patients and to minimize charges for special and extra services, and in efforts being made by leaders in the nursing profession to place nursing service on a sounder economic basis, the medical practitioner, naturally, is more vitally interested in what the medical profession can do to help solve some of the economic troubles of the sick public.

One way by which the individual physician may be of valuable assistance in helping to solve the general question of the costs of sickness is discussed by Dr. Arthur T. Holbrook, Milwaukee, in a paper published in a recent issue of *The Bulletin* of the Federation of State Medical Boards.

Dr. Holbrook's suggestion is that the fee charged by the physician should be even more elastic than it is at present and be based more on a frank financial understanding between patient and doctor.

Regarding this phase of the relationship between patient and physician, Dr. Holbrook writes:

"Time was when the physician's fee was looked on as a sort of honorarium, and occasionally one still detects a rather pleasant tinge of that feeling. However, for a great many years, through a general understanding or through the more definite arrangement of county medical society fee tables or the like, the profession has adopted more or less fixed fees for certain services. * * *

"The custom has arisen of making these fees somewhat elastic and of adjusting them to the reputation of the physician and to the patient's means. To my mind the variation in fee should be made far more general than is the custom, because of the frequent disproportion, one way or the other, between the fee and the service.

"I wish to make a plea *for individualizing our charges with particular consideration of these three factors: the physician's qualifications, the patient's ability to pay, and the service rendered.*

"The patient's ability to pay is often a difficult matter to determine. Intimate, continuous contact between physician and patient or family, such as our fathers experienced, is becoming less and less frequent, especially in cities. Hence the physician is less likely than formerly to know what his patient is capable of paying. It is wise, therefore, to make it a routine practice at the first interview with a patient, when it may be done without embarrassment, to secure sufficient data to give a fair appraisal of his financial status and responsibility. * * *

"The adjustment of the fee to the service rendered concerns the surgeon, the obstetrician and other specialists just as it does the general practitioner. One appendectomy may take twelve minutes in the routine of a morning's work, and the next may take two hours out of the middle of the night; a house call may take five minutes to

glance at a chart or ask a question or two, and again it may keep the physician away from a busy office hour. The fee should be charged appropriately to the service and not under the influence of the memory of any fee table."

Dr. Hornbrook's contentions are of interest and have a direct bearing on the question of medical and hospital costs, namely: That modification of the present methods of medical service, not radical and drastic changes in the basic factors of this service, may be the correct remedy for existing problems.

The White House Conference on Child Health

In a way, it was not at all surprising that the thousand or more delegates to the White House Conference on Child Health and Protection held at Washington recently, became involved in considerable disagreement over the duties, scope and methods of administration of the Children's Bureau of the United States Department of Labor.

The Children's Bureau will be remembered among other things for its direction and control of infancy and maternal hygiene activities provided for in the Sheppard-Towner Act, now (or temporarily) deceased.

Although it was no doubt unfortunate that open conflict should have obtained equality with the constructive work of the conference, disagreement over the present scope and set-up of the Children's Bureau was inevitable due to the prolonged and heated controversy concerning that particular division of the federal government.

Even among those who believe in the theory that the federal government should usurp the rights of the individual states in public health work, there have been many who have shown dissatisfaction with the idea of endowing a lay agency with the duties that obviously belong to departments directly interested in medical and health questions.

When it was recommended by one of the White House Conference committees that the infant and maternity work of the Children's Bureau be transferred to the United States Public Health Service, for the purposes of unification of the health activities of the federal government, the storm which broke threatened for a time to end the conference in a free-for-all squabble.

Clubs, organizations and individuals who at present are sponsoring legislation for a revival of Sheppard-Townerism quickly got into the controversy. Naturally, those who have endorsed the maternity and infancy program of the Children's Bureau were unwilling to have their "baby" shifted to the care of another "nurse", primarily because the Children's Bureau has always been considered by them as the most hopeful medium for political activity and for the unrestricted use of governmental services in the distribution of propaganda in favor of the federal subsidy plan.

On the other hand, it is easy to understand why those who believe medical and health questions should be handled by agencies with a personnel trained for this kind of work and with a better understand of medical and health problems approved of the proposal to relieve the Children's Bureau of further responsibility in infant and maternity work. It also was reported unofficially that many conservative leaders in the present national administration have for some time shown considerable anxiety over and distaste for theories supported and expounded by the Children's Bureau in some of its recent propaganda and activities. Shearing of the bureau of some of its present influence probably would meet with their approval.

An analysis of the proceedings of the conference in general, reveals that a wealth of valuable data were assembled through the energetic labors of those who served on the various committees and sub-committees. Flaws in present methods of caring for the health of children and protecting them from economic and social dangers were uncovered by the investigations and some meritorious and practical remedies suggested.

Dr. Ray Lyman Wilbur's suggestion that "we must go back to the local units for effective education or health or welfare work; we want a minimum of national legislation in this field; no one should get the idea that Uncle Sam is going to rock the baby to sleep" was not successfully carried out.

As Dr. Wilbur well explained, the results of the conference will depend largely on how well the data and information are disseminated and suggested projects carried out to correct existing conditions, and on the soundness and practicability of the methods set up to accomplish the aims and recommendations of the various committees.

One critic of the conference made a significant and worthwhile point when he wrote:

"The need for activity of the child health organizations is unquestioned but there is also a danger of loading such programs with fads of little value. If fads are kept out and the wisdom of the gathering employed in fashioning a reasonable program, the public, doubtless, will give its cordial support. It should be kept free from the influence of the visionary, salary-seeking enthusiasts who would invade homes with their dictation and seek to control activities in the schools".

It is to be hoped that the good results to date of the conference will not be nullified in the future by over-energetic, ill-advised and unsound attempts to exploit the worthy recommendations of the investigating groups.

The Clinical Picture of Undulant Fever

WALTER M. SIMPSON, M.S., M.D., F.A.C.P., Dayton

UNDULANT fever is now known to be a common and widely distributed disease in the United States. The disease was practically unknown in this country until three years ago. The few sporadic cases which had been encountered before that time were regarded as clinical curiosities. Prior to 1927, there is record of but 198 cases, occurring in eight states. During 1927, 217 cases were reported in this country; during 1928, 649 cases were recorded; during 1929, 1301 cases occurring in every state of the Union were reported. These figures yield important information regarding the growing importance of undulant fever as a public health problem. It is probably true that these recorded cases are not truly representative of the actual incidence of the disease, since these figures represent only those cases which have been recorded by state health departments.

The experience with undulant fever in Ohio during the past few years is not unlike that of most of the other states of the Union. During 1926, the first confirmed case of undulant fever occurring in Ohio was reported; during the next year, two cases were reported; during 1928, 41 cases were recognized; during 1929, 135 cases were reported. This total of 179 cases, encountered during the past four years, is the third largest number of cases to be reported from the various states of the Union. Largely through the efforts of Hardy, 363 cases have been discovered in Iowa; because of the stimulus provided by Carpenter, 213 cases have been encountered in New York State. The fact that the largest number of cases has been found in those states in which certain investigators have concentrated their efforts upon this disease, would seem to indicate that the disease is probably passing unrecognized in many other parts of the country.

During the past two years the writer has carried out a clinicopathologic study of 103 confirmed cases of undulant fever occurring in and about Dayton. The results of these studies in the first 90 cases are reported elsewhere[1]. A report of 66 additional cases, occurring in other parts of Ohio, prepared by the Divisions of Laboratories and Communicable Diseases of the Ohio Department of Health, appeared in the March, 1930, issue of the *Ohio State Medical Journal.*

Undulant fever is undoubtedly a disease of antiquity. It was not until 1886 that Bruce discovered the etiologic organism and named it *Micrococcus melitensis.* In 1897, Bang discovered the organism of contagious abortion of cattle which he named *Bacillus abortus.* For 21 years these two organisms were regarded as separate, unrelated species, until Alice Evans, in 1918, discovered that the two organisms are indistinguishable morphologically, biochemically, culturally and by the ordinary agglutination tests. The results of further studies led Evans to state that the two organisms probably possessed similar pathogenicity for human subjects. In 1927, Carpenter recovered an organism indistinguishable from *Brucella abortus* from the blood of ten human beings with undulant fever. Five pregnant heifers inoculated with these cultures promptly aborted. These observations of Evans and Carpenter have been confirmed by many workers in this country and abroad. It is now known that the organism which produces contagious abortion in cattle and other domestic animals is capable of producing in human beings a disease clinically and bacteriologically identical with the Mediterranean type of Malta fever usually attributed to the ingestion of infected goat's milk.

Meyer and Shaw have proposed that the *abortus-melitensis* group of organisms should be designated by the generic name *Brucella;* this suggestion has met with universal approval. Since the various names which have been used to designate the disease in animals and man appear inadequate in the light of present knowledge, the general name *Brucelliasis* has been proposed.

No cases of undulant fever of direct caprine or porcine origin have been encountered in the Dayton series. Some writers believe that the porcine strain is much more pathogenic for man than the bovine strain. Many of the strains which have been isolated from cow's milk have been designated as porcine. There appears to be no uniformly reliable method for distinguishing between the bovine and porcine varieties. Our experience has been similar to that of Carpenter, King, Huddleson and others, who have found that the organisms which have caused undulant fever in the great majority of the cases studied by them were of bovine origin.

There is convincing evidence that most of the human infections with *Brucella abortus* have been the result of the ingestion of the organisms. Hardy has demonstrated experimentally that the skin may act as a portal of entry. This possible mode of infection is of greatest importance in those persons (veterinarians, packing house workers and farmers) whose occupations bring them in direct contact with infected fresh animal tissues. Among urban populations such contact infection assumes little importance.

Read before the Medical Section, Ohio State Medical Association, at its 84th Annual Meeting, Columbus, May 13-15, 1930.

From the Diagnostic Laboratories of the Miami Valley Hospital, Dayton, Ohio.

CLINICAL MANIFESTATIONS IN MAN

One purpose of this paper is to emphasize particularly the clinical manifestations of the disease in man and to controvert a more or less general impression that undulant fever does not present a characteristic clinical picture. In approximately one-half of the Dayton cases the initial clinical diagnosis has been undulant fever. The demonstration of several patients with undulant fever at local medical meetings so established the clinical picture of the disease in the minds of Dayton physicians that they have encountered no difficulty in recognizing the disease.

In rural districts, the disease appears to affect men more often than women. In our experience, however, the disease has affected both sexes about equally. The disease occurred most frequently during the third and fourth decades of life; nine of our patients were in the first decade of life. More than one member of nine families was affected.

The incubation period is often difficult to determine accurately; the average incubation period is about two weeks.

The disease usually begins insidiously, the onset symptoms being those commonly observed in general infections. In five instances, however, the disease was initiated with a sharp chill and a rapid elevation of temperature to 103-105° F. In the usual case, the patient soon becomes vaguely aware of an afternoon or evening rise of temperature, associated with chilliness, weakness, night sweats, headache and backache. Anorexia and constipation are common early symptoms. As the disease progresses, the fever, chills and sweats pursue a somewhat characteristic course. One impressive feature of the disease is that the patient usually feels quite well in the morning, during which time the temperature shows but slight elevation or is normal. During the afternoon the temperature gradually rises to variable heights, the average extent of the fever in our series being 103° F. The rise in fever is usually accompanied by chilly sensations or is followed by a severe chill or rigor, which, in turn, is followed by perspiration. The perspiration is frequently of a drenching character and ordinarily occurs during the night. Many have observed that the sweat possesses a rather distinctive odor. If the patient is examined during the afternoon or evening the physician is often impressed by the fact that the patient does not present a distinctly febrile appearance even though the thermometer may record a relatively high temperature. It is during this stage of the disease that it is most frequently confused with malaria, influenza, typhoid fever and tuberculosis. In about ten per cent of our cases, joint symptoms were an outstanding feature of the disease and led to confusion with acute rheumatic fever.

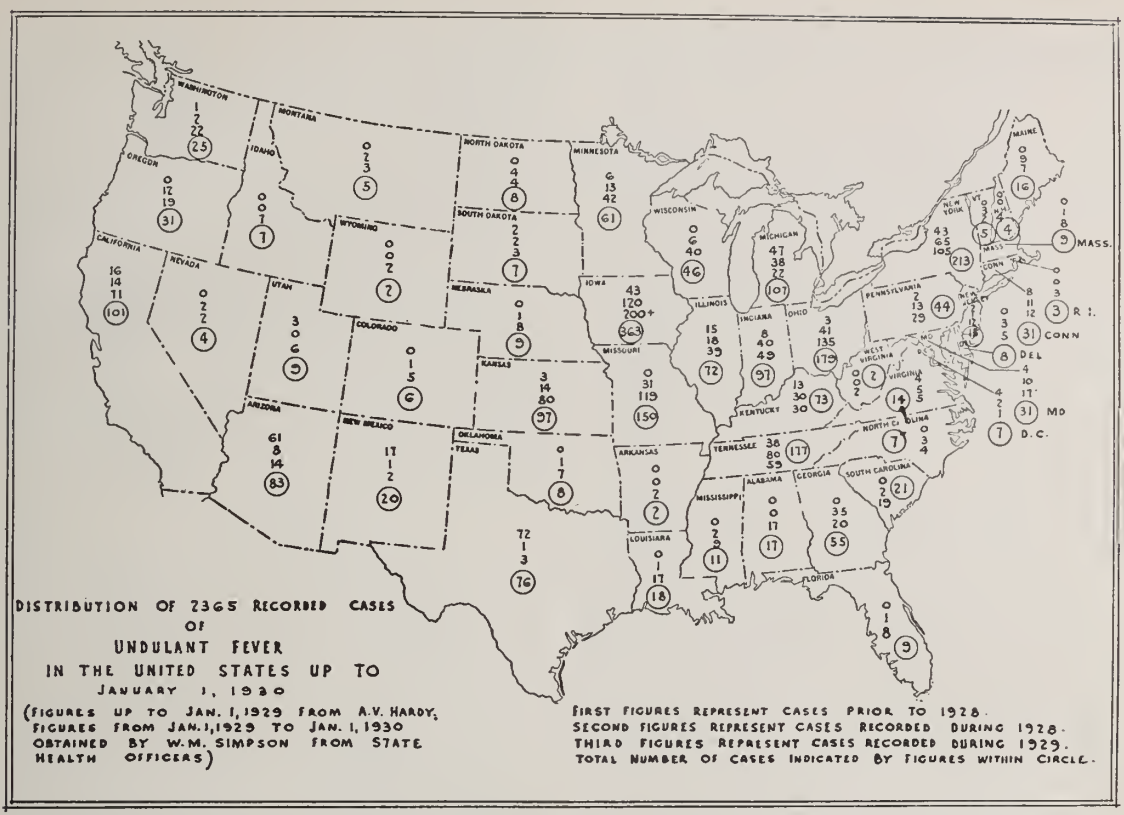
The nocturnal exacerbations of fever are usually accompanied by marked irritability, anxiety and insomnia. Delirium occurred during the height of the febrile waves in seven of our patients. The mental state remains clear; the so-called "typhoidal state" was not observed in any of our cases.

The matutinal remissions or intermissions and the nocturnal exacerbations of fever usually persist for several weeks; the average duration of the illness in our cases was three and one-half months. Even though the name "undulant fever" implies that the disease is characterized by recurring relapses and remissions of fever, such relapses have been exceptional in our experience. Recurrences of the fever after it had once reached the normal level has occurred in only twelve of our cases. In the remaining majority of cases the patient has experienced but one febrile period, lasting from one week to several months, which gradually has approached the normal level by lysis.

Twenty-two of our patients experienced a relatively short and mild illness. It is such cases that are most frequently confused with influenza. Loss of weight is a characteristic feature of the disease. Forty of our patients lost between 25 and 50 pounds; five patients lost more than 50 pounds; ten patients experienced no appreciable loss in weight. There appears to be a direct relationship between the height of the fever, the drenching character of the sweats and the loss of weight.

The physical examination is frequently disappointing because of the absence of positive findings. Many patients with undulant fever do not appear to be particularly ill, except for the presence of stigmata of weakness. Palpable splenomegaly existed in approximately one-third of our cases; in but five instances was the enlargement of the spleen marked. The liver is usually not palpable and there is an absence of generalized lymphadenopathy.

Abdominal pain was a prominent complaint in 18 cases; such pain usually occurs early in the course of the disease. This pain may be migrating or it may be referred to any one of the abdominal quadrants. In five instances it was most marked in the right lower quadrant; in four of these cases appendectomy was performed. Normal appendices were removed in three of these cases. Gangrenous appendicitis developed as a complication of the disease in one case during the third week of illness. This case has been described in detail elsewhere[2]. In one case cholecystectomy was contemplated because of the development of sudden upper right quadrant pain associated with fever, chills and sweats. The writer has learned of many cases in which appendectomy and cholecystectomy have been performed on patients with undulant fever, in which the pathological examination showed no evidence of any active inflammatory process in the appendices or gall bladders. The important sur-



gical aspects of undulant fever are thus apparent.

Brucella abortus is known to exhibit a predilection for the genital tract of cows and bulls. There is convincing evidence that similar complications occur in some human beings with undulant fever. Some degree of orchitis occurred in 18 of our cases. In four instances suppurative prostatitis, epididymitis and orchitis developed; the first consideration in all of these cases was gonococcal infection and the proper diagnosis was made only after this possibility was eliminated. In one case in which a draining sinus tract developed between the globus major of the epididymis and the scrotal wall, *Brucella abortus* was recovered in pure culture. All four of these men were raw milk consumers; none was in direct contact with infected cattle or hogs.

In view of our knowledge of the effect of the *Brucella* organisms in pregnant cattle it becomes a matter of great importance to determine whether or not this organism produces similar effects in pregnant women. The literature contains many reports of human abortion occurring on farms where contagious abortion of cattle was common. Five women in the Dayton series, who had repeatedly aborted and who presented no clinical or serological evidence of syphilis, gave serological evidence of *Brucella abortus* infection. Four of the five women gave histories of a previous illness, entirely compatible with a clinical diagnosis of undulant fever. This strong circumstantial evidence has been augmented by proof by the recent recovery of *Brucella abortus* by Carpenter from a human fetus which was aborted at the end of the fourth month of gestation.

A macular cutaneous eruption occurred in eleven of our cases. In three cases the macules appeared upon the abdomen and simulated the roseola of typhoid fever.

CLINICAL LABORATORY FINDINGS

The blood picture of undulant fever is usually quite distinctive. Even though the fever may be high, *leukocytosis is uncommon.* Leukopenia (4000 to 6000), with relative or absolute lymphocytosis is the rule. In nine of our cases the lymphocytosis exceeded 50 per cent. The red blood cell count and hemoglobin estimation usually reveal a mild degree of secondary anemia. Urinalysis usually reveals the trace of albumin found in febrile diseases; the cerebrospinal fluid of three of our patients showed no abnormalities.

Having arrived at a clinical diagnosis of undulant fever, four confirmatory procedures are available: 1. Recovery of the organism; 2. Animal inoculations; 3. Agglutination test; 4. Skin test.

If one has direct access to an adequately equipped laboratory, bacteriological studies and animal inoculations should be carried out. Blood for culture should be collected at the peak of one of the febrile waves and the appropriate mediums should be inoculated directly. In hospitalized patients, the likelihood of isolation of the organism is much greater than in patients cared for at home; we succeeded in recovering the organism in seven of ten cases in which repeated blood cultures were made in the hospital. The organisms recovered from the blood of these patients were

found to be serologically identical with the organisms obtained from the raw milk supplied to these individuals.

The simplest confirmatory test is the agglutination reaction. The whole blood, without the addition of anticoagulants, or the clear serum should be sent to the State Laboratory or to a hospital or private laboratory equipped with the proper antigens. *Dried blood specimens on slides are unsatisfactory for an accurate test.* Anti*abortus* agglutinins usually appear during the second week of illness. It is unwise, therefore, to collect the blood specimen for the agglutination test until the latter part of the second week of illness. In rare instances agglutinins will not appear until the third or fourth week of illness. Consequently it is desirable to submit a second or third specimen at intervals of a week in suspected cases in which the first test has been negative. The anti*abortus* agglutinin titer rises to variable heights during the acute course of the disease and tends to fall after the fever abates. Ordinarily, agglutination will occur in dilutions of 1:160 to 1:1280, or higher, during the third and fourth week of illness. Many persons will retain the anti*aboruts* agglutinins for many months or years, while in other cases they will entirely disappear a few months after recovery. The retention of agglutinins for long periods in some cases indicates that caution should be exercised in the interpretation of positive agglutination reactions in low titer. It is possible that an individual may be suffering from some disease other than undulant fever and still have present in his serum anti*abortus* agglutinins which have persisted following a previous infection with *Brucella abortus.*

It is important to bear in mind that certain individuals with well etsablished clinical manifestations of undulant fever, from whose blood *Brucella abortus* may be recovered, may show no anti*abortus* serum agglutinins. Carpenter has found that about six per cent of the patients from whose blood he has recovered *Brucella abortus* have failed to show anti*abortus* agglutinins in their serum on repeated tests. Of importance also is the fact that some patients from whose blood *Brucella abortus* has been recovered, will show agglutination in titers below 1:80. It cannot be said, therefore, that there is any arbitrary titer which is diagnostic of the disease. If the clinical picture of the disease is well defined, and the serological studies reveal an absence of agglutinins or the presence of agglutinins in low titer, further bacteriological and serological studies should be employed. We have found the skin test to be of value in such cases.

In 30 of the Dayton patients, whose serums agglutinated *Brucella abortus* in titers ranging from 1:40 to 1:2560, strongly positive skin tests were obtained after the intradermal injection of one-tenth of one cc. of a saline suspension of heat-killed *abortus* organisms, adjusted to a standard of two billion organisms per cubic centimeter. Control studies carried out on 40 patients suffering from a variety of other diseases gave entirely negative results. A positive test is characterized by the gradual development, usually within 12 to 36 hours after injection, of an indurated, reddish area, usually about the size of a five cent piece. The induration usually persists for many weeks. In seven cases, in which a clinical diagnosis of undulant fever seemed justified and in which no anti*abortus* serum agglutinins were present on repeated examination, a strongly positive skin test was obtained. Until further confirmatory studies have been carried out, it would be unwise to employ the skin test as the only diagnostic method. It should be regarded only as an adjunct to bacteriological and serological studies.

TREATMENT

The first consideration in the treatment of undulant fever should be prophylaxis. In view of the fact that *Brucella* infection of cattle and other domestic animals is widespread in all parts of this country, it will take many years to control the infection at its source. Very little progress has been made in the eradication of the disease among animals. The logical method of preventing the transmission of milk-borne infection to human beings is by the pasteurization of milk and dairy products. Park, Carpenter and others have shown that complete pasteurization will destroy the *Brucella.*

We have found that the intravenous injection of mercurochrome, acriflavin and arsphenamin has had little effect upon the course of the disease, and in many instances the reactions which have followed the introduction of these chemotherapeutic agents has been too severe to justify their use as a routine procedure. In 54 cases we have utilized a vaccine made of heat-killed *Brucella abortus* organisms standardized to two billion per cubic centimeter with such apparently favorable results that we are now employing it as a routine treatment. To determine whether or not the results obtained have been entirely due to a foreign protein effect, control studies have been made with typhoid vaccine and sterile milk injections; these agents have not appreciably altered the course of the disease. Further investigations of the efficacy of the *abortus* vaccine are in progress. Since undulant fever is often characterized by spontaneous remissions the value of any therapeutic measure must be interpreted with caution.

BIBLIOGRAPHY

1. Simpson, Walter M. and Fraizer, Eunice: Undulant Fever: Report of Sixty-Three Cases Occurring in and about Dayton, Ohio. J.A.M.A., 1929, *93*, 1958-1963.

Simpson, Walter M.: Undulant Fever (Brucelliasis): A Clinicopathologic Study of Ninety Cases Occurring in and about Dayton, Ohio. Ann. Int. Med., 1930, *16*, 238-259.

2. Simpson, Walter M. and Bowers, L. G.: The Surgical Aspects of Undulant Fever. Am. J. Surg., 1929, *7*, 597-604.

DISCUSSION

L. G. BOWERS, M.D., Dayton: My discussion will be limited to a consideration of one of the

Dayton cases, in which an unusual complication developed and in which the source of infection was established. A 37 year old man (Mr. B.) was first seen by me on November 2, 1928. Three weeks previously he first observed that while he felt well during the morning, he felt chilly, feverish and fatigued, and suffered from severe headaches during the afternoon and evening. Each night he experienced a severe chill which was followed by a profuse sweat. During this period his appetite failed and he lost ten pounds in weight. The clinical history strongly suggested undulant fever and the patient was moved into the hospital. A blood specimen was taken for the agglutination test and for culture. During the early hours of the following morning he was awakened by a severe abdominal pain accompanied by nausea and vomiting. By noon the pain had become localized over McBurney's point, with marked tenderness and rigidity on the slightest pressure. At 3:00 P. M. the temperature was 100° F., the localizing manifestations were more prominent and a blood count revealed 6000 leukocytes, 62 per cent of which were polymorphonuclears, while the other white cells were equally divided between large and small lymphocytes. Despite the low white cell count, the history and physical findings were sufficiently characteristic to justify a diagnosis of acute appendicitis. I performed an appendectomy shortly after this. The pathologist's report was acute gangrenous appendicitis. The postoperative convalescence was uneventful, except that the afternoon exacerbations of fever continued, usually reaching 103° F. by eight o'clock in the evening. The morning following appendectomy the report of the agglutination reactions was received. The Widal reaction was negative. The reactions with *Brucella abortus* and *Brucella melitensis* antigens showed strongly positive agglutination in all dilutions to 1:1280.

The patient returned to his home on the sixteenth postoperative day, where he continued to experience the same nocturnal exacerbations of fever during the next month, although the maximum temperature gradually fell to 101° F.

Investigations as to the source of infection revealed that Mr. B. had had no direct contact with cattle or hogs but that he had been a raw milk drinker for many months. The milk was obtained from a herd of seven cows. Blood specimens obtained from each of the cows showed strongly positive evidence of contagious abortion. Two of the cows were found to be excreting *Brucella abortus* in large numbers in their milk. The organisms thus recovered agglutinated promptly with the serum of the cows from which they had been obtained and with the serum of Mr. B. Cultures of these organisms were also found by Huddleson at Michigan State College to be of the bovine type. These observations would seem to establish quite definitely the causal relationship of the infection in the cows and in the patient. Vaccine therapy was instituted about a month after the patient returned to his home. The response to the vaccine was apparently quite favorable and the patient has made a complete recovery.

LEO F. EY, Chief of Laboratories, Ohio Department of Health: The subject under discussion is of especial interest to those of us associated with health work. I wish, therefore, to briefly talk about similar studies and investigations carried out in the laboratories of the Ohio Department of Health. As a matter of fact, Dr. Simpson was the first to suggest, several years ago, to the former chief of laboratories, the late Fred Berry, that steps be taken to ascertain to what extent this disease was present in the State by testing all blood specimens submitted to our laboratory, i.e., those reacting negatively for typhoid or other febrile infections.

In the summer of 1928 we reported our first positive undulant fever cases, recognized by the agglutination reaction. For that year, fifteen undulant fever cases were recorded, and for the following year, 1929, fifty-five are on record. To date (May 13, 1930) thirty-eight have been found positive during 1930, making a total of one hundred eight cases.

In order to obtain accurate and comprehensive clinical histories on a group consisting of thirty-five selected cases, a personal representative of our Division of Communicable Diseases was assigned to interview each patient and attending physician. The report of this investigation was published in the *Ohio State Medical Journal*, March 1, 1930.

Since our first report was completed an effort was made to collect information on additional new cases, by submitting a questionnaire to the attending physician. Details were lacking in those returned and unfortunately some failed to reply. Of the remaining seventy-three cases, twenty-three questionnaires are on hand and it is noted that twenty-two patients drank raw milk and one drank pasteurized milk. In this group, eight were farmers, nine housewives, two each salesladies, students, teachers, and dairymen, and one each grocer, civil engineer, carpenter, furniture dealer, bank clerk, factory worker, school boy, clerk and salesman. Plans are in progress to have a member of our epidemiological staff take up the work at the point where it was stopped last summer. We are extremely anxious not to record a single case as undulant fever unless the clinical manifestations corroborate the laboratory diagnosis.

Figures on record show conclusively that up to the present time we have diagnosed one hundred eight cases and that approximately 36 per cent of these in all probability would not have been recognized as undulant fever if we had not adopted a routine practice of testing all negative Widals or other bloods submitted for febrile infections. It should be stated that today physicians are making direct requests for undulant fever agglutination tests, which is self-explanatory.

Dr. Simpson clearly explained how this disease may be confused with other illnesses and difficulty in diagnosis may be more fully appreciated when we state that one of the patients among the thirty-five in our first series was operated upon for appendicitis, one for gall-stones, and another was being prepared for similar operation when the real cause of his illness was discovered by the agglutination test.

In another unreported case, Mr. C. M. S., a farmer, first complained of illness, called influenza, in May, 1929. About three weeks later his condition not having improved, he consulted a second physician who suspected "stomach infection". At intervals the patient felt slightly better and strong enough to assist with the harvesting until the latter part of July, when he had a relapse. He again consulted his physician and the possibility of appendicitis was mentioned because of pains in the abdominal region. Early in August he visited an osteopath who made a tentative diagnosis of tuberculosis, and later in the month the osteopath advised and made arrangements for consultation with a tuberculosis specialist. Late in December the patient visited a so-called "specialist on diseases of men", since at that time he experienced a condition which he believed could be relieved by such a "specialist's" treatment. Early

in January, 1930, he discussed his condition with a layman who had had undulant fever, who advised him to have his blood examined. On January 15, 1930, the blood of Mr. C. M. S. was examined in this laboratory and it was found to agglutinate *Br. abortus* in dilution of 1:640. Further investigation revealed that the patient drank three pints of raw milk daily. In February and March, 1928, he sold two cows, both having previously aborted.

There has been considerable discussion in the literature regarding the incidence of undulant fever and that children under ten are seldom afflicted. Our records show that we examined two specimens from children, one aged nineteen months and another, two years. Both tests were positive in high dilutions. In the family of the nineteen months old child there were three members affected with the disease. All were users of raw milk. The first specimen received from the child aged two years came to us with a request for typhoid examination. A preliminary positive report was forwarded with a request to submit a fresh wet specimen, and subsequent examination gave a positive agglutination in dilution of 1:320. Our oldest patient was seventy-seven years of age. Epidemiological data are lacking in the last two cases.

Among laboratory workers there has been some difference of opinion concerning the significance to be attached to those sera that agglutinate *Br. abortus* in low dilution, i.e., 1:10, 1:20, or any titre under 1:80, the latter having been arbitrarily accepted almost universally as diagnostic. In this connection, let me add that all of our cases which have been placed on record as undulant fever have reacted in 1:80 dilution or above.

Studies are being carried out in this laboratory pertaining to the loss of agglutinating power in sera collected from patients who have either partially or completely recovered.

E. W. MITCHELL, M.D., Cincinnati: The diagnosis is difficult if one is not familiar with the disease as most of us have not been. The early symptoms are apt to be mistaken for tuberculosis, typhoid, or even malaria. In a recent case in which I was greatly interested the symptom which early caused us to suspect undulant fever was profuse sweating. It was almost two weeks before we secured a positive agglutination, the first trials being negative. The diagnosis was further confirmed by a positive culture from which a vaccine was made. The patient, a young man about 25 years of age, had complained of malaise, and lack of endurance for about two weeks before the temperature was taken. The maximum temperature was 104 for the first three weeks. The usual range was from 99 to 100 in the morning and 102 to 103 in the afternoon. The vaccine was not ready for use until about the end of the fifth week. The reaction was very severe after the first dose. Temperature reached 105 but very rapidly declined, and thereafter the temperature ran in a much lower range. After the seventh week the maximum temperature was usually 101, the morning temperature being nearly normal. During the eighth week there was a definite rise of temperature so another course of vaccine was given for two weeks, with marked decline in the daily temperature, absence of chills, and the general condition of patient was greatly improved. We believe the vaccine was a definite help in this case. About the end of the ninth week the father heard that a patient of Dr. Perry's had been very promptly cured after many months illness by the administration of certain pills. After taking six of these pills daily for six days the temperature remained quite normal and convalescence was rapid. Upon inquiry of my friend, Dr. Frank Perry, he informed me that the pills contained two grains quinine and two grains blue mass—a formula he had often used in cases of malaria.

WILLARD C. STONER, M.D., Cleveland: I do not believe that undulant fever is characterized by a definite clinical picture with cardinal signs and symptoms that warrant a positive diagnosis. My experience has been that a positive diagnosis can only be made in the laboratory. Recently, I had a patient referred by an out-of-town physician whose history was that of continued fever over a period of weeks. The patient had been hospitalized in a tuberculosis sanatorium for several weeks, but it was finally decided that he was not tuberculous. He had no abnormal findings, aside from continued fever, either clinically or on laboratory checking, and it was found that his blood agglutinated up to 1:5000 with the *Brucella abortus* organism. A positive clinical diagnosis at best can only be represented by a good guess where conditions such as tuberculosis, urinary tract infections and subacute bacterial endocarditis are ruled out, which guess is encouraged with a history of drinking raw milk from a herd infected with *Brucella abortus*. This had proved true with certain other patients on whom I had made diagnostic surveys.

WILLIAM H. BUNN, M.D., Youngstown: Yesterday I saw a patient with undulant fever who had had two positive blood cultures. The case was promptly diagnosed by a small town general practitioner who had suspected the condition from the very onset of the illness. This confirms Dr. Simpson's impression that the necessary factor to rapid diagnosis is suspecting undulant fever in the unusual cases of fever, chills and polyarthritis with the patient not feeling too badly. I would like to ask Dr. Simpson four questions: Is the mortality rate in his cases from three to five per cent, as previously reported? What culture medium does he use? What is the average duration of attack? The value of autogenous vaccine?

WALTER M. SIMPSON, M.D., Dayton, (closing): It is quite true that occasional cases of undulant fever will not present a characteristic clinical picture, but it is likewise true that the majority of cases will present a sufficiently characteristic train of symptoms which will enable the physician to make at least a tentative clinical diagnosis of undulant fever. Of course, the diagnosis is not complete until confirmatory laboratory studies have been employed. The clinical manifestations of the disease have been sufficiently characteristic to enable one Dayton physician to make an initial clinical diagnosis of undulant fever in eleven cases; another Dayton physician has recognized nine cases by the clinical manifestations, while one Greenville physician has arrived at the proper diagnosis in ten cases. I am quite convinced that familiarity with the symptoms of the disease will lead to more frequent clinical diagnoses of undulant fever. Our experience would lead us to believe that most of the cases of undulant fever are passing unrecognized.

In regard to Doctor Bunn's questions, I would state that there have been two deaths in the Dayton series. The figures derived from the literature would indicate that the death rate is probably about two per cent. The importance of this disease is not to be judged by the death rate. More important than this is the economic aspect of the situation, since the usual patient is incapacitated for work for many weeks or months.

Fifteen to twenty cc. of blood should be collected for culture at the peak of one of the pyrexial waves, and placed directly in flasks containing 30 cc. of infusion broth, varying the amount of inoculum in each flask from 1 to 3 cc. Subcultures should be made from the fourth to the twentieth day on beef liver infusion agar or glucose agar, incubated in a partial anaerobic chamber containing about 10 per cent carbon dioxid. Small "dew-drop" colonies usually appear on the agar slants in two to four days. After two or three transfers the organisms usually grow well aerobically. The average duration of illness in our experience was three and one-half months. The employment of an abortus vaccine appears to be the most effective therapeutic measure now available.

Nephroptosis

PARKE G. SMITH, M.D., F.A.C.S., GORDON F. MCKIM, M.D., F.A.C.S., and THOMAS W. RUSH, M.D., Cincinnati

I HAVE no feeling of apology in bringing up for discussion the question of nephroptosis, neither do I feel that I should be criticized if during this discussion no particularly new facts are presented, for I sincerely believe that the time has come for us to again study the anatomic and physiologic changes that accompany an altered renal mobility.

The history of medicine reveals that our first surgical endeavor was incision, then as we became more familiar with the tools of our craft we experimented with excision, and learned that the human body may recuperate even after the most violent traumatism. Our enthusiasm grew by leaps and bounds until it has required careful analytic studies of late post-operative results to bring about a realization that many organs and parts now adorning the shelves of pathologic laboratories could still be beneficially serving their hosts had a less mutilating technique been used. Hence surgical conservation is now a factor always borne in mind.

This is particularly true of renal surgery, although the idea of renal fixation appeared early in the development of that specialty. The first nephropexy is attributed to Hahn of Berlin, 1881. The first in the United States to Weir, 1882. It rapidly became an accepted surgical procedure that was frequently employed. Unsatisfactory post-operative results, rather than prompting a more scientific study of this problem, unfortunately, caused the surgical relief of nephroptosis to fall into disrepute. It has been only during the past few years that we have utilized to the fullest extent our modern methods of urologic diagnosis in the study of renal mobility.

We are all familiar with the fact that the human body was not developed with the idea of its assuming the present upright posture. The acquisition of this later position predisposes us to numerous mechanical faults, and a consideration of the inadequacy of the so-called renal supports, leads to an assumption that the kidneys are particularly likely to be affected by this change in posture. We should therefore expect that an altered renal mobility would occur rather commonly. I believe this to be true, but I am unaware of any data based upon the study of a large group in which examination was directed primarily toward the determination of the frequency and extent of altered renal mobility.

Pain of renal origin may be divided into two groups etiologically. First, that due to an increased intracapsular tension and second, that due to a torsion or pull upon the renal pedicle. Any alteration in the normal renal mobility will cause one or both of these factors to become operative. The rapidity with which this alteration occurs directly influences the severity of the resulting symptoms.

The liver, duodenum, common duct, hepatic flexure of the colon, and the vessels and nerves of the splanchnic area are in close proximity to the right kidney, the spleen, splenic flexure of the colon, tail of the pancreas, and splanchnic area with the left. Alteration of these intimate and intricate anatomic relationships result in a group of symptoms so varied that an accurate classification of types of nephroptosis can not be made, and the problem must always be regarded as purely individual. A detailed review of these anatomic facts is not indicated, but I feel that it would not be amiss to refer to the so-called perinephritic fascia as I believe that the intermediate role played by this structure determines the symptomatology manifested in the individual case.

The perirenal fascia, sometimes called Gerota's capsule, is composed of the subperitoneal fascia, which divides into two layers at the line of the lateral body wall where the peritoneum is reflected to pass over the ascending and descending colon respectfully. The posterior layer of this fascia, which is the heavier, passes behind the kidney and fuses with fascia over the bodies of the lumbar vertebra. The anterior layer passes in front of the kidney and coming in close approximation to the insertion of the posterior layer, fuses with its fellow of the opposite side. At the upper pole of the kidney the two layers fuse and at some distance below the lower pole they come into close apposition, but do not fuse

Read by Dr. Parke G. Smith before the Surgical Section, Ohio State Medical Association at the 84th Annual Meeting, Columbus, May 13-15.

and may easily be separated. Thus we have formed a cone shaped tube with the apex directed downward and inward. It is rather spacious, much more so than is required to accommodate the kidney, the latter being rather inadequately supported within it by loose adipose tissue. On the right side the ascending colon and second portion of the duodenum are immediately adjacent and rather intimately connected with the anterior layer of the perinephritic fascia. On the left side the descending colon bears a similar relationship.

As renal mobility is increased, from whatever cause, Billington believes that perirenal fat gradually disappears and numerous fibrous adhesions are formed between the renal capsule and the perirenal fascia, being an attempt by nature to arrest this mobility. If the original etiologic factor continues in operation, the perinephritic fascia although rather firmly fixed becomes loosened and accompanies the kidney in its further descent, thus altering the position of those organs in intimate contact with its anterior layer and produces symptoms referable to the gastrointestinal tract.

The ureter, which for a short distance is freely movable within the perinephritic fascial compartment, becomes rather firmly attached to the anterior layer at a point level with the lower pole of the kidney when in normal posture. It is therefore conceivable to believe that if the ureter were not involved in the perinephritic adhesions, although it usually is, the kidney might descend to this point without angulation or kinking of the ureter and therefore there could be an almost, if not complete absence of symptoms, referable to the kidney itself.

This perirenal fascial compartment I have described roughly as an inverted cone, the apex of which is directed downward and inward and as the descent of the kidney must, in part at least, follow this course, descent will be accompanied by an internal relation of the lower pole producing torsion and pull upon the renal pedicle.

We therefore have three basic causes for the symptoms of nephroptosis:

First: The replacement of the normal perinephritic fat by fibrous tissue with the resulting tendency for the kidney to become adherent to the perinephritic fascia, and for the ureter to become fixed in an abnormal position either to the anterior layer of the fascia or more commonly to the lower pole of the kidney by these adhesions or to become kinked by the pressure of an anomalous vessel, if present.

Second: The torsion and pull upon the renal pedicle and consequent trauma to the splanchnic area.

Third: The change in position of those organs that are in close relationship with the anterior layer of the perinephritic fascia.

The sequence in which these three causes become operative and the extent to which they each develop, determine the subjective symptomatology of the individual case. Rather than bore you with a detailed discussion of this symptomatology, I believe I can best illustrate it by a few selected cases.

Before doing this I do wish to devote a few moments to the question of diagnosis, treatment and prognosis.

Diagnosis requires that we utilize to the fullest extent our present methods of urologic examination, and before a plan of treatment is advised the following information should be at hand.

1. A microscopic and bacteriologic examination of the separate urines; for in our present state of knowledge we do not feel that it is advisable to anchor a low kidney that has a demonstrable renal tuberculosis.

2. A differential functional test, as we may be called upon to anchor a low kidney that is comparatively free of discomfort in order to conserve if not increase its function, in those cases where its fellow is already damaged by disease.

3. The capacity and emptying time of the renal pelvis.

4. Satisfactory sterioscopic pyelograms in both the prone and upright position, the latter preferably being taken in the standing position.

5. An accurate analytical study of a carefully taken history.

6. The opinion of thoroughly competent gastroenterologist is of great importance.

The above facts will not only allow a positive diagnosis, but from them a scientific plan of treatment can be advised and the patient offered a correct prognosis.

The treatment of an abnormally mobile kidney, that is producing symptoms, is primarily surgical, but we must bear in mind that a successful nephropexy may in certain cases, be neither the beginning nor the end of our plan of therapy. A long and carefully directed plan of preoperative preparation may be indicated. Foci of infection should be eliminated. Infected renal pelves may require lavage both before and after operation. Those patients in whom the muscular tone of the abdominal wall is poor should wear a comfortable, but adequate abdominal support. Advice as to personal habits and dietary regime should cover a period of several months.

The surgical relief of nephroptosis was first directed toward the prevention of this increased renal mobility and the kidney was anchored at the most available point, frequently to the psoas muscle. After a few years Goelet pointed out the necessity of anchoring them at their natural level. Billington in 1910 suggested that the ureter and renal pelvis should be free of adhesions. Recently O'Connor has very well emphasized this point. In 1910 Longyear coined the term nephrocoloptosis and described what he regarded as a new anatomic structure, the nephrocolic ligament.

He devised a surgical technique in which this mass of tissue was anchored to the lumbar fascia as he thought that he thus supported not only the kidney but those organs adjacent to the anterior layer of the perinephritic fascia.

Unsatisfactory post-operative results following nephropexy have for years been attributed to a recurrence of the increased renal mobility,—a presumption not borne out by experience as I believe that most of you will agree that the second operation upon a kidney, for whatever cause, may be extremely difficult as the kidney is usually firmly bound down by a dense mass of post-operative adhesions. In order to prevent this supposed recurrence of abnormal renal mobility many variations in surgical technique, some quite complicated and bizarre have been developed. It is unnecessary to review them.

Theoretically, support is most efficient when it is evenly distributed over the entire supporting surface of the object to be supported. By utilizing the intact renal capsule of the lower two-thirds of the kidney as the intermediate means of renal support this principle can be applied to nephropexy. Our solution of this problem is by the use of at least two cross stitch mattress sutures through the capsule of the lower pole of the kidney. One is placed upon the posterior surface just beyond the convex border of the kidney at about the upper limit of the lower third. Another is placed on the anterior surface somewhat lower, and farther from the convex border. The first, or upper stitch is brought through the fascia and intercostal muscles immediately below, but occasionally immediately above the 11th rib. The lower stitch is brought through the fascia immediately above the 12th rib. One or two other similar stitches may be placed as indicated. The renal capsule and surface of the renal fossa are freed of all adhesions and adipose tissue. A portion of the renal capsule of the posterior aspect of the upper pole is resected. In some cases we have painted the renal capsule and renal fossa with a 1 per cent iodine solution. Thus by bringing raw surfaces in contact we believe that we promote the formation of adhesions that assure the premancy of the position to which we have restored the kidney. The anterior layer of the perirenal fascia is supported by tacking it to adjacent fascia below the lower pole of the kidney.

The renal pelvis and ureter are dissected free of all adhesions, the latter as far down as the pelvic brim.

There is one additional factor which should be remembered in devising our technique of nephropexy that insofar as I am aware has not previously been recorded. Constant pull upon the renal pedicle and upon a ureter fixed by adhesions or anomalous vessels predispose toward a lengthening of thes parts, particularly of the pedicle. Rather than anchoring the kidney in its normal position we now place it somewhat lateral; the lower pole is swung upward and forward so that the longitudinal axis of the kidney approaches the line of the costal curve. This not only allows us to at least partially overcome this increased length, but the relationship between the renal pedicle and ureter becomes more nearly that of a funnel. Because of the increased distance between the ureter and the lower pole of the kidney there is less likelihood of the ureter again becoming angulated by attachment to the lower pole.

We believe that a successful nephropexy is dependent upon a technique that recognizes the following:

1. A renal pelvis and ureter that is freed from all extrinsic obstruction.
2. A renal pedicle that is likewise freed insofar as safety will permit.
3. A renal capsule free of all adipose and fibrous tissues, and intact over the entire supporting surface.
4. A kidney supported in the position just described by a simple non-mutilating technique.

This report is based upon a personal series of 63 consecutive nephropexies during a period of slightly more than eight years, and does not include cases operated since November 1st, 1929. Thus they are all at least six months post-operative. An analysis of the statistics of age, sex, frequency, etc., reveals only two facts that are particularly interesting; 93 per cent of these cases were upon the right side. Although the weight of the liver immediately above the right kidney may cause it to be more easily the site of nephroptosis, we must remember that the other anatomic relationships of the right kidney are more likely to produce symptoms than those of the left kidney. Eighty-seven per cent of cases were in the female, a finding one would expect as the renal fossa in the female is much shallower and the support afforded by the adjacent musculature, particularly the anterior abdominal wall is less efficient than in the male.

A study of the post-operative results brings out certain facts that are of value in our prognosis. A point of tenderness at the costo-vertebral angle may be present for three to six months. Occasional pain along the course of the ureter and sometimes vague urinary symptoms may be noticed for months. When the gastro-intestinal symptoms have been accentuated some portion of them may persist, and even require the attention of a gastro-enterologist.

These patients should be told that nephropexy may not be immediately followed by a complete relief of all symptoms, and that their period of convalescence may be as long as six to eight months.

I have recently heard either directly or indirectly from 55 of these 63 cases. The eight with whom I have lost contact I know were sympomatically free from five to seventeen months after

operation. Of the 55 communicated with there are seven who were under observation or treatment after the arbitrarily established convalescent period of six months because of the recurrence or persistence of a part of their symptomatology.

CASE REPORTS

The following is a brief review of the seven unsatisfactory cases:

Case No. 1—Right nephroptosis and pyelitis, Right nephropexy. Frequent pelvic lavage has been done for approximately 14 months. At the present time her urine is almost entirely free of leucocytes, and she has gained in weight and is free of discomfort.

Case No. 2—Patient passed a ureteral calculus three months after nephropexy. Stone was not demonstrable on her first examination. She still thinks and perhaps rightly that the stone was the principal cause of her trouble.

Case No. 3—Bilateral nephroptosis with marked hydronephrosis and an almost constant hematuria for over a year. Bilateral nephropexy was followed by a very marked improvement, but she still has occasional discomfort along the course of the left ureter.

The other four cases I regard as completely unsatisfactory insofar as the relief of symptomatology is concerned.

Case No. 4—Thin, emaciated female, 39 years of age, who for seven months following nephropexy was perfectly well and had gained in weight. Coincident with the loss of position she developed certain urinary symptoms, and a pain low down in the right pelvis, which was a part of her original symptom complex. Post-operative pyelogram showed the kidney to be in excellent position. Emptying time of the renal pelvis four minutes with no increased mobility in the upright position. Gynecologists have been unable to find pelvic pathology sufficient to warrant the pelvic operation, which the patient demands.

Case No. 5—Tall, thin, emaciated Catholic Sister. Marked right nephroptosis, right inguinal hernia, typical attacks of renal colic with urinary symptoms, and accentuation of the gastro-intestinal symptoms. Patient was partially relieved by nephropexy, but she developed a hernia along the line of incision with a sagging of the right upper abdominal quadrant. Repair of the post-operative hernia and inguinal hernia followed by improvement in her symptoms. Post-operative pyelogram made showed the kidney to be in excellent position with an emptying time of 5½ minutes, mobility not increased in the upright position. The surgeon at the time the abdomen was opened palpated the kidney and stated that it was normal in size, shape and position and with no increased mobility. At the present time she is having frequent attacks of pain resembling renal colic accompanied by urinary symptoms.

Case No. 6—Patient gives a history of approximately seven or eight years of pain suggestive of renal colic, particularly during the past year. For two years she has had marked gastro-intestinal symptoms with attacks of nausea and vomiting at least twice a week. No history of jaundice. Right nephropexy. Complete relief of all pain and discomfort renal in character. At the end of eight months she still had some discomfort in the right upper quadrant of the abdomen with nausea but no vomiting. Postoperative pyelogram has not been made.

Case No. 7—Right nephroptosis—attacks of nausea, vomiting and pain in the upper right quadrant occasionally becoming so severe as to resemble right renal colic. Patient has had a previous appendectomy for chronic appendix, right ovary removed and gall-bladder drained with no relief. Right nephropexy. Patient made an excellent post-operative recovery with apparent relief of all symptoms. She was doing nicely until three or four weeks after she went home she again had an attack of pain resembling renal colic accompanied by a loss of appetite, nausea, and vomiting. She became very much discouraged, quite morose, developed generalized pain over the entire body, lost weight. She was readmitted to the hospital where she remained eight weeks. After the first two weeks she regained her morale, improved, and at the time of dismissal was apparently perfectly well. Post-operative pyelogram showed an excellent result. About one month later there was a recurrence of the entire clinical picture. She is very much discouraged; so are we.

19TH FLOOR, UNION CENTRAL BLDG.

Ten Commandments of Cancer

1. Do not cut across a cancer and leave part behind. The part remaining will grow more rapidly than if you had left it alone, altogether.

2. An operation for cancer is an operation to save life. Cosmetic results are to be considered, but they are not to be weighed against recurrence and death a few years later.

3. Never manipulate a cancer roughly either before or during operation or more often than is necessary to make a diagnosis. To do so is the easiest way to drive cells into the lymph or blood current—hence metastasis.

4. Do not let a woman drag you into her delusion that her early cancer symptoms are due to the menopause. The menopause is a normal physiological state, and if the woman's organs are healthy she will be healthy

5. Repair every cervix that is eroded, everted or the seat of a discharge.

6. Do not rule out cancer because the patient is not old. About 10 per cent of cancer occur before thirty-eight.

7. Do not tell your patient they have cancer if you are sure they will follow your advice at once. If they are inclined to delay, tell them frankly what they have and what will be the consequence of delay. If they make their own choice, let it be done will full knowledge of facts and prospects. Tell the relatives or friends in any event.

8. To save your patients from cancer save them from delay. Do not wait for pain and cachexia—the signs of impending death.

9. Do not admit that incurable cancer is unreliable cancer. Ligation, cautery, palliative removal, electrocoagulation, irradiation, and other proved physical methods may change distress to comfort and add months or years. The patient who appeals to you for relief is the one to be considered—not reputation or "the effect of the community."

10. Be always on the watch for early suspicious symptoms. Be prompt to follow them to a definite diagnosis. Be courageous enough to insist on immediate proper treatment.—Weekly Roster and Medical Digest of the Philadelphia County Medical Society.

Intranasal and Aural Infections in Children

HUGH GIBSON BEATTY, M.D., Columbus

INFLAMMATION with or without suppuration in the upper respiratory tract or the ears, in children, may cause remote symptoms. The local symptoms and complaints arising from the inflamed or infected area may be so slight and few that these parts may escape suspicion. Routine, painstaking, systematic examination will often uncover an unsuspected source of trouble.

Much has been said in the last few years on infections in the nasal accessory sinuses in children. Varied methods of diagnosing and treatment have been offered. All of this has been brought repeatedly to your attention so it is not our idea in this discussion to read you abstracts and quote statistics from the literature with which you are familiar. There are three important points we wish you to bear in mind during this discussion and keep with you in your practice. *One* is the possibility of a second or multiple, contributing involvement in the presence of other known upper respiratory or aural infections. *Second* is the possibility of an obscure, almost symptomless sinus involvement in the presence of confusing *remote symptoms. Third* is pain in a nearby uninfected area which may over-shadow the pain in a known infected area. To explain—it is not uncommon in children to have a frontal pain equal to or exceeding the mastoid pain (not on pressure) in an acute otitis media, purulent with acute mastoiditis, at some stages. We only wish to emphasize these three points; we know there is nothing new or unknown about them but sometimes closer inspection may be necessary to explain them.

Too often children suffering with nasal discharge, obstructed breathing, night cry, bed wetting, nervousness, chronic cough, etc. who have hypertrophied tonsils and adenoids are sent home after a well performed tonsillectomy with an unsuspected infected maxillary sinus. The convalescence after a tonsillectomy and adenoidectomy, in the presence of a sinus infection, is usually good and the patient has a good period immediately after the removal of the infected tonsils and adenoid. However, the nasal discharge may continue, usually somewhat abated with only a *partial* clearing up of the remote symptoms. Here, we must not blame the *operation* but the preliminary examination. In other words, it is not sufficient to look in the pharynx and see troublesome tonsils and adenoid and say, "have them removed and all will be well". This is not a reflection on the pediatrician but directly on the operator.

Fortunately, a certain per cent of the cases of sinus involvement do clear up after a tonsillectomy and adenoidectomy without sinus surgery, but obviously that does not excuse the failure to have recognized its presence. The fact that some sinuses do recover in this way is due to unobstructed nasal cavities with normal, large or accessory sinus ostea, together with the reestablishment of free naso-pharyngeal breathing.

"The mucous membrane of the nasal accessory sinuses is composed of stratiform ciliated columnar epithelium invaded by numerous lymphoid elements resting on a very delicate basal membrane and tunica propia. The current produced by the cilia is toward their respective ostea. The current produced by the cilia of the epithelium of the nasal fossa is toward the posterior nares"[1]. From this you can readily see the importance of unobstructed sinus and nasal drainage and ventilation.

SYMPTOMS

In discussing the symptoms of ear and intranasal inflammations, we shall omit the well-known ones as we are sure you are familiar with them, and take up briefly some of the more obscure ones.

We feel that the average pediatrician makes more correct diagnoses in cases of diseases of the ear than he does in sinus disease. This is because you are familiar with pictures of the various stages of acute inflammations of the middle ear as it is reflected in the ear drum. In sinus disease, it is not so easy. The history of the ear case, together with the change in symptoms, *usually* warns you of the advancement of the inflammation into the mastoid and occasionally the sigmoid sinus. We say *usually* because we know certain types of infection may cause large, dangerous and rapid destruction of the temporal bone without many of the classic symptoms and place early in our hands a child open to serious meningeal infection from otitis media.

Especially has this been true in our practice, both private and clinic, during the past four months. In this time, we have seen a series of cases in which the interval between the onset of the first ear symptom and the necessity of a mastoidectomy has been unusually short. Our policy is always one of safe conservatism, but positively radical when necessary. In this series of ear cases, a large percentage has given a history of six to eight days from the time of onset of ear symptoms. The expected period of improvement after a myringotomy usually has been absent and many of the symptoms of extensive

Read before the Section on Obstetrics and Pediatrics, Ohio State Medical Association, at its 84th Annual Meeting, Columbus, May 13-15, 1930.

From the Department of Oto-Rhino-Laryngology, of the College of Medicine at Ohio State University.

septic invasion of the mastoid have also been lacking.

The average age has been between six and fifteen years, older patients not included. At operation, all of the cases have shown the entire mastoid process involved. The mastoid process varies normally, you know. It may be:

1. Pneumatic type bone.
2. Diploetic type bone.
3. Pneumo-diploetic type bone.
4. Sclerotic type bone.

(The sclerotic type is seldom seen in children).

The pneumatic type is the usual one met and perhaps is the really normal one. This portion, alone, of the temporal bone is subject to a great many variations in size, shape and structure, both normally and as a result of inflammation early in life. All of this, of course, alters the usual ordinary text book progress and chain of symptoms of the involvement in certain cases.

In this series, we have found varying degrees of changes in the pneumatic type bone, mastoid cells usually *all* involved, some with little bone destruction but filled with coagulated exudate, severe congestion and numerous small multiple abscesses. Others with marked bone destruction exposing the middle fossa, others with extensive destruction of the bone covering of the sigmoid sinus and granulations on the sinus wall. We found this type with large amounts of pus but without the serious signs of a general absorption of septic material. These lateral sinuses were *not opened* and we had no occasion to do so later. Granulation tissue is one of nature's chief lines of defense and we should be most certain if we interfere with it. It is a great temptation, and formerly a general procedure, to incise a sinus wall so exposed and granulated. Much as we should like to, it is not within the scope of this discussion to dwell upon the indications for this procedure which we consider a serious one.

SYMPTOMS OF NASAL ACCESSORY SINUS INFLAMMATION AND INFECTION

In the absence of the more common signs of sinus involvement, we must be constantly on the watch for it.

The nasal discharge caused by adenoid obstruction is usually mucous. If there is a sinus involvement, it will be more profuse and likely to be muco-purulent. There are usually some collections of yellow purulent secretion on the floor of the nose and sometimes may be seen in the middle meatus. If not pus, we may see in the middle meatus a mucous collection together with inflammation. This is not common in simple obstructive rhinitis.

A marked septal deflection in the adult is one of the commonest, indirect, most troublesome causes of interference with normal sinus ventilation. Septal deflections, of a degree to cause marked nasal and sinus obstruction, usually have not developed in small children. The middle turbinate, the middle meatus and upper portion of the inferior turbinate may be edematous or hyperemic. This does not occur in obstruction from adenoid hypertrophy.

The cervical glands and especially the internal jugular lymph node are especially subject to reaction owing to their lymphatic connection with the maxillary sinus. The peri-bronchial glands, trachea and bronchi may evidence a reaction as shown by Mullin and Ryder[2]. These lymphatic connections should always be kept in mind, as a bronchial irritation of suspected tonsil and adenoid origin may be complicated by a sinus inflammation.

In this class of cases, then, we must note the following:

1. The amount and character of the nasal and pharyngeal secretion.
2. The mucous membrane in the region of the middle meatus.
3. Lymph nodes.
4. The presence, extent and character of bronchial irritation.

X-ray of the sinuses to be done in all suspected cases.

The prognosis is usually very good. Simple inflammatory reaction in the nasal accessory sinuses, in the absence of intra-nasal deformity and in the presence of hypertrophied tonsils and adenoid, will clear up after the removal of this tissue and good nasal respiration established. Infection responds well to adequate and usually conservative treatment, more often so than in the adult.

COMPLICATIONS

The complications of sinus disease are many and may be divided into:

1. Those in the structures surrounding the sinus.
2. Those in structures distant to the infected sinus.

If you will bear in mind the large list of affections which we are told may be caused by a focal infection, these complications need not be discussed here. Probably the commonest ones in children are those giving rise to the following disturbances:

1. Gastro-Intestinal.
2. Upper and lower respiratory.
3. Lymphatic enlargements.
4. Anemias.
5. Genito-Urinary.

We must not fail to mention in this small classification that occasionally we see such *reflex* symptoms as asthma and nervous manifestations, also occasionally, heart and joint complications and osteomyelitis.

SERIOUS REGIONAL COMPLICATIONS

In the immediate region, the complications may be more acute and immediately serious.

Ear complications and suppuration of the cer-

vical and retropharyngeal glands occur. Optic neuritis, meningitis and septic thrombosis of the cavernous sinus occasionally develop in the course of sinus infection. The maxillary bone in the child is less dense than the adult. If infection extends into the bone substance, osteomyelitis and extensive destruction rapidly results. We have seen a number of these cases. Several of them have been diagnosed as acute suppuration of the lacrimal sac and incision in this area made, with, of course, no relief. In these cases, the pus usually points in this region or around the lower orbital rim. Coffin gives the opinion that a frequent and serious sequellae of *chronic* sinusitis in children is atrophic rhinitis and ozena[3].

TREATMENT

The two important points in the treatment of sinus inflammation are:

1. Drainage and ventilation of the sinus.

2. Regulation of the diet with the proper vitamin content, especially A.B.C. and D. You are all familiar with the value of the irradiated oils, such as Viosterol.

Tonsils and adenoid should be removed if hypertrophied or infected, or even suspected in the presence of sinus infection.

Bone deformity, *actual* hypertrophy of the soft tissues, or new growths, must be removed if causing nasal obstruction. In cases of simple engorgement of mucous membrane and turbinates, we have found the careful use of Ephedrin solution or some other safe astringent of great value in promoting temporary ventilation and drainage long enough to allow the sinus to recover by keeping the nasal passage open. The nasal cavities must be kept free from the accumulation of secretions, both for its effect on the nasal mucous membrane and to prevent the child's swallowing it.

We do not approve of the prolonged use of various silver salts nor of their application by means of cotton swabs. Children do not tolerate repeated and prolonged "nasal treatments" as so often applied to the adult, and we are absolutely against this practice. We have seen children so nervous and scared as a result of this practice that a satisfactory examination was impossible without an anesthetic. In the more obstinate infections, a sinus will often respond to a very few treatments by punctures and irrigation. Possibly a gas anesthetic will be advisable.

In some cases, a very limited amount of sinus surgery may be necessary, but this should be as little as possible with the careful conservation of turbinate tissue. This tissue will be needed in later life and usually can be conserved. The serious complications require radical handling according to their nature and extent.

CASE REPORTS

Case No. 1—Age: Eight years.

Chief Complaint: Constant skin eruption, asthmatic symptoms, occasional mild kidney complications, susceptibility to colds.

Examination: Nose: Inferior turbinates engorged, mucopurulent secretion on floor, turbinates obstructive. *Naso-Pharynx:* Considerable adenoid. Pharynx: Tonsillar remnant.

X-ray of Sinuses: Involvement of lower border of maxillary sinuses, faint cloudiness of ethmoids, frontals and sphenoids undeveloped.

Operative Procedure: Bronchoscopy (for asthma) showed large amount of mucus, considerable congestion and slight edema of bronchi, more marked on right side. Large adenoid mass curetted from naso-pharynx. Removal of tonsillar remnant. Exploration of both maxillary sinuses for irrigation.

Three months later—condition good. Patient improved.

Case No. 2. Age: Fifteen years.

Chief Complaint: Chronic nasal irritation since sinus infection eight years previous, frequent colds, severe headaches over the left eye.

Examination: Septum obstructive, inferior turbinates irritated, muco-purulent secretion in left middle meatus, excoriation of skin.

X-ray of Sinuses: Cloudiness of left posterior ethmoids. Left maxillary sinus smaller than right.

Operative Procedure: Amputation of a small portion of the left inferior turbinate, opening of the left antral wall with chisel and rasp.

Three months later—patient greatly improved.

Case No. 3. Age: Six years.

Chief Complaint: Marked susceptibility to colds, very persistent.

Examination: Nose: Hypersecretion, mucous. *Pharynx:* Submerged, infected tonsils. *Naso-pharynx:* Large adenoid. *Ears:* Drums retracted. Anterior cervicals palpable.

X-ray of Sinuses: Faint haziness of ethmoids and maxillary sinuses.

Operative Procedure: Removal of Infected Tonsils and Adenoid. Antra punctured, natural opening blocked. Opening made in each inferior meatus. Openings made because of blocked natural openings.

Two months later—in good condition.

Case No. 4. Age: Twelve years.

Chief Complaint: Obstructed nasal respiration, improper nasal drainage, frequent colds and extreme nervousness.

X-ray of Sinuses: Marked cloudiness of all sinuses.

Operative Procedure: Nasal polyps removed from both middle meati. Ethmoidal cells in middle meati opened having contained polyp-tissue. Exploration of maxillary sinuses; no pus but thickening of lining membrane.

No later report.

Case No. 5. Age: Eight years.

Chief Complaint: Enlarged, tender cervical glands, excessive nasal discharge on right side following yellow jaundice ten weeks previous. T. & A. two years ago—throat clean.

Examination: Large solid mass in right cervical region. *Pharynx:* Swelling at base of soft palate, muco-purulent secretion, wall edematous. *Nose:* Muco-purulent secretion, edema of turbinate.

X-ray of Sinuses: Cloudiness of right maxillary and ethmoids.

Operative Procedure: Opening of the right maxillary sinus—purulent secretion found.

Case No. 6. Age: Two months.

Admitted to the hospital January 8, 1928. Sixteen days previous had cried quite a great deal, colic suspected. Seven hours later, had appearance of general malaise with watery secretion from right eye and nostril, "slight swelling of the eye. Complained all that night and seemed weaker." Was given hot compresses to the eye, boracic acid and argyrol to the eyes every three hours the next way. The following day, right eye was closed by swelling, with angry red appearance. Axillary temperature was 101. A diagnosis was now "Influenza with hemorrhagic condition of the eye". Compresses and argyrol were continued, calomel and salicylates.

The right cheek was swollen and four days after onset, incision was made into "abscess of right tear duct" releasing much thick pus. On the evening previous to the opening of the abscess, membrane leaving the surface bleeding was found on the right upper gums. This spread rapidly, some being found in the right nostril the next day. Cultures and 10,000 units of antitoxin given. Culture, twenty-four hours later, was negative for Klebs-Loeffler. Membrane was treated with acriviolet. Diagnosis was now "Vincent's Angina", ulceration extending into the gum surface and bone in one place. Streptococcic and staphlococcic vaccine was given intra-muscularly four sucessive days in increasing doses. Temperature ranged around 103.3.

The baby was in discomfort and did not seem "toxic". Eight days after onset a reddened area was noticed on the left leg midway between the ankle and foot. Leg was swollen from knee to ankle with edema of the foot. Local treatments with heat and elevation of the leg were used and on the tenth day an incision was made in the upper surface of the leg, releasing very littlte serum; no pus. At the same time, the upper molar tooth came through the ulcerated gum releasing pus. Membrane in mouth promptly disappeared. Point of localizing in region of right temporal region.

On the eleventh day, the incision was deepened on the leg and a large amount of pus released. Some improvement seemed to follow this. Temperature dropped to 101. At the same time, swelling over the sternum at about the level of the fourth rib was noticed. Then, on the seventeenth day, we were called and operated the right maxilla. Notes are as follows: "Incision of the right maxilla released purulent discharge and showed complete destruction of the anterior wall of the antrum; partial destruction of the orbit. Antrum filled with necrossed bone, pus and almost complete destruction of the malar bone."

The swelling in the sternum was opened and a large amount of purulent material was found. Culture from these original points of infection and the distinct abscess showed the same organisms, namely the staphlococcus.

Blood count: Leukocytes ranged from 8,000 to 11,000. Hemoglobin went down to 45 per cent. Polymorphonuclear ranged from 55 per cent to 36 per cent.

Patient gradually became weaker and died after marked nephritis developed, the hospital days numbering 48.

Diagnosis: "Osteomyelitis of the maxillary bone, tibia and sternum".

This will give you a good idea of what may develop from the maxillary sinus region, whether it originates with the maxillary sinus or a tooth socket.

681 EAST BROAD ST.

BIBLIOGRAPHY

1. J. Parsons Schaeffer. The Nose, Para-Nasal Sinuses, Naso-Lacrimal Passageways and Olfactory Organs in Man.

2. Mullins and Ryder. Studies of the Lymph Drainage of the Accessory Nasal Sinuses. Laryngoscope Volume 31, No. 3.

3. L. A. Coffin. Jackson-Coates' "The Nose, Throat and Ear and their Diseases".

DISCUSSION

MILTON B. COHEN, M.D., Cleveland: In all intranasal infections in children, it is very important to consider allergy as the underlying cause of the infection. The allergic reaction is a hive. When the allergic reaction occurs in the nose, there is edema of the mucus membrane of the nasal passages and of the sinuses with consequent interference with the aeration of the sinuses and with their drainage. This favors secondary infection. Of course, acute suppurative processes should have drainage established, but in the chronic cases and in the acute ones, to avoid recurrences, it is imperative to remove, at least in the allergic case, the exciting cause which produces the edema and thus causes the sinus disease. In this connection one is often led astray by *X*-ray pictures of the sinuses showing marked cloudiness of all of the sinuses, from which evidence the roentgenologist ventures an opinion, which the clinician frequently accepts, of pan sinusitis. In allergic individuals, such pictures are of no use if they are taken during a period of active nasal reaction since the edematous mucous membrane interferes with sinus aeration and thus they contain less air than is normal and show cloudiness on the *X*-ray plate. *X*-ray in these cases should be performed after shrinkage of the nasal mucosa, either by removing the cause, or by palliative measures, so that proper sinus aeration can be obtained.

NEW BOOKS

A Manual of Normal Physical Signs. By Wyndham B. Blanton, B.A., M.A., M.D., Richmond, Virginia. Assistant Professor in Medicine, Medical College of Virginia. Second Edition. The C. V. Mosby Company, St. Louis.

Physical Diagnosis. By Warren P. Elmer, B.S., M.D., Associate Professor of Clinical Medicine, Washington University, School of Medicine; Assistant Physician to Barnes Hospital; Physician-in-Charge Missouri Pacific Hospital; Consulting Physician to Jewish Hospital, St. Louis, and W. D. Rose, M.D., Late Associate Professor of Medicine in the University of Arkansas, Little Rock, Arkansas. With 337 illustrations. The C. V. Mosby Company, St. Louis.

Treatment of Epilepsy. By Fritz B. Talbot, M.D., Clinical Professor of Pediatrics, Harvard University Medical School; Chief of Children's Medical Department, Massachusetts General Hospital. The Macmillan Company, New York.

Chronic Arthritis and Rheumatoid Affections. With Recovery Record. By Bernard Langdon Wyatt, M.D., F.A.C.P., Director, The Wyatt Clinic; with the collaboration of Louis I. Dublin, Ph.D., statistician, The Metropolitan Life Insurance Company, New York, and foreword by Dr. J. Van Breemen, honorary Secretary and Director of Advisory Bureau, the International League Against Rheumatism. William Wood and Company, New York.

The Neurological Principles Underlying the Treatment of Muscular Atrophy

HERMAN CAMPBELL STEVENS, M.D., Cleveland

MUSCULAR atrophy is one of the serious consequences of lesions involving the lower motor neurone. The essential condition for the appearance of muscular atrophy of this type is solution of continuity between the nerve cell and the muscle cell. It follows from this fundamental fact that atrophy will appear as a symptom in every destructive lesion of the lower motor neurone. Clinical observation confirms this generalization. Muscular atrophy is a feature of the symptomatology of such diverse, pathological entities as anterior poliomyelitis, chronic lead poisoning, syringomyelia, alcoholic neuritis, cord tumors in certain locations, transverse myelitis and amyotrophic lateral sclerosis. This conspicuous symptom of nervous disease demands consideration both because of its prevalence and also because of its disabling consequences.

A study of the diseases which had caused bodily deformities in a large number of crippled children, made in the course of an orthopedic survey in a certain group of counties in Ohio, disclosed the fact that about sixty per cent of the cases were the result of organic disease of the nervous system. While the need for an effective treatment is urgent, from an economic and social standpoint, the therapeutic resources at our disposal are very inadequate. It is the purpose of this paper to review the subject of our treatment of muscular atrophy in the hope that others may be induced to participate in the fundamental research upon which alone a successful therapy can be built. In presenting a discussion of the neurological principles underlying muscular atrophy, our first task is to summarize the physiological facts which are pertinent to the inquiry.

The immediate effect of section of a motor nerve is a prompt and marked increase in the volume of the muscle supplied by it. The amount of the increased volume is in the neighborhood of 2.5 per cent of the initial volume. The rise in volume is independent of the general arterial blood pressure which usually falls temporarily after section of the nerve, as was shown by Dale and Richards[2]. The duration of this increase in muscle volume is about twenty-four hours. The volume pulse of the muscle is also increased which shows that more blood is entering the muscle. The temperature of the denervated muscle rises during this phase and remains elevated for many hours. Goltz[1] and others have reported that the rise of temperature persists for many days. If this observation is correct its explanation may lie in another direction than the vascular change, as will be mentioned later.

Doubtless, circulatory conditions vary considerably during the months that follow paralysis, for the clinical observation of paralyzed extremities usually shows them to be cold and cyanotic at least during a part of the period of inactivity. In this connection, however, it must be borne in mind that the surface temperature of the skin is not necessarily an indication of the internal temperature of the underlying muscles for the reason that the blood supply and the innervation of the blood vessels of the skin are different from those of the muscles.

The flaccidity which characterizes lower neurone paralyses arises when the afferent impulses from the muscle itself are cut off by transection of the nerve. These proprioceptive impulses arising in the muscle itself maintain a state of reflex excitation and partial discharge back into the muscle through the anterior horn cells. The partial contraction of the muscle which results is called tonus. The efficient action of muscles depends upon the presence of tonus. The loss of tonus as a result of denervation opens the door

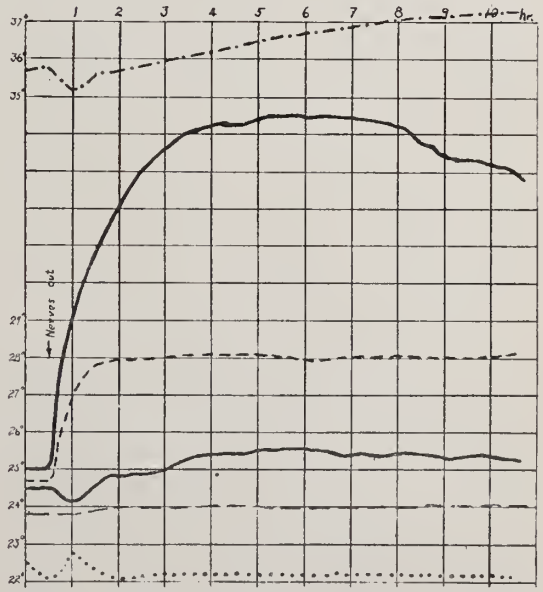


Fig. 1. Volume change in a denervated limb. Upper heavy line, volume of denervated hind limb. Lower heavy line, volume of normal limb.

. . . . . Room temperature.

— . — Rectal temperature.

— — — Temperature in plethysmograph, denervated limb.

— — Temperature in plethysmograph, normal limb.

Read before the Section on Nervous and Mental Diseases, Ohio State Medical Association, at the 84th Annual Meeting, Columbus, May 13-15, 1930.

*From the H. K. Cushing Laboratory of Experimental Medicine, Western Reserve University and the Neuropsychiatric Clinic of St. Lukes Hospital, Cleveland.

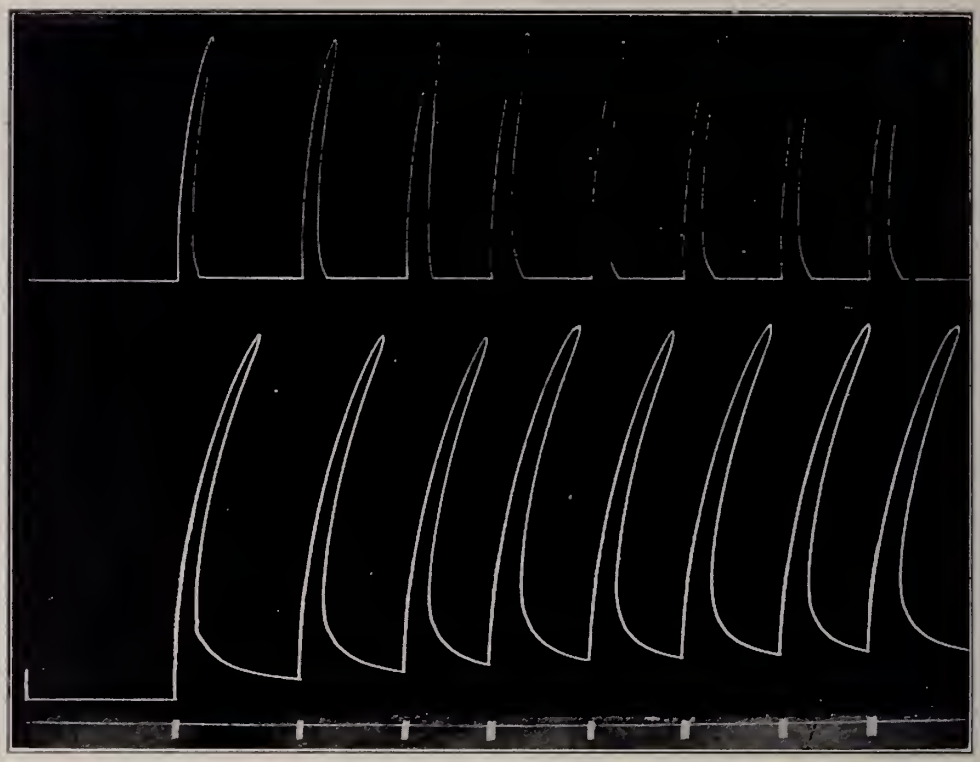


Fig. 2. Simultaneously recorded contractions of denervated (upper) and normal (lower) gastrocnemii of the same frog. Tetanic stimulation by hand closure of switch approximately every five seconds.

to a long sequence of pathological changes some of which will be mentioned hereafter.

The anatomical changes in denervated muscle may be briefly mentioned. The muscle fibers decrease in diameter to about one quarter of their original size and both the cross striation and the longitudinal fibrillae disappear. Eventually, the sarcolemma contains only nuclei, a homogeneous substance, the sarcoplasm, and the muscle fibres of the muscle spindles which are the receptor organs of the afferent nerves of the muscle. In case the nerve regenerates, the fibrillae reappear in the sarcoplasm and the discs appear on the fibrillae until, at last, the muscle fiber is indistinguishable from a normally innervated fiber. In case there is no regeneration of the nerve, the muscle cells are replaced by fibrous tissue.

The physical properties of the muscle are altered as is indicated by changes in viscosity and elasticity. Within seven days after nerve section in frogs the curve of contraction shows certain changes in form which indicate that the normal viscosity of the muscle substance has diminished. As will be seen in Figure 2 the ascent and descent of the muscle curve occupied less time in the denervated muscle than in its normal mate. Furthermore the normal muscle shows a marked staircase phenomenon which is absent in the denervated response. This fact may be explained as due to increased viscosity of the normal muscle. This observation indicates that the internal friction which resists change of form is less in the denervated muscle than in the normal control and therefore the lever moves faster both during contraction and relaxation. Furthermore, measurements of the elasticity of denervated muscle indicate that there is a decrease in this property as a result of denervation. The bearing of these facts on the treatment of paralysed limbs will be discussed later but it may be mentioned in passing that the rationale of the orthopedic method of handling such cases is based upon the changes in viscosity and elasticity just considered.

A third significant physiological change which occurs in muscle after section of the motor nerve is an incessant, irregular, contraction of the individual muscle cells and muscle bundles.

This condition is known in clinical neurology as fibrillation and as such occurs in a wide variety of lesions of the nervous system. It is seen in old cases of anterior poliomyelitis. One patient of mine still shows fibrillation of a portion of the trapezius, thirteen years after the acute phase of the disease. It has also been observed in amyotrophic lateral sclerosis, progressive muscle atrophy and some cases of central neuritis.

The common feature of these various pathologies is a lesion of the lower motor neurone. In the physiological laboratory it can be produced experimentally in animals in various ways and in different muscles. Unilateral section of the hypoglossus in dogs allows it to be observed in the tongue under favorable conditions, for the reason that the muscle bundles are arranged in

three different planes and thereby accentuate the fibrillar activity. It was this observation in the dog by Moritz Schiff[3] that led to the first description of the fact in 1851. Schiff's description is worth quoting because of its vivid phrasing: "It is generally assumed that a muscle which is separated from its nerve center is in a state of most complete rest and inactivity, if external stimuli accidentally act on it. This is not true. I will show, on the contrary, that very soon a long period begins in which the individual muscle bundles take on automatic, rhythmic contractions." For three to five days after the operation, the tongue is quite still. Then: "There is a continuous rise and fall, a weaving and waving, a bubbling and seething, a flickering and glittering of the individual moving parts, whereas the unparalyzed side remains motionless. (Da ist ein fortwährendes Heben und Sinken, ein Wühlen und Wogen, ein Wallen und Weben, ein Flimmer and Funkeln der einzelnen bewegten Theile, während die nicht gelähmte Seite unbewegt daliegt). Temporary cerebral anemia by occlusion of the carotids and, the vertebral arteries until all reflex activity conditioned by the cranial nerves has been abolished, will cause fibrillation in the tongue of the dog as the circulation is allowed to return to its normal channels.

F. C. Mann[4] reports fibrillation as one of the phenomena observed in his dehepatized dogs indicating that chemical stimuli acting on the central nervous system are also effective in causing this condition.

The possible causal relationship between fibrillation and muscle atrophy was pointed out by J. N. Langley who was induced to take up the experimental study of the problem of muscular atrophy as a result of the many cases of peripheral nerve injury which occurred during the war. In a denervated skeletal muscle after removal of the skin, fibrillation becomes visible about the third day and continues without cessation for the duration of the atrophy. As regeneration of the nerve takes place, the fibrillation ceases and the volume of the muscle is restored to the original amount. Work by Langley's collaborators has shown that the oxygen consumption of denervated muscle is greater than that of normal muscle. Okuda[5] has shown that the glutathione content of denervated muscle is greater than that of a normal control in the same animal. Furthermore, the specific gravity of denervated muscle is less than that of normal muscle. In this latter respect, fibrillating muscle resembles fatigued, normal, muscle. It may be suggested here that the prolonged rise in temperature mentioned earlier in this paper may find its cause in fibrillation. Certainly, heat must be produced by the contracting fiber bundles. On the basis of such findings, Langley suggests the view that muscular atrophy results from incessant, fibrillar, activity.

In the practical treatment of paralyzed limbs it should be remembered that we are dealing with segmented members connected by joints to which functionless muscles and nerves are attached and all of which parts are nourished by a modified circulation.

The traditional theory of the treatment of such a complex has been that these structures suffer by reason of inactivity and therefore they require stimulation. Hence, the classical methods of treatments have been passive motion, massage, external heat and the various modalities of the electrical current. Two of these methods viz., massage and the galvanic current have been subjected to experimental tests under controlled conditions in such a way that their efficacy, if any, could be definitely shown in the results. The work of Hartman[6] and his associates may be cited in this connection. The sciatic nerves of the cat were cut under sterile conditions in both legs close to the sciatic notch. In one series, the muscles of one leg were treated by massage, in another series by galvanic stimulation and in a third series they received no treatment at all. The effect of the treatment was gauged by the loss of weight as the muscle undergoes atrophy or by the force evoked by direct, electrical, stimulation of the muscle. The results in both cases showed no material difference between the treated and untreated, denervated, muscles. The sinusoidal current was subjected to the same test and gave the same negative results. Langley working independently confirms this conclusion.

Passive motion is no doubt of value in the treatment of paralyzed limbs not because of its effect on the muscle or the nerve but by reason of its beneficial effect on the joint. The tendency of joints to become fixed as a result of muscular inactivity justifies the use of passive force to prevent the joint capsules, ligaments and tendons from becoming unyielding in one position. In view of the incessant fibrillation and the prolonged development of heat in the muscle after denervation, it is doubtful whether the application of external heat is of any value in retarding atrophy or in accelerating recovery. No experimental evidence is available concerning this point.

It seems clear from this review of the subject that no satisfactory methods of treatment of muscular atrophy of neuritic origin exists. The most promising point of attack would seem to be the fibrillar contraction which by reason of its incessant activity exhausts the muscle fiber and thus causes wasting as Langley has suggested. A specific treatment of muscular atrophy would be one which prevented wasting and preserved unchanged the elasticity and tone of the muscle until the nerve influence was re-established. The evil effects of joint deformities and shrunken muscles could be avoided, although the paralysis would be unchanged. It seems reasonable to suppose that the regenerating nerve would more readily re-establish its function in such a muscle

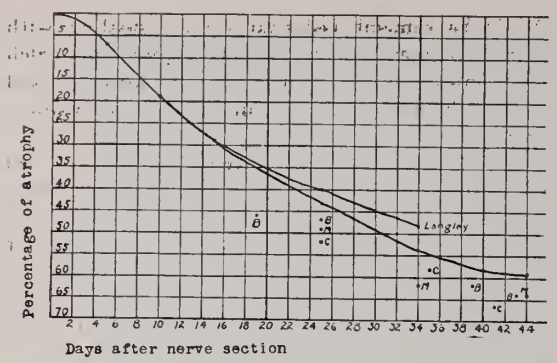


Fig. 3. Curve showing loss of weight in denervated muscle. Langley's results and those of Stevens and Bailey are both plotted. The letters indicate the degree of atrophy in animals which were treated with Barium (B), Magnesium (M), and calcium salts (C.)

than in one in which the muscle fibers had been anatomically changed for many months.

Efforts in this direction have been made by Langley[5] and by Stevens and Bailey[7]. Langley found that the injection of Ca cl_2 into the vein checked fibrillation in an acute experiment. Stevens and Bailey[7] made subcutaneous injections of magnesium sulphate, barium sulphate and calcium chloride in guinea pigs after section of the sciatic nerve over a period of several weeks, the effect of treatment being measured by the loss of weight in treated and untreated muscles. The slight differences in weight which resulted indicated that this method of treatment was not effective. At the present time experiments are in progress in which other substances are being tested for their power to render inactive the fibrillating muscle. Quinidine because of its known value in fibrillation of the heart has been tried although it is still too early to give a final report. Calcium salts and the calcium regulating mechanism of the parathyroids have also been considered as possible modes of control. As yet, it is too early to make any definite statement of the results of his work. Langley suggested the ionization of potassium into the muscle.

In the light of this brief review of the salient physiological facts regarding muscular atrophy, let us attempt to formulate the principles upon which a sound therapy should be based.

1. First it would seem to be suggested that early interference in the way of active treatment is contraindicated. The vascular and thermal changes which go on for many days after onset, show us that the early use of infra-red and other calorigenic artifices is to be discouraged. Massage at the stage now considered is likewise for the same reason contraindicated. The muscle suffers from too much blood.

2. Denervated muscle by virtue of its diminished viscosity and decreased elasticity is more easily deformed by a stretching force and has less power of returning to its normal form than has normal muscle. It follows from these facts that one of the chief aims of treatment should be to prevent deformity by maintaining the member in the optimal position to prevent the stretching of the paralyzed muscles or their tendons. The optimal position is that in which opposing antagonists exert equal tension on the member. Such a position minimizes the evil consequences of joint imbalance due to weakness of one or both pairs of antagonists. Valuable as this treatment is, it should be recognized that its purpose is to prevent the consequences of paralysis rather than to cope with the cause of the condition.

3. In view of the fact that the muscle is in a state of prolonged fibrillary activity it follows that it requires physiological cellular, rest and not stimulation. To attain this end a search should be made for chemical or other means of checking fibrillation.

8314 EUCLID AVE.

BIBLIOGRAPHY

1. Goltz, Pflüger's, Arch. 9, p. 174. 1874.
2. Dale & Richards, J. of Physiol., 52, 111, 1918.
3. Schiff, Moritz, Arch f. Physiol. Heilkunde, 10, 587, 1851.
4. Mann, F. C. A. J. Physiol. 55, 285, 1921.
5. Hartman, Blatz and Kilborn, J. of Physiol, 53, p. 92, 1919.
6. Langley and Hashimoto, J. of Physiol., 52, p. 15, 1918.
7. Stevens and Bailey. J. of Lab. and Clinical Medicine, viii, pp. 5-8, 1922.
8. Okuda, M. Über den Gehalt an Gluthathion in den denervierten Skelettmuskeln, J. of Biochemistry XI, 183, 1929.

Practitioners of medicine and surgery command the highest salary as a group of all graduates of land-grant colleges, according to a recent survey by the Federal Office of Education. The study, based on answers to questionnaires received from 23,284 alumni of land-grant institutions, reveals the following: Graduates out of land-grant colleges one year have an average income of $1,802; two years, $2,088; five years, $2,919, and 10 years, $4,630. Students who become physicians, lawyers, banking and finance employes and commerce and business employes, represent 29 per cent of the group. According to occupational groups, the average salaries are as follows: Physicians, $7,792; lawyers, $5,754; banking and finance employes, $5,704; commerce and business, $5,366; insurance, $4,776; technical engineers, $4,618; veterinarians, $4,352; mechanical engineers, $4,266; dentists, $4,149; civil engineers, $4,116; college instructors (men), $3,794; electrical engineers, $3,618; superintendents of schools (men), $3,599; professional workers, miscellaneous, $3,522; agriculturists, $3,140; foresters, $2,975; clergymen, $2,785; high school teachers (men), $2,459.

Chester A. Nordstrom, Youngstown, graduate of the University of Buffalo, has been granted a license to practice medicine and surgery in Ohio through reciprocity, the State Medical Board has announced.

The Management of Chronic Pelvic Infection in Women

LUTHER O. BAUMGARDNER, A.B., M.D., Cleveland

THE prevalence of chronic pelvic infection is amazing. A large part of the practice of every general physician consists of women with pelvic infection. These patients go from doctor to doctor, from hospital to hospital, oftimes with little or no relief. They comprise a female army of invalids, who, having taken treatment from various medical men without avail, drift into the offices of the various cultists, or resign themselves to an existence of semi-invalidism from so-called "female trouble."

A great many of these women have to work. Then illness impairs their efficiency. This results in a great economic loss.

The modern methods of dealing with these infections and consequent disability seem to be but little understood by the rank and file of the profession. At least, one forms that opinion as a result of questioning patients concerning their past treatments.

Too often, treatment of these conditions has consisted of vaginal tamponage over a long period of time, or a radical pelvic operation has been done. Even after operation, sometimes the patient has had very little relief.

It is the purpose in this paper to outline a plan of management of these cases which has been very successful in my hands.

The opinions in this paper are based upon an analysis of 142 cases of chronic pelvic infection seen in private practice during the past five years, also upon a fairly good familiarity with the literature on this subject during the past five or six years. Of these 142 cases, 106 or 74.5 per cent were treated and followed up long enough to form some sound views as to the value of the methods used; 10 cases or 7 per cent were treated before institution of the present methods; 18 or 12.5 per cent of these patients had been operated on for pelvic infection; 36 or 25.5 per cent of the patients did not take enough treatment to determine its benefit to them.

TABLE I

	Number	Per Cent
Total Cases	142	
Treated	106	74.5
Untreated	36	25.5
P. O. Cases	18	12.5

ETIOLOGY

Polak[1] states that 75 per cent of all pelvic infections in women are of gonorrheal origin. In these chronic cases there is usually mixed infection, staphylococci, streptococci, and colon bacilli being secondary invaders. Some of these infections are of tuberculous origin. In this group of cases there were only two with tuberculosis of the adnexae. At least 90 per cent of the cases in this series were gonorrheal in origin. Nöggernath said that in New York City, of 1,000,000 married men 800,000 have had gonorrhea; that 90 per cent of all these have not been cured and can infect their wives; that in New York City 80 per cent of married women, at least, have gonorrhea or the results of it. Polak says that his observations tally with Nöggernath's conclusions.

Curtis of Chicago believes that these chronic pelvic infections in women are due to repeated reinfections from a man with a chronic prostatitis or other chronic gonorrheal manifestation. These women have a tendency to improve and get well if separated from their infected partners, or if the man is treated and cured of his gonorrhea. The extreme degrees of pelvic infection are found in prostitutes and in women whose husbands have chronic gonorrhea.

Failure to treat cervical lacerations following childbirth is a frequent source of pelvic infection. The cervix becomes infected, and the adnexae become infected by lymphatic drainage of the infected cervix.

TABLE II

	Number of Cases	Per Cent
Married	123	86.5
Single	19	13.5
Pregnancy, full term	68	40.8
Miscarriages	43	30.0
Nulliparae	52	36.5
Pregnancy, following treatment	2	1.4

Of the women in this series of cases, 123 or 86.5 per cent were or had at some time been married; 19 or 13.5 per cent were not or never had been married.

Forty-three or 30 per cent had had miscarriages; 68 or 40.8 per cent had had full term pregnancies; 52 or 36.5 per cent had never been pregnant.

These infections and consequent disability occur during the active sexual life of the woman. There were 16 or 11 per cent between 15 and 20 years of age; 75 or 52 per cent between 20 and 30 years; 42 or 29.5 per cent between 30 and 40 years; 8 or 5.5 per cent between 40 and 50 years; and 1 or .7 per cent between 50 and 60 years. The youngest patient was 16 and the oldest was 60 years of age.

TABLE III

Age	Number of Cases	Per Cent
15-20	16	11.0
20-30	75	52.0
30-40	42	29.5
40-50	8	5.5
50-60	1	0.7

TABLE IV

Symptoms	Number	Per Cent
Leukorrhea	136	95.0
Abdominal Pain	117	82.0
Menstrual Disturbances	100	70.0
Urinary Disturbances	65	45.0
Backache	38	26.0

SYMPTOMS

Abdominal Pain: Of these patients 117 or 82 per cent complained of abdominal pain. The pain was in the lower abdomen either in the center or predominating in either lower quadrant. Sometimes the abdominal pain may be general or may extend entirely across the lower abdomen.

Leukorrhea: One hundred and thirty-six or 95 per cent complained of abnormal vaginal discharge varied in color from white to yellow, in amount from moderate to profuse.

Menstrual Disturbances: In this category are included dysmenorrhea, menorrhagia, metrorrhagia, and the passage of clots; 100 or 70 per cent had some disturbance of the menstrual function.

Backache: Thirty-eight or 26 per cent complained of backache.

Urinary Disturbances: 65 or 45 per cent complained of some disorder of the urinary function. Urgency, frequency, burning, and tenesmus were the symptoms presented.

TABLE V

Vaginal Exam.	Number	Per Cent
Cervical Lesions	136	95.0
Pelvic Tenderness	70	49.0
Pelvic Masses	48	34.0

PHYSICAL SIGNS

A thorough vaginal examination including bimanual palpation of the uterus and adnexae and speculum inspection was done in all these cases; 136 or 95 per cent showed some lesion of the cervix including erosions, lacerations, congestion, cysts, and abnormal discharge; 48 or 34 per cent had palpable pelvic pathology which included pyosalpinx, tubo-ovarian abscesses, and there were a few cases with infected adnexae associated with fibro-myomata of the uterus; 70 or 49 per cent were tender on vaginal examination but with no palpable masses.

TABLE VI

Treatment	Number	Per Cent
Protein Therapy	106	100.0
Cautery	52	49.0
Surgery	20	19.0

TREATMENT

One hundred and six patients were treated. All patients received some medical treatment; 20 or 19 per cent required surgery; 52 or 49 per sent were treated for the endocervicitis with the cautery.

Protein Therapy: Gellhorn[2] introduced parenteral injection of sterilized milk in the treatment of pelvic infection to American gynecologists. In 1922 he reported good results in 13 patients treated with milk injections.

Thomas H. Lewellyn[3] of the University of Pennsylvania Hospital reported very favorable results in pelvic infections using intramuscular injections of Aolan.

I have used protein therapy in treating pelvic infections since 1926. At first I started using sterile milk but the reactions were so severe and the local pain so marked that I had difficulty in persuading patients to continue the treatment. However, the results were good with milk injections.

Since abandoning milk injections I have been using Aolan, a fat free milk preparation. I have treated over 100 cases with Aolan and the results in gonorrheal pelvic infections have been very gratifying. Pelvic and abdominal pain disappear. Pelvic masses oftimes shrink and disappear under this treatment. Many women who, when first examined, have appeared to require major surgery have recovered under this treatment.

I have been particularly pleased in the management of that type of young woman who has had one tube and one ovary removed, for example, and presents herself with the remaining tube and ovary enlarged, swollen, and painful. I know that protein therapy has enabled me to save some of these women from a second operation.

Five to ten injections of from 5 to 10 c.c. each are given at three or four day intervals. I give two injections per week. I use a long sharp needle and inject either in the buttock or the deltoid muscle. In only two or three patients have I had any reactions from Aolan injections, and these were very mild consisting of general soreness and achiness for two or three days following the injection.

In my experience patients willingly continue taking these treatments, and are very grateful for the relief given them.

In some few cases it has been necessary to sup-

plement the Aolan injections with vaccine therapy. In this connection I have used stock vaccines containing B. Coli., streptococci, and staphylococci with happy results.

TABLE VII

Results	Number	Per Cent
Cured	45	42.5
Improved	51	48.0
Unimproved	10	9.5

I know of no more striking manifestation than the improvement of some of these patients following Aolan injections.

Cautery: The treatment of the endocervicitis and its cure is essential in the management of these cases. The application of the electric cautery has been very successful in clearing up cervical infections. The leukorrhea is cured, "erosions" disappear, lacerations are contracted and rolled in, and cysts are destroyed. Dickinson[4] introduced and improved this method of treating the cervix. Fifty-two or 49 per cent of my cases had cautery applications during the course of their treatment, and all who were treated with the cautery were either cured or markedly improved as far as leukorrhea and cervical lesions were concerned. In only 14 cases was it necessary to give two cautery treatments; and in only two cases were three cautery treatments necessary. The cautery is used at the office and no anesthetic is necessary.

Technique of Using Cautery: A bi-valve speculum is inserted in the vagina and the cervix exposed. The cervix is cleaned of discharge and the hot cautery is inserted into the canal. The cervix is thoroughly cauterized, not striped. It is not necessary, nor is it advisable, to grasp the cervix with a tenaculum.

The patient is advised to expect a profuse watery vaginal discharge for about a week after the cautery has been used. She is instructed to use a cleansing vaginal douche twice daily to clear away the discharge. In some cases it is necessary to wear a napkin to prevent soiling the clothes with the discharge. After about five to seven days the necrotic and foul smelling tissue is removed from the cervix. When this necrotic tissue separates the discharge becomes less profuse. It heals in about four to six weeks. If at the end of that time there are any remaining areas that escaped the cautery, or if there is any leukorrhea, the cauterization is repeated.

It is very important to instruct these patients not to have any sexual relations during this healing process. I have had to repeat cauterization in several cases, because the women, against advice, had sexual relations and were reinfected.

The cautery cures the endocervicitis. This prevents further damage to the pelvic organs, and allows the adnexae to recover if they are diseased.

The cautery should never be used unless, or until, the condition is quiescent. To do so results in an acute flare-up and increased disability.

Surgery: Twenty or 19 per cent of these treated cases were operated on; 14 were operated on by me, and six were operated on by other surgeons.

The cases in this series requiring operation may be classified as follows: 1. Those cases having fibroid tumors associated with pelvic infection. These cases require surgery, but are oftimes made better operative risks by preliminary treatment with protein therapy. 2. Those cases with large tubo-ovarian abscesses of long standing. In one of my cases the tubo-ovarian abscess extended to the umbilicus. 3. Those with pyo-salpinx which do not improve under protein therapy. 4. Those cases with pelvic adhesions causing persistent chronic pelvic pain not improved after thorough treatment with protein therapy and cautery treatment of the cervix.

Except in the first two groups I never advise operation as a primary procedure. Many cases when first examined and believed to require operation have improved so much subjectively and objectively with protein therapy and cautery treatment that operation was not required. So my practice is to always treat these patients first with Aolan injections and cauterization of the cervix. This plan of treatment will make surgery unnecessary in about 80 per cent of the cases. Those patients requiring surgery after being treated in this way need less radical surgery and are better surgical risks.

I wish to emphasize particularly that no case of pelvic infection is cured even if operated on unless the endocervicitis is cured. In this series of cases 18 or 12.5 per cent of the patients had previous operations for pelvic infection, but they were still suffering with leukorrhea, backache, and pelvic pain.

RESULTS OF TREATMENT

Of 106 cases treated 45 or 42.5 per cent were regarded as clinically cured, that is, they were free from symptoms and presenting no abnormal findings on vaginal examination; 51 or 48 per cent were improved so much that they regarded themselves as well, but probably need further treatment; only 10 or 9.5 per cent could be regarded as not improved, and they would be improved by operation or by better sexual hygiene.

In only two cases or 1.4 per cent did pregnancy follow the treatment in this series. This can be accounted for by two factors: 1. The adnexae have been so damaged by the infection that restoration to normal is impossible even though they are clinically well. 2. Many of their husbands have chronic gonorrhea and are sterile.

One of these patients became pregnant shortly

after I removed a left pyo-salpinx and had treated her endocervicitis with the cautery. The other patient became pregnant a short time after her endocervicitis had been cured by the cautery.

The results in these cases have been obtained in spite of the difficulties of getting these patients to follow instructions implicitly. Most of the treatment is given by the physician himself. If I could have gotten the husband of every patient to come in for examination and treatment my results would have been very much better. Only ten of the husbands came in for examination; only three were fully treated; and six were treated incompletely. They will not come in for treatment, and only education can improve this situation. No matter how good our results are in treating these women with chronic pelvic infection, we can not prevent reinfection.

Comment. The results of treatment of this series of cases have been very gratifying. Many of these women have been treated for months and years with douches and tampons without avail. They prove to be very grateful and willing to continue treatment when they find they are being helped. Any plan of management which gives a total of 90 per cent cured and improved patients is worthy of consideration. Also, any plan of management which requires surgery in only 19 per cent of these cases of chronic pelvic infection is worthy of trial.

SUMMARY AND CONCLUSIONS

1. Of 142 cases of chronic pelvic infection 106 or 74.5 per cent were treated.

2. Of the 106 treated cases 45 or 42.5 per cent were cured; 51 or 48 per cent were very much improved; and only 10 or 9.5 per cent were unimproved.

3. Protein therapy in the form of sterilized milk or Aolan injections is a very valuable method in treating these patients.

4. The electric cautery is a sure and efficient method for curing the lesions of the cervix in these cases.

5. Major surgical procedures are required in the management of some of these cases; in this series about 19 per cent.

6. Results would be better if the husbands of these women could be cured of their chronic gonorrhea.

2270 EAST 55TH STREET.

REFERENCES

1. Gynecological and Obstetrical Monographs; Pelvic Inflammation in Women: Polak, P. 51.
2. Gellhorn: Journal Mo. State Med. Ass'n., 1922, 19: 341.
3. Lewellyn, Thomas H.: Surg. Clin. N. A. Feb., 1926, P. 122.
4. Dickinson: Am. Journal Ob. & Gyn., 1921, 2:600.

Standard Definition of Blindness is Advocated

Adoption of a general standard of blindness throughout the world is recommended in a report from the Health Organization of the League of Nations to the National Society for Prevention of Blindness, it has been announced by Lewis H. Carris, managing director of the society. The recommendation is included in a study of the welfare of the blind in 26 countries. The report from the League of Nations states:

"The very considerable variety of practice and the varying standards of the different countries point to the desirability of the adoption of some general standard of blindness throughout the world, which would not only tend to secure a greater uniformity in the treatment of the blind but would also be valuable from the points of view (1) of comparison of statistics of blindness between various countries and (2) of showing more precisely the extent of the real administrative problem of the blind in various countries.

"It is doubtful how far the adoption of such a uniform definition would be practicable, because a change of definition, in countries in which public assistance is given to the blind as such, would have one of two effects: It would either deprive some persons of the benefits which they are now receiving or it would involve the public authorities in increased expenditure. But if the attempt were made, the first step would be to decide how many definitions are needed and for what purposes; e.g., for census purposes, for educational purposes and for the purpose of adults in such matters as training and employment and financial assistance.

"When the administrators have determined for what purposes the definitions are needed, the definitions themselves might be drawn up in relation to the medical facts in a uniform way through some pronouncement by an international body of eye specialists meeting in conference. But, while there would be obvious advantages in uniformity among different countries in the definition of blindness for specific administrative purposes, it seems that there must be different definitions for different purposes, and that one definition for all purposes is impracticable.

"In ordinary speech, blindness usually connotes a total lack of sight in both eyes, though the ordinary man may also regard as blind those who have perception of light, or are unable to find their way about. But when administrative action for the welfare of the blind is in question it is necessary to define blindness with some regard to the disability of the blind person in certain defined respects. For example, the definition of blindness in the case of a child must have regard to the extent of his inability to receive instruction through normal methods, and in most countries the definition of blindness for an adult will have regard to the degree of difficulty he experiences in undertaking employment in which eyesight is required.

"A number of countries have recognized the desirability of two distinct standards and have laid down separate definitions for children and adults. Others have different definitions for administrative and statistical (census) purposes. Even where no distinction for different purposes is made in official or other definitions, a differentiation is usually made in actual practice."

Difficulties are encountered in attempting to arrive at a total figure for the blind population of the world, the Health Organization explains; only a rough estimate can be made, especially in view of the fact that no general agreement prevails as to the exact condition which constitutes blindness.

The President's Page

A Personal Communication to the Membership from
C. W. WAGGONER, M.D., Toledo

Dawn of a New Year ushers in for organized medicine in Ohio, as represented by the Ohio State Medical Association and its component county societies, another twelve months of concerted activity on the part of the medical profession of the state in the interests of public health and public welfare, and for the advancement of the scientific, economic and social phases of medicine and medical practice.

As the merchant or manufacturer faces the coming twelve months with little certainty or assurance as to what the future holds in store for him, so the physician looks ahead with a certain amount of perplexity and wonders just what his fate will be in the general course of events.

The approach of new and vital problems affecting the health and welfare of the public and the economic-social life of the doctor of medicine has been noted. The necessity of arriving at a satisfactory solution of old and complicated questions has been emphasized and reemphasized.

In fact, the medical profession and organized medicine of Ohio are at the threshold of a period in history, the events of which are certain to play a prominent part in establishing the destiny of the profession.

It does not require the wisdom of a prophet to predict that the medical profession during the ensuing year will be confronted with many challenges and called upon to solve numerous vital and confusing questions of far-reaching interest to the public and to the profession.

Never before has it been so necessary for organized medicine, representing the large majority of the reputable physicians of the state, to show greater fortitude and emphatically demonstrate that it is a militant, aggressive and united organization, working for the best interest and welfare of the public and for the preservation of the high principles and lofty ideals of the medical profession.

To accomplish anything worthwhile, there must be unity of purpose and enthusiastic activity in the ranks of the practicing physicians of Ohio. There must be able and energetic leadership in every component unit of the State Association. Sound judgment, judicious action and conservative, thorough study will be essential factors in successful solution of questions of public interest and of problems of fundamental importance to the profession generally.

LEGISLATIVE PROBLEMS

The fact that the Ohio Legislature will be in session during the early months of 1931 lends emphasis to any appeals that may be made for unity, action and sound thinking in the ranks of Ohio physicians.

Every physician should interest himself in legislative matters and should feel it a personal duty, as a good citizen and a loyal member of the medical profession, to keep himself fully informed on all questions relative to public health and medical pratice that are, or may be, presented to the state's law-making body.

While it is proper and correct that the Ohio State Medical Association as an organization is, and should continue to be, non-partisan and non-political in make-up and purpose, this does not necessarily imply that physicians as individuals and as citizens, vitally interested in the health and welfare of humanity, should not take an active interest in political, legislative and governmental affairs.

The medical profession is the best authority on all questions involving scientific medicine and public health. Its concerted views and opinions on these questions should be recognized and serve as a guide for those holding public office. The medical profession has a right to be heard on all questions of public health and scientific medicine and is justified in demanding that its advice and counsel on such matters be heeded.

However, unless physicians as individuals and through their local medical societies play an active and constructive part in the molding of public opinion and in guiding the views and actions of persons in public office, fatal mistakes in administrative and legislative functions may be made. Unless the medical profession is alert and aggressive, new legislation may be enacted or present statutes revised so as to react unfavorably to the public health and welfare, and be detrimental to the profession.

It is especially important that constant contact be maintained between each component county medical society and academy of medicine, through the local legislative committeeman, with the State Association committee on Public Policy, through the State headquarters. There must be frequent interchange of information and suggestions between the state headquarters and each legislative committeeman and if the proper results are to be secured, each committeeman must have the con-

stant cooperation and support of his fellow members at all times, who should be promptly responsive to his requests for assistance and based on suggestions and requests from the Policy Committee of the State Association.

It is extremely vital that the physicians of each community in the state make an earnest effort to establish friendly contact with members of the State Legislature and other public officials, both state and local, through or in conjunction with your local legislative committee. These officials should be kept fully informed as to the concerted viewpoint of the medical profession on questions concerning public health and scientific medicine. Fallacies of proposed legislation, judged by sound and conservative medical opinion to be detrimental to public health or injurious to the present efficient and economically wholesome system of medical service as rendered by well-trained and competent individual practitioners of medicine, must be pointed out to legislators who may be uninformed about and unfamiliar with the evils of faddist proposals.

Selfish and misguided individuals and groups sponsoring destructive proposals, designed to break down the present safeguards to public health and attacking the proved and beneficial value of scientific medicine, are extremely active at the present time.

It is known that several of these groups are again planning to ask the Eighty-ninth General Assembly to enact dangerous and obnoxious bills into law, despite the fact that their proposals if placed on the statute books would certainly be injurious to the health and welfare of Ohio's citizens.

Cultists and those seeking entrance into the practice of general medicine through the "back doors," without possessing the proper qualifications and education, will be knocking at the door of the Legislature for special privileges and for elimination of the present proper restrictions placed by law on their practice.

All of these vicious and ill-advised attempts must be defeated. It is up to the medical profession of Ohio to play an aggressive role in helping to thwart the plans of all who may seek through special legislation to advance their own interests at the expense of public health and public safety.

ECONOMIC-SOCIAL QUESTIONS

Medicine at the present time is under siege. As pointed out time and time again by the leaders of our profession, vigorous and organized attempts are being made to destroy the traditional ideals and principles of medicine, as well as the fundamental economic structure on which it functions at the present time.

Dr. Olin West, secretary of the American Medical Association, in his last annual report to the House of Delegates, clearly set forth the seriousness of the existing situation, when he declared:

"It has come to be the sport of pot-boiling writers to use the columns of such magazines as are open to them to slur medicine and its practitioners in articles in which truth is distorted and facts are ignored. The radio is being used by charlatans and faddists to further nefarious schemes or to propagate fanciful theories, as well as to belittle science and to slander physicians. Well meaning philanthropists promote projects of various kinds without knowledge of what is involved in the practice of medicine and without regard for biologic principles. Occasionally articles, seemingly sponsored by organizations composed by physicians, appear in the public press containing unwarranted statements that apparently are intended to exalt the few by reflecting unfavorably on the profession as a whole. Committees and commissions and conferences, self-created, are busy themselves with studies and appraisals confined to relatively narrow fields, with small regard for the largest factors in the great picture of general economics. Princes of industry are advocating the application of mass production methods and strictly commercial rules in the practice of medicine, even in the face of the fact that the processes they have instigated and developed in business have glutted markets, mortgaged the buying power of the people and made necessary the adoption of artificialities in commerce that are directly opposed to established economic principles. Governmental policies, already adopted or under consideration, are designed—purposely or not—to retard the further development of scientific medicine and to interfere with its practice in the manner that will best serve the public interest."

Every physician recognizes the truth in Dr. West's remarks. Every physician undoubtedly is familiar with the numerous attempts under way to transform the practice of medicine from a profession into a trade for commercial gain. Every physician is probably aware of the many high-sounding but economically-unsound projects being instituted to revolutionize the practice of medicine and make it a socialistic experiment.

On the other hand, how many physicians realize the seriousness of the predicament in which the medical profession finds itself at present? How many practitioners are fully cognizant of the fact that the medical profession has its back to the wall and is fighting to maintain its inherent right to conduct its own affairs and serve the public in a way most beneficial to the public?

One need not step outside the boundaries of our own state to find multiple evidence of the campaigns now under way to undermine the belief of the people in the benefits of scientific medicine; apply the mass production theory to the business

of healing the sick and treating the injured, and make the physician the hired servant of the state.

The time for instant action to meet these challenges has arrived—perhaps there has been too much delay. Compact and efficient medical organization is the most effective weapon for combatting these attacks.

Every county medical society should throw its full strength into the field and do all within its power to preserve the proper relationship between its members and the public. Efforts should be made to guide public thought on health and medical matters. Self improvement among physicians themselves should be stressed so that every physician may render the best service possible to his patients.

Every member of every county medical society in the state must put his shoulder to the wheel and earnestly and actively cooperate in the multiple activities of his professional brotherhood to the end that medical organization may be endowed with the strength and energy so necessary to insure a proper solution of the complex and important questions which now confront it.

Numerous Legislative Issues in 89th General Assembly Will Affect Public Health and Medical Practice

Well-informed political observers are practically unanimous in their belief that the 89th session of the Ohio General Assembly, which convenes in Columbus, Monday, January 5, will be one of the most important, most complicated, and possibly, most hectic gatherings ever held by the state's law-making body.

Present indications are that an unprecedented number of proposals of far-reaching importance to the citizens of Ohio generally will be thrown into the hopper shortly after the General Assembly organizes, hears the message of the new governor and settles down to actual business.

Interest of the voters of the state in the forthcoming legislative session has been unusually keen. This was demonstrated by the heated contests in both the party primaries and general election and by the unusually vigorous campaigns made by many individuals and groups in behalf of the party candidates.

Issues raised during the fall political campaign are certain to reach the Legislature in one form or another, along with proposals dealing with the important task of revising the taxation machinery of the state, based on the constitutional amendment enacted a year ago, and measures seeking improvements in the present state program for the care and housing of the criminal and mentally ill population of Ohio.

More groups and organizations seeking special legislation than ever before also are said to be mobilizing their forces for concerted campaigns among the members of the Eighty-ninth General Assembly. It may safely be predicted that members of the new Legislature will be constantly under the tremendous pressure exerted by these groups, requiring on the part of the Legislators thorough understanding of the numerous and confusing issues arising, and sober and serious judgment in making decisions.

Many of the measures introduced undoubtedly will have a direct bearing on public health and the practice of medicine, and will, therefore, be of vital and direct concern to the medical profession.

During the session of the Eighty-eighth General Assembly, early in 1929, approximately 170, or more than one-fifth, of the 780 bills introduced related directly or indirectly to matters of public health, public welfare, medical practice, and kindred questions. It is not anticipated that a lesser number of such measures will find their way into the 1931 Legislature, but that, if anything, there will be an increase in the number of proposals in which physicians as members of a profession deeply concerned in questions involving public health, scientific medicine and the social-economic aspects of medical practice and medical care, and as civic leaders and citizens, will be intensely interested.

Legislative developments at the Capitol will be watched closely by the Committee on Public Policy of the Ohio State Medical Association, and the Committee will be in constant communication with the legislative committeeman of each component county medical society and academy of medicine. The officers and members of each county unit should cooperate at all times with their legislative committeeman and the State Association Committee.

All members of the State Association should keep in close touch with legislative happenings and developments at Columbus and especially should be interested in the attitude of their local representatives on matters pertaining to public health, scientific medicine and the practice of medicine.

A long-established policy of medical organization in Ohio is that the attitude of organized medicine on all questions of public health, public welfare and medical practice is and should continue to be determined on the basis of permanent public benefit.

Existing constructive public health safeguards have been conceived, promoted and supported by the medical profession, individually and collect-

ively. Measures that have been proved detrimental to the public have been opposed by the medical profession. This policy is expected to be adhered to consistently.

With this attitude firmly established, the medical profession need not feel backward in taking a direct and active interest in public, legislative and governmental affairs. The medical profession is regarded by the public—or should be—as the most competent and best-informed authority on questions of public health and medical practice. The public looks to physicians for guidance and counsel on such matters. Therefore, the medical profession has a right not only to be heard, but to be heeded, in all considerations of legislative or administrative questions and problems pertaining to the health of the public and the practice of medicine.

An exceptionally large number of members of the 89th General Assembly will be serving their first terms. Seventy members of the House and twelve members of the Senate out of a total of 160 members of both branches are without previous legislative experience.

As in the past, members of the Legislature will undoubtedly be under seige and be the target for individuals, groups, organizations, agencies, blocs, etc., seeking to have fallacious or destructive measures enacted into law. These agencies, harboring selfish or commercial motives, and sponsoring proposals hostile to the public interest, will make a special effort to win the support of the inexperienced members of the Legislature, placing their hope in the fact that the new members may be unfamiliar with the dangers and fallacies of their "pet" measures and proposals that have been promptly and properly rejected by previous Legislatures.

During the forthcoming session of the General Assembly, the medical profession must be even more alert, better informed and more active than in the past. Agitators, fanatics, cultists and others supporting unsound social and economic theories and proposals that menace the present safeguards to public health are unusually active in anticipation of the opening of the Legislature.

What the attitude of many of the new members of the House and Senate will be toward some of the anticipated "bad" legislation is unknown. In fact, even in a Legislature composed of members with tried and tested records and of experience in legislative matters, there always exists the possibility for enactment of dangerous and destructive measures due to the pressure and stress of legislative routine.

The medical profession should continue to vigorously combat any attempts to tear down the present necessary safeguards to public health and the practice of medicine. It should continue to assume the self-imposed responsibility of warning the public and the public's servants—the legislators—against encroachments of the unqualified, incompetent and dishonest, whose principal motive is to commercialize illness, injury and suffering. It should continue to protest and oppose the enactment of laws based on unsound paternalistic and bureaucratic theories of government and seeking to supplant well-established and fundamentally-sound statutes with vicious, unsafe and experimental socialistic doctrines. It should continue to serve as counsel for members of the Legislature desiring the advice of proper authorities on health and medical matters. It should make every possible effort to keep every member informed as to the concerted medical viewpoint on all questions.

In succeeding paragraphs, some of the legislative proposals now being advocated by groups and organizations, and which to some degree or other affect public health, public welfare and the practice of medicine, are briefly summarized. Some of them are designing, ill-conceived and vicious, a menace to the health and best interests of the public. Others are sound and constructive measures, and necessary for meeting present-day needs and needs of the future.

PUBLIC HEALTH GENERALLY

A considerable number of proposals, originating from various sources, affecting scientific medicine and public health activities have been considered and thoroughly studied by the Policy Committee of the State Association during recent months and weeks.

This committee is firm in its opinion that no backward step should be taken in Ohio through repeal or amendment of the sound laws that have proved their value as public health safeguards.

Ohio's statutory provisions for official public health activities and for regulating the practice of medicine have over a period of years proved their worth, placing the state on record as one of the safest in the nation in these respects.

Disease *prevention* and control, and public *education* are recognized and proper functions of official health administration. The medical profession is in hearty accord with official public health programs which aim to enlighten the public concerning fundamental health subjects; to instruct persons about the prevention of disease; to protect health and life through enforcement of quarantine laws, sanitation, pure foods, pure waters, and through scientific methods of control of disease; and to warn the public against dangerous, incompetent and unqualified practitioners.

Naturally, whatever public health program is desirable in this state should have the support of an adequate budget. Financial provision should be made for carrying forward public health work along sane and proved lines. With the constant increase in population, increased dependency, increase in problems of mental hygiene, increase in needs for state institutional provisions, and in-

crease in proved and beneficial methods for preventing and controlling disease, corresponding increases in costs are inevitable.

The state and local communities should unite in providing adequate funds for necessary activities of health and welfare departments and for expedient expansions in these programs.

However, radical increase in governmental functions or appropriations in the field of health, as in any other phase of public welfare, should not be undertaken until definite and practical needs for such extensions can be demonstrated and proved. Obviously, any undertaking which are approved should adhere to the fundamental policy that the proper functions of the state in the field of health are prevention and education.

Thoughtful, far-sighted citizens have awakened to the growing tendency toward too much paternalism, too much supervision of the individual and the danger of destroying or lessening personal responsibility and personal initiative in the relationship existing between the government and the public. This tendency has been especially apparent in the field of health and welfare.

Excessive paternalism and communism as exemplified in several European countries have demonstrated that any type of personal medical and health service applied on a large scale, with its inevitable standardized routine, wasteful bureaucratic methods and destruction of personal initiative, is detrimental to the public health, an obstacle to the advancement of scientific medicine and encourages complete dependency on the part of the public generally.

As in busines, economic and social relations, so in matters of public health, the government, whether federal, state or local, should do only those things for the whole people which citizens as individuals cannot best do or provide for themselves. Public health administration, maintained at the public expense, should not "practice medicine" nor interfere in the the relationship between patients and their individual physicians. Of course, indigents and wards of the state should be furnished medical services at public expense the same as they are furnished food, clothing and shelter.

HEALTH LEGISLATION

In accordance with a policy repeatedly expressed by the House of Delegates of the Ohio State Medical Association, any changes in the Hughes-Griswold Health Code which do not have the effect of adding strength to it should be opposed.

The Legislature undoubtedly will be asked to revise the present law so as to permit cities to contract with counties for official health service. A practical and safeguarded provision of this sort probably would add to efficiency, economy and expediency in local health administration in a number of communities.

Any move to have the appointment of health commissioners dependent upon the recommendations of unofficial groups, which obviously would be an attempt to place public health activities under the dominance of group politics, is objectionable and should be defeated.

Numerous other prospective measures involving public health questions have been studied by the Policy Committee. The Committee has considered all of them from the standpoint of previously affirmed policies and general principles laid down by the House of Delegates, and as they are introduced the Policy Committee will analyze them and communicate with the legislative committeeman in each county society.

This mass of prospective legislation includes probable measures for milk control; general pasteurizing; recodification of the tuberculosis laws; restriction of the sale of bichloride of mercury; control and regulation of roadside restaurants and tourist lodging houses; revision of the laws on embalming and funeral directing; licensing of hospitals and laboratories by the State Department of Health; making it mandatory for county school superintendents to have a physical education instructor on their staff; providing for appointment of State Director of Health by the Public Health Council; retirement pension system for official health workers, and revision of law concerning securing of cadavers for dissection purposes.

MENTAL HYGIENE PROBLEMS

Ohio, like all other states, is faced with an important and vital problem concerning the furnishing of adequate care and hospitalization for the mentally sick, and the carrying on of a more intense program of prevention in the field of mental hygiene.

Activities in behalf of this group of unfortunates has been increasing year after year and much substantial progress has been made. However, the increase in the population of the state and expansion of social welfare activities have resulted in a steady increase in the number of persons needing institutional care and treatment for mental disorders.

Following the tragic Ohio Penitentiary fire in April, 1930, a Welfare Advisory Commission was appointed by the Governor to make a thorough survey of all the state welfare, penal and correctional institutions. This commission has made an exhaustive investigation and is expected to have its report and recommendations ready for early presentation to the Legislature.

It is anticipated that the Legislature will be requested to provide funds for extensive expansion of present facilities for caring for the mentally sick, feeble-minded and criminal population of the state and to pass enabling legislation for further modernization of the present state welfare machinery.

The legislative proposals, introduced, may also include measures calling for classification and segregation of prisoners and state wards; sterilization of certain classes of feeble-minded; establishment of psychiatric clinics in domestic relations courts; authorizing county commissioners to extend aid to needy in their homes instead of putting them in county homes; further revision of the commitment, parole and probation laws; creation of new bureaus in the State Welfare Department; providing for the centralization and consolidation of official county welfare activities and development of prison industries.

The Mental Hygiene Committee of the State Medical Association, in cooperation with various groups interested in the mental hygiene field, has given much time and thought to consideration of this state-wide problem and has studied many of the anticipated legislative proposals, which will be analyzed later.

That Committee is of the opinion that improvement of present state facilities for housing and treating the mentally sick is imperative. It also believes that some sound and practical steps toward modernizing the present state program pertaining to the wards of the state may be desirable at this time.

The Mental Hygiene Committee recommends that the medical profession of the state lend its cooperation and support to proposals that are based on sound principles and competent investigation, and are designed to provide methods for meeting definite and necessary needs.

HOSPITALS

As previously stated, the Legislature may be asked again to require the licensing of all hospitals in the state, by vesting the State Department of Health with authority to inspect, license, regulate and supervise hospitals. The Policy Committee has reaffirmed its doubt concerning such centralization of power, believing that the need for such a plan has not yet been fully demonstrated and should not be undertaken.

An appeal for funds, totaling approximately $300,000, for the construction of a children's pavilion at the State Tuberculosis Sanitarium at Mt. Vernon probably will be made.

Also, it is understood that legislation designed to aid hospitals in collecting for accident and emergency service, especially for that rendered victims of automobile acidents, will be sought. What the attitude of the medical profession toward such a proposal should be will depends largely on the practicability and soundness of the plan set forth.

EXPERT TESTIMONY

The medical profession is directly and vitally interested in the question of expert medical testimony in criminal and civil trials, especially since in recent years the abuse of expert medical testimony has become so widespread that it is a direct hindrance to law enforcement and legal justice.

The medical profession has recommended at various times in the past the establishment of a system of "court appointed" experts who would be responsible only to the court and in no way involved with the parties at interest in any suit or trial. However, only a partial correction of the existing system to date has been accomplished.

The State Medical Association has officially pledged itself to continue to assist in finding the proper solution to the present-day problems of expert opinion testimony and is ready and anxious at all times to cooperate with other agencies interested in adequate and prompt judicial procedure.

Any proposals for correcting this evil, based on the recommendations and suggestions several times approved by the House of Delegates of the State Association, should receive the support of the medical profession.

WORKMEN'S COMPENSATION

Various attempts will be made to revise in some form or other sections of the present law providing for compensation to those physically incapacitated through employment.

The medical profession, through the Ohio State Medical Association, has been directly and constructively interested in provisions of the Ohio Workmen's Compensation Law and its administration. It believes that working men and women injured or incapacitated in the course of their employment should have available the best possible scientific talent for their care and treatment.

On the Legislature, therefore, rests a real responsibility to see that beneficiaries under the workmen's compensation law are not defrauded and improperly treated through the extension of special privileges by statutory enactment to cultists and incompetents, and that injured workmen have as nearly as possible a freedom of choice in the selection of service from among those who are scientifically qualified and legally licensed to render medical and surgical service.

It is generally recognized that Ohio has at the present time one of the best and fairest workmen's compensation laws in this country.

Amendments to it should not be enacted except except after careful and thorough consideration and only at the suggestion of those who are interested in the principle of workmen's compensation and are qualified to speak authoritatively concerning it.

Crippling and reactionary proposals sponsored by radical and selfish-minded groups and individuals should be promptly defeated.

In other words, revisions in the present law should not be made unless they can be proved to be for the best interest of the public and the beneficiaries of the act. Of course, adequate appropriations should be provided for proper administration.

OCCUPATIONAL DISEASES

Changes in the present occupational disease law may be advocated.

Efforts may be made to enlarge the scope of the law so as to include additional diseases that would be compensable under the state insurance fund.

It is also understood that attempts probably will be made to revise the law in such a way as to provide blanket coverage for any disability occurring during the course of employment.

These difficult and controversial questions in relation to occupational diseases have been studied carefully by the Medical Economics Committee of the State Association and discussed in conferences with representatives of different groups.

As pointed out by the Medical Economics Committee in its last annual report presented to and approved by the House of Delegates of the State Association, the Committee believes that the proper method for compensation of occupational diseases is a carefully prepared schedule and not by means of a "wide open" occupational disease provision.

The attitude of the Medical Economics Committee on the question of future legislation on compensable occupational diseases is that the present schedule method should be retained but that all diseases, processes and agencies found from experience and through investigation by competent medical authorities to be possible sources of distinct and definite occupational disability and diseases, should be added to the list as promptly as possible. The Committee believes that the creation of unlimited questions and multiplication of injustices through a blanket, unworkable and impractical provision should be avoided.

SOCIAL INSURANCE

A varied program of social insurance, including old-age pensions, unemployment insurance, health and sickness insurance and different forms of retirement pension systems for employes of state and local governments, may be presented in whole or in part to the Legislature.

Nation-wide campaigns for these and similar proposals have been undertaken and apparently have won the support of a considerable number of groups and agencies influential in legislative affairs.

VACCINATION AND IMMUNIZATION

Present agitation by organized groups, composed for the most part of earnest but misguided and misinformed individuals, for abolishment of the present state laws relative to vaccination and innoculation in the prevention and treatment of communicable and infectious diseases may culminate in presentation to the Legislature of measures, which, if enacted, would be a menace to public health and destroy much of the good that has been accomplished in regulating and controlling preventable diseases.

There should be no question at the present time as to the value of vaccines and serums in disease prevention and treatment. Medical and health authorities the world over have attested to the incalculable benefits derived from the administration of proved serums and vaccines by competent and qualified physicians and there are innumerable statistics to support their contentions.

ANIMAL EXPERIMENTATION

Similarly, there are in Ohio at present a few individuals and groups who oppose the use of animals in laboratories, under humane regulations, as a means of advancing scientific medicine.

These small and scattered groups of illogical and unreasoning thinkers are expected to sponsor a bill in the Legislature prohibiting animal experimentation in this state. It has been reported that these groups have become so fanatical in their beliefs that they may unite with other enemies of scientific medicine in a concerted attack on many of the present necessary safeguards to public health and provisions for advancement of scientific medicine.

No legislation should be sanctioned which prevents the proper use of animals, under strict regulations, in accredited medical colleges, and necessary research institutions.

Legislators should be informed, if they do not already know, that animal experimentation has brought the present success in the control of diphtheria, scarlet fever, typhoid fever, yellow fever, malaria, diabetes, pernicious anemia and many other diseases and conditions injurious to man and detrimental to the public health.

RELIGIOUS FAITH HEALING

The incoming Legislature undoubtedly will be asked to exempt religious faith healing from the provisions of the Medical Practice Act.

Many times in the past the State Legislature has had this same proposition presented to it and each time it has wisely refused to make this concession because of the detrimental effect such action would have on the public health and because it would be unwise and unreasonable for the Legislature to approve a system of practice which ignores the existence of disease.

An unusually active and vigorous campaign has been waged in Ohio for many months by leaders of the Christian Science Church in an attempt to win support for the proposal which it expects to sponsor in the forthcoming session of the Legislature. This measure, it is understood, would supplement Section 1286 of the General Code with a section providing that the provisions of the act "shall not affect nor interfere with the practice of the religious tenets of any church, provided that all sanitary laws and regulations of the state are complied with".

The fallacies of such a provision are many. They should be quite obvious to the members of the Legislature upon whom the entire responsibility in this matter rests.

The public menace which would be created by permitting Christian Science practitioners and traveling bands of faith healers to treat the sick and injured when they either ignore the existence of disease or are incompetent to recognize or diagnose disease when present, is quite apparent.

If the only legal restriction placed on faith healers should be compliance with the sanitary laws and regulations of the state, it would be just as consistent to permit attorneys, school teachers, carpenters, plumbers, or whatnot, to treat the sick (practice medicine) if they comply with the sanitary laws and regulations.

Legislators may be reminded that a religious prayer is one thing; a commercialized prayer quite another, especially when the latter is offered as a complete substitute for the science of medicine in the prevention and treatment of disease.

OSTEOPATHY

The Legislature undoubtedly will be requested to amend the Medical Practice Act so as to remove the present legal restrictions on the practice of osteopathy and permit osteopaths now in practice and those of the future to practice medicine in an unlimited way.

It will be remembered that two years ago, the osteopaths sponsored a bill which under the guise of raising educational requirements for osteopaths in the future would have permitted every osteopath now in practice to practice as a regular physician. The measure passed the House by a bare majority after sponsors of the bill had inserted on the floor of the House an ineffectual, misleading and unsatisfactory amendment, which they claimed met well-founded objections to the original proposal. Many members of the House were deceived by the inaccurate contentions set forth by the osteopathic lobby and by the subtle political maneuvering of sponsors of the proposal. The bill, however, was killed in committee in the Senate after the fallacies of the measure had been explained and were understood.

Obviously, any proposal which would give the rights of unlimited practice to any class of practitioners who are unqualified by reason of preliminary and professional education and training to use any and all kinds of therapeutic measures in the treatment of the sick and injured is a menace to the public health and would tend to lower the high standards which have been set by the state to protect the public.

If present-day osteopaths wish to extend their practice in an unlimited way, it is only fair to the public that they prove their scientific knowledge and skill by passing examinations under the State Medical Board in medical subjects after meeting the standard pre-medical requirements or proving that they possess equivalent training.

If, as some osteopaths contend, osteopaths desire to raise their educational standards on a parity with other schools of medicine, no legislation whatever is necessary. This could easily be accomplished by obtaining membership on the State Medical Board following revision of the requirements and courses of osteopathic schools. Of course, that would not extend unlimited professional privileges to osteopaths now in practice but would give osteopaths of the future an opportunity to take the medical examinations given by the State Medical Board following graduation.

Any attempt to legislate osteopaths into regular physicians and to give them all rights and privileges to practice as regular physicians and equal hospital privileges with regular physicians without the requirement that they qualify and prove their scientific training should be defeated.

CHIROPRACTIC

Indications are that another attempt will be made during the session of the Eighty-ninth General Assembly to obtain additional "special privileges" for chiropractic practitioners.

Any proposal sponsored by a group of chiropractors probably will be similar to the destructive and vicious measures which have been defeated at recent sessions of the Legislature.

Needless to say any effort to take away from the State Medical Board its power to examine, license and regulate those who attempt to treat the sick or to extend the legal privileges of limited practitioners would be a menace to the public health and should be vigorously opposed.

Ohio's present laws regulating the various classes of limited practitioners have been pronounced reasonable, fair and just numerous times in court decisions, including those of the Ohio and United States Supreme Courts.

This state's present system calling for the licensing and regulation of all classes of practitioners by one centralized, responsible and competent board has proved its merit many times in recent years and should be maintained.

COSMOTOLOGISTS AND BARBERS

Proposals seeking the creation of state examining and licensing boards for cosmetic therapists, beauty parlor operators, hair dressers, barbers, and similar artisans undoubtedly will be introduced at the forthcoming session of the General Assembly.

If the proposals which these groups are said to be preparing for introduction are anything like similar bills defeated in recent years by the Legislature, they would legislate these trades into professions and would permit these workers to treat various conditions of the skin, scalp, hair, etc., which should only be treated by qualified physicians.

If there are any legal requirements established for artisans of those types, they should be restricted to the mechanical arts and not attempt to include healing sciences.

No legislation under the guise of improving sanitary conditions is necessary for present health

laws and regulations adequately provide for proper inspection and supervision, which would be hampered in case inspection and enforcement should be placed under newly-created boards, without facilities and knowledge of proper sanitary provisions.

In the past, such proposals were said to have been sponsored in the main by officials of barbering, hair dressing and cosmetic "colleges" who are chiefly interested in securing legal requirements which would bring "students" to their institutions, and by promotors of organization of those various crafts.

Previous Legislatures have found new state boards for such purposes neither necessary nor desirable.

AUTOMOBILES

A variety of legislation pertaining to the licensing of automobile drivers, regulation of vehicle traffic, compulsory liability insurance for drivers and financial responsibility of those involved in automobile mishaps is being contemplated by a number of groups and organizations interested directly or indirectly in these problems.

It is understood that another attempt will be made to have the Legislature enact a drivers' license law patterned after the model law that is already in effect in a number of states.

Some sort of legislation providing for compulsory insurance for automobile drivers or for proof of financial responsibility upon the issuance of a license to drive will probably be introduced.

It also is reported that the fight for the creation of a state police system will be renewed.

Another measure expected to be presented is that making the state responsible for damage and injuries done by state-owned cars operated by employes of the state.

TAXES AND COURTS

A large and important assortment of proposals providing for revision of sections of the General Code which are of vital interest to the citizens of Ohio generally will be presented to the new Legislature.

To comply with the constitutional amendment enacted at the November, 1929, election, the Legislature must establish a new taxation system for the state. For many months, individuals, groups, agencies and commissions interested in the problems of taxation have been studying phases of the question and have prepared reports which will be used by authorities delegated to draft proposed legislation on the subject. That members of the incoming Legislature will be faced with a difficult and important task, especially in the matter of rejecting unequitable proposals and those working a hardship on the minority is obvious.

The medical profession has a direct interest in any proposals providing for revision of the Probate Laws and the Criminal Code since the former would involve probate procedure and the matter of medical fees in insanity claims and preferred claims "for last illness" of decedent; and the latter the important factor of privileged communication between patient and physician.

It is also quite probable that changes in the Election Code, Conservation Act and statutes setting up the present jury system will be sought.

There is also a possibility of presentation of a proposal setting up an inferior court system to supplant the present justice of the peace system.

Plans to have the next Legislature pass on a proposal calling for a constitutional amendment revising the present set-up in county government and on a measure providing for the calling of a Constitutional Convention for revising and amending the Ohio Constitution have also been discussed by various groups and agencies.

GENERAL

The following proposals, some of which probably will be introduced, have been selected at random from announced legislative programs of various groups, agencies and individuals:

Reapportionment under new federal census figures on congressmen, state senators, representatives; regulation of dispensing by physicians and counter-prescribing by druggists; anti-chain store legislation; formation of an "all-inclusive" bar association; a requirement to compel the teaching in high schools of effects of alcoholic drinks and use of narcotics; to permit cities to pay expenses of representatives when attending official conventions and meetings; changes in the county coroner system; additional benefits for crippled children and other handicapped; reporting of the adoption of children to State Division of Vital Statistics; modification of the state prohibition enforcement laws; to liberalize mothers' pension laws; revision of the statutes pertaining to illegitimate children; to provide for delay between application and issuance of marriage license; change in divorce laws; licensing of bathing beaches and pools; salary increases for employes of various state departments, and creation of state boards to license architects, certified public accountants, professional engineers and land surveyors.

Plans under way for the meeting of the Central Tri-State Medical Society to be held in Huntington, West Virginia, on January 15 include clinics at local hospitals during the morning hours, and a program of scientific papers by Dr. Wm. Gerry Morgan, Washington, D. C., President of the American Medical Association; Dr. Hugh Cabot, Mayo Clinic, Rochester, Minnesota, Dr. Samuel G. Gant, New York City, and Dr. A. B. Moore, formerly chief of the radiologic service at Mayo Clinic, now of Washington, D. C. Officers of the society are Dr. J. W. Kincaid, Catlettsburg, Kentucky, president, and Dr. J. S. Klumpp, Huntington, West Virginia, secretary.

Numerous Phases of Public Health Work Were Considered at Successful Annual Conference of Health Commissioners in Columbus

Approximately 200 health commissioners, sanitarians and public health nurses attended the Eleventh Annual Conference of Ohio Health Commissioners with the State Department of Health and the Sixth Annual Meeting of the Ohio Society of Sanitarians, held at the Neil House, Columbus, November 18-21.

From the standpoint of attendance and the quality of the program presented, the 1930 joint conference, in the opinion of those present, was one of the most successful ever held by the official public health workers of Ohio.

Each day's session offered many interesting and educational attractions in the way of essays, lectures, demonstrations and round-table discussions of some of the new menaces to public health and of some of the economic and social problems and questions confronting the workers in preventive medicine.

At the business session of the Ohio Society of Sanitarians, Dr. J. J. Sutter, health commissioner of Allen County, was elected president for the ensuing year and Dr. E. R. Shaffer, Columbus, chief of the Bureau of Health Organization, State Department of Health, was re-elected secretary-treasurer.

A number of amendments to the constitution and by-laws of the Society were approved, chief among them being provisions for the selection of five vice presidents, one from each of the five district component societies. Each of these district societies will also name one member to the executive board.

Several resolutions were adopted following the election of officers. These included: (1) Recommendation to the State Department of Education that all teacher training institutions in the state furnish required training in health subjects; (2) that a committee of five members of the society be appointed by the Executive Committee to cooperate with the Ohio Association of Township Trustees and Clerks on legislative questions; (3) approval of proposed legislation for the erection of a children's pavilion at the state tuberculosis sanatorium at Mt. Vernon; (4) recommendation and request that the State Department of Agriculture adopt standard regulations for the handling and marketing of raw milk; (5) recommendation that the present law be changed to provide for the appointment of the State Director of Health by the Public Health Council; (6) urging care in the selection of a state director of health in order that a man be chosen who is well qualified for the position and one willing to cooperate with the medical profession and other constructive health agencies.

Dr. Charles A. Neal, retiring State Director of Health, addressed the conference at the opening session, devoting the major portion of his talk to a review of the accomplishments of the State Department during the past year. He told of the milk and tourist lodging surveys that have been conducted by bureaus of the Department; of the progress that has been made in instituting an appraisal system for local health departments; of the work in dental hygiene, and in meeting the tuberculosis problems among children.

Dr. Neal strongly urged local health departments to pay closer attention to the matter of compiling reports on the work being done and devote more time to studying local health problems, pointing out that unless health commissioners know what their local problems are they can be of little help in solving the problems that exist.

The director also recommended that each local health department have an office of its own, declaring that a health office combined with the office of a practicing physician has in some cases proved impractical, especially in instances where the health commissioner is not the family physician of those who have dealings with the health department.

The new quarantine regulations recently adopted by the State Department in conjunction with the health departments of Michigan and Indiana were analyzed briefly by Dr. Neal who asked those present to study them carefully and make suggestions as to necessary modifications or revisions.

In closing, Dr. Neal made a plea for close cooperation between all official public health workers during the coming session of the Ohio Legislature. He urged health commissioners and other health workers to contact members of the Legislature and keep them informed on health questions. Dr. Neal warned his audience of attacks which may be made in the next Legislature by cultists and enemies of scientific medicine on the existing medical practice and health laws, and urged unity of health workers in meeting these attacks. He also called attention to the necessity for adequate appropriations to meet the budget of the state and local health departments, and urged support for a proposal which would permit cities to contract with county health departments for health services.

* * * *

Several hours of the four-day program were devoted to a discussion of the tourist lodging house problem. A comprehensive report on a survey of this situation conducted by the State

Department of Health during the past summer was given by Dr. W. J. Smith, a medical inspector and Major Charles S. Slade, assistant engineer in the Bureau of Sanitary Engineering, State Department of Health.

Dr. Smith summarized some of the findings of the survey which covered 535 miles of rural highways in 11 scattered counties of the state, including both east and west and north and south traffic.

The investigation covered 191 properties which displayed advertisements of rooms for tourists or similar notations. Counties covered were Allen, Ashtabula, Athens, Belmont, Butler, Clinton, Franklin, Fulton, Highland, Knox and Preble. A total of 587 sleeping rooms were examined and graded on conditions of beds and bedding, floors, walls, ceilings, lighting, ventilation and toilet facilities. Where meals were served, places where food was stored, prepared and served were inspected and a sanitary inspection of water supplies, sewage and waste disposal was conducted at each property.

The inspection of the water supplies, sewage disposal, etc., revealed that the average estimated distance of sites of sewage disposal from the sources of water supply was 125 feet compared to the distance of 300 feet required for the State Department of Health's "Seal of Safety" for drinking water. The average distance of sites for garbage disposal from water supplies was 212 feet compared to the "Seal of Safety" requirement of 300 feet.

It was revealed, according to Dr. Smith, that only 27, or 14 per cent, of the water supplies were properly constructed and safely located with reference to known sources of pollution and that, excluding the municipal supplies, only 5.7 per cent were quite satisfactory.

According to the report, in the homes offering sleeping accommodations, the number of rooms available varied from one to 16, the average being three. The prices varied from 50 cents to $1.50 per person per night.

"In general, these quarters were maintained in a very satisfactory manner", the report stated.

In conclusion, the report made the following recommendations:

"The work demonstrated the need of inspection and possible licensing of these places. Ohio has built up a reputation for the protection of roadside water supplies and tourists camps, and the approval signs for both on the highways have justified their use. Because of the tremendous amount of through travel, the use of rooming houses has greatly increased as evidenced by the fact that nearly half of those inspected have started within the past three years.

"Requirements as to water supplies, sewage, garbage disposal and other sanitary factors, possibly in the form of regulations, might be adopted. The inspections should be carried out by the local health commissioner, possibly assisted by persons from the State Department.

"The fact that the proprietors are given information would improve conditions. A person cannot expect first class accommodations at the present money charge, but whatever the price he should receive sanitary surroundings."

* * * *

Dr. J. H. J. Upham, dean of the College of Medicine, Ohio State University, was the principal speaker at a luncheon for all attending the conference at Pomerene Hall, Ohio State University.

Dr. Upham reviewed briefly the progress made in public health work, especially the advancement made in Ohio during the past 25 or 30 years.

He further pointed out that public health work has been recognized as a definite and very important phase of medical service, and that, therefore, those who practice in this field must be specially qualified.

In addition to a broad medical background, the successful health administrator, working in harmony with the medical profession in his own community, must be a social and civic leader; must possess all the qualifications for a good executive, and must progress with the changes and social developments through which preventive medicine may be made to serve the public to the greatest degree, in the opinion of Dr. Upham.

Dr. Upham stated that as in other phases of private and public medical service, some health administrators have failed to recognize the importance of the many factors which must be present if their work is to succeed.

Amplifying this point, he said:

"Too often a man who is not sufficiently trained for public health work is placed in charge of a local health department. When this happens several things may occur. First, he may take unfair advantage of the importance of his position and through his high-handed methods incur the resentment of the medical profession, which of course is fatal to his work. In the second place, he may through inexperience and lack of understanding, ride fads and fancies to death, causing friction and lost energy. Thirdly, the untrained commissioner may feel his limitations to such an extent that he will only attempt to slide along. Naturally, he accomplishes nothing and the health work of the community suffers."

In the fourth place, there are those health officers who, realizing their limitations and lack of knowledge and training for the position, take steps to actually remedy this handicap by taking post-graduate instruction. Many of those in this class later develop into excellent health officers. However, much valuable time is lost while this special instruction is being taken.

As a remedy for these examples of poor public health work and how public health work has

failed to meet some of its problems, Dr. Upham suggested the creation of additional training centers for public health workers in connection with medical colleges; greater emphasis at medical schools on public health work, and more opportunities for post-graduate work in preventive medicine.

"It has been my observation that the medical profession generally is taking an ever increasing interest in public health work," Dr. Upham continued. "Every physician should, and many, many physicians do, take part in and give assistance to sound, practical and beneficial public health programs. The medical profession should, and I think is, giving its support to properly-conducted public health work and due recognition to the well-trained, energetic health officer.

"The public is still a bit passive regarding the value of a good health officer to the community. In many cases the public has not been sold on the work the health officer is trying to do. You must show the people what you are trying to accomplish and how essential it is. Failure to do this, naturally, results in curtailed budgets and inadequate finances. The best way to get funds for public health work is to prove to the voters that the health work being carried on is worth many times more than the money being expended.

Dr. Upham expressed the opinion that some counties were not financially able to support highly-developed public health work and that possibly the programs of several counties should be combined to produce beneficial results.

* * * *

At the conclusion of Dr. Upham's talk, Dr. G. D. Lummis, health commissioner of Middletown and the oldest health commissioner of Ohio in point of service, made a few timely remarks regarding his experiences of the past 41 years, all of which have been spent in public health work.

Dr. Lummis emphasized the necessity for cooperation between health departments and the medical profession.

"You can't be a good health officer if you forget that you were once a practicing physician," he said. "You can't be a good health officer if you don't have the support of your local medical profession. If you ever say 'to hell with the medical profession', you're no good.

"I have learned by experience that you must work with your local physicians if you want to succeed. Always consult with them on questions that arise. Get their support and approval for programs which you wish to carry out. Never attempt anything which does not have the approval of at least a majority of the medical profession."

Dr. Lummis cited several incidents to back up his statements and in closing expressed the opinion that the understanding and cooperation existing in the state at present between the medical profession and local health departments were more wholesome than at any time in the past.

Following the luncheon, the visiting health workers were taken on an inspection tour of the State Department of Health Laboratories, located on the campus, by Leo F. Ey, chief of the laboratories.

* * * *

Programs for the Public Health Nurses Section of the conference were in the form of a maternity institute conducted by Miss Anita Jones, R.N., assistant director of the Maternity Center Association, New York City, and formerly public health nurse of Madison County, Ohio.

Lectures and forums on the public health nurse's part in maternity and infancy work featured the institute which was attended by between 75 and 80 nurses.

On the opening day of the conference, Miss Jones explained the work which would be taken up at the institute, told something about the work of the New York center in which she works, and discussed some of the phases of maternity hygiene.

Miss Jones outlined what she believed should be the fundamental aims of any maternity hygiene program, namely:

1. Secure for every mother the minimum amount of mental and physical discomfort during pregnancy.
2. Secure for every mother the maximum of mental and physical fitness.
3. Secure for every mother the reward of a well baby.
4. Secure for every mother adequate knowledge of how to properly care for herself and her baby.

Summarizing ways to accomplish these aims, Miss Jones enumerated the following steps:

1. Secure from the beginning of pregnancy, proper medical and nursing care, supervision and instruction.
2. Delivery by a skilled physician.
3. Post-natal supervision and examination.
4. Provision for continued care and supervision of the baby by the family physician or clinic.
5. Preparation of a working record of findings and services.

Miss Jones declared that the success of any program would depend largely on the proper "split up" of work and cooperation between the doctor and the nurse.

She said that in her opinion many graduate nurses were not sufficiently trained in maternity and infancy work and that the nurse to be successful in this work must specialize in it, acquiring the ability to teach and instruct the mother how to care for herself and do things for her baby.

Miss Jones declared that a nurse to be efficient in maternity work must know something about the nativity of the population of her community; the economic and social conditions of the families visited; something of the superstitions of the people, especially the foreign families, and have

an adequate knowledge of the birth and death rates of the district.

She concluded her talk by displaying charts and statistics on the work of the New York Maternity Center and by urging revival of maternity and infancy work by the federal government.

* * * *

The major portion of one of the morning session's of the conference was devoted to a discussion of public health questions arising from the operation of public swimming pools.

F. H. Waring, chief of the Division of Sanitary Engineering, State Department of Health, presented a suggested standard form of regulations governing the installation and operation of public swimming pools. The subject was discussed at length by Dr. P. B. Wiltberger, health commissioner of Franklin County; E. B. Buchanan, director of laboratories, Cleveland Department of Health; J. S. Shuey, chief sanitary inspector, Cincinnati Department of Health, and William H. Cary, Jr., assistant sanitary engineer, Detroit Department of Health, all of whom told of the work being done in their respective localities.

The suggested regulations presented by Mr. Waring would apply to outdoor and indoor swimming pools of artificial construction and which are public or semi-public in character. They place the enforcement of the stipulated rules and regulations in the hands of the local board of health which must approve and issue a permit to construct a pool and a permit to operate it. Other regulations in the standard draft include those governing purity of the water; toilet facilities; materials of construction; recirculation system; pool capacity; enclosures and runways; filtration system; disinfection apparatus; shower baths; emergency equipment; suits and towels; proper supervision; personal hygiene of attendants; hygiene of swimmers, etc.

The necessity for better regulation of swimming pools was emphasized by all the speakers. The adoption of a standard, compulsory set of regulations by the passage of a state law, or by order of the Public Health Council, or by action of local health departments, was suggested.

* * * *

Those attending the conference got some idea as to how the serious-thinking layman regards public health work and what are some of the reactions of the public to the work by listening to addresses by L. P. Mooney, representative of Hocking County to the State Legislature, and Dean Stanley, Lebanon, president of the Warren County Bar Association.

Mr. Mooney, who served as a member of the House in the Eighty-Seventh and Eighty-Eighth General Assemblies and who was re-elected at the recent general election, spoke on "The Mechanics of Health Legislation". Mr. Stanley, principal speaker at the annual banquet of the Ohio Society of Sanitarians, talked on "Legal Aspects of Public Health".

The success or failure of proposals presented to the State Legiclature depends largely on the strength and unity of the groups and organizations backing them, Mr. Mooney told the conference in urging the health workers of Ohio to form a compact organization when it comes to legislative matters.

"Many groups are represented in the Legislature," Mr. Mooney said, "and each member is keenly interested in the things in which his constituents are interested. Unless a proposal is sold to the people who elected him, a legislator is not likely to pay much attention to it when it comes before the General Assembly.

"Upon the health workers and medical profession of Ohio rests the responsibility for obtaining beneficial health legislation, for defeating destructive legislation and for resisting attacks on the health and medical standards of the state by cultists and misled groups. Public opinion must be molded. This is your job. It is up to you to see that the health of the public is protected from the commercialized practices of charlatans and quacks and to see that only those qualified to serve the sick public are permitted to do so. There must be close cooperation between all individuals, groups and organizations interested in seeing that the public health and medical education standards of Ohio are maintained at their present high level.

"Public health work cannot afford to take any backward steps in Ohio. You do not want this to happen; the medical profession does not want this to happen, and I believe the public does not want this to happen. You must continue to expand to meet new conditions. However before you institute new programs or take on new work be sure the work you contemplate is needed and necessary, and that it can be sold to the public. Sell your programs and your work so that they will stay sold. See that your customer—the public—gets value received and that he will be always a satisfied customer.

"Before you approach the Legislature for funds be sure that your work merits consideration. Be able to tell the Legislature what you are doing and what you intend to do in the future. Be sure that the people at home are satisfied with the work of the health department. If the Legislature gives you funds and the people back home believe you don't deserve them, the Legislature is guilty of passing bad legislation.

"It is much easier to sell an automobile to a man who has seen one than to a man who hasn't. The same rule applies to health legislation. It is much easier to sell requests for funds and legislation for expansion of public health work if the members of the Legislature know that the health departments are obtaining results."

Mr. Mooney decried the modern tendency to-

ward paternalism and centralization of authority, and the drift away from individual effort and initiative. He criticized those supporting bureaucratic and communistic programs patterned after those in effect in European countries.

Applying this observation to public health work, Mr. Mooney said:

"I cannot lead myself to believe that paternalistic and communistic schemes being projected in several European nations are beneficial or in keeping with the principles of democracy. The health of any nation is, of course, a necessity. But, so is food, so is clothing, so is shelter, and it is up to the individual to provide these necessities for himself, unless of course he is indigent or a ward of the state. We must continue to do and provide for the individual only those things which he is unable to do and provide for himself."

In closing, Representative Mooney made a plea for expansion of educational programs by official public health agencies through contacts with schools and civic organizations. He declared that education of the public is in the final analysis one of the principal and fundamental aims of public health work and that there is still need of further progress in this phase of the work.

* * * *

Mr. Stanley in his opening remarks declared that "it is as much the business of government to prevent and protect physical well being against microscopic microbes as it is to protect it against Spanish, German or English soldiers" and that "it is no less important to protect the citizenship of Ohio against the ravages of preventable diseases than it is to protect it against the ravages of a foreign army".

After briefly reviewing the police power of the state in the matter of protecting the public against disturbing influences, Mr. Stanley summed up his opinions as to what the government's aims should be in the field of health as follows:

"Government does not owe to the individual citizen support; does not owe to him the successful operation of a business, but it does owe to him the opportunity to live his own life, to develop his own physical, mental and spiritual powers, and to enjoy life to the best of his capacity and ability."

Commenting on the matter of health legislation and administration of health laws and regulations, Mr. Stanley advocated the minimizing of political activity in public health administration.

"This is not a place where a difference of political opinion has anything to do with the proper way of combatting disease", he declared. "It has always been one of the very great concerns of framers of health legislation to eliminate from its administration as much political activity as possible.

"In getting enactments from the legislature to provide the ammunition for fighting the common enemy of man—disease—we must forget party politics, internal politics and personal jealousies."

Mr. Stanley praised the present Hughes-Griswold Health Code as practical, workable and comprehensive enough to meet most of the present-day needs in public health administration.

A vigorous plea for a broader and more energetic campaign of education among the people of Ohio on public health matters was made by the speaker.

"Your duty as public health workers," he told the conference, "is to find out how to stop the spread of preventable diseases. You have got to evolve the machinery, perfect it to the last detail for doing the work, and you have got to teach the people enough about the subject to get them to sustain you in the enactment of legislation for the enforcement of it. You cannot enforce a law that 90 per cent of the people don't understand. You have got to teach them, show them, guide them, and direct them.

"The biggest problem in public health work as I see it, is the lack of information on the part of the people. We can do for preventable diseases in Ohio what was done with yellow fever in Cuba, if we will do it.

"Believing as I do in the high standards of the medical profession; believing as I do in the high degree of intelligence of the citizens of the state of Ohio, I don't believe the people of Ohio will be negligent of their duty in this respect. I believe they will meet the test. * * * If you push on, backed by the intellect of the state of Ohio, as I think you will be when they are educated, I want to say to you that a generation from now your cities won't look like they do at the present time and your hospitals will not be filled with the victims of carelessness and ignorance."

* * * *

A wide variety of public health questions were presented, considered and discussed at other sessions of the meeting.

The problem of providing an adequate supply of safe milk for Ohio's millions was given primary consideration. The value of milk and quality milk production were two phases of the subject discussed by C. L. Blackman of the dairy production extension service, Ohio State University. One of the essential points emphasized by Mr. Blackman was that pasteurization is not the important item to be considered in regulation of milk production, but that every milk program should stress the importance of producing milk that is practically free from bacteria even before pasteurization. He described efforts being made to have adopted in the state a set of uniform regulations governing the production and marketing of milk which would meet the problems of the big and little producer, the large and small distributor, and the rural and urban communities.

C. E. Smith, D.V.M., milk specialist of the United States Public Health Service, analyzed

the milk survey made in Ohio recently as part of a nation-wide investigation of milk problems. He told of the methods of grading used by the U. S. Public Health Service and the high standards demanded.

* * * *

"Heart Disease, Its Public Health Aspects", was the subject discussed by Dr. I. C. Riggin, New York City, executive secretary of the American Heart Association. Dr. Riggin made a scientific analysis of some of the causes of heart disease. He urged greater emphasis on preventive measures, especially among school children and pre-school children, and closer cooperation between forces engaged in curative and preventive medicine as an aid in detecting early cases of heart disease and providing early treatment.

L. G. Bean, D.D.S., chief of the Bureau of Dental Hygiene, State Department of Health, summarized the work his bureau has been doing, pointing out that preventive dentistry, especially among school children, is greatly needed in many communities of the state.

The role which the teacher should play in preventing sickness was analyzed by Dr. R. H. Worden, health commissioner of Portage County.

Mrs. Zoe McCaleb, chief of the Division of Public Health Nursing, State Department of Health, reviewed the results of an appraisal of local public health nursing services. Her talk was discussed by Harriet Seman, R.N., Putnam County; Dr. H. H. Pansing, health commissioner of Montgomery County, and Dr. J. F. Elder, health commissioner of Mahoning County.

* * * *

All the great achievements of science would be worthless without the contributions of scientific medicine, Dr. H. J. Powell, health commissioner of Wood County and Bowling Green, declared in a paper on "Medical Science, the Greatest Factor in Civilization." Dr. Powell told how plagues, epidemics and pestilence had been minimized through the discoveries of scientific medicine and how through organized public health work the great benefits of these discoveries had been utilized in preventive measures.

Undulant fever in Ohio was discussed by Leo F. Ey, chief of the Division of Laboratories, State Department of Health and Dr. Walter M. Simpson, Miami Valley Hospital, Dayton. Statistics on continued studies of 100 cases of undulant fever made by the Ohio laboratory were presented by Mr. Ey, whose analysis was augmented by experimental data collected by Dr. Simpson.

Data collected on several cases of milk sickness occurring in Marion County were presented by Dr. N. Sifritt, health commissioner of Marion and Marion County.

Dr. Robert Lockhart, health commissioner of Cuyahoga County and Cleveland Heights, talked on "A Retirement Pension for Public Health Workers". Dr. Lockhart declared that public health workers should be paid more money and should be advanced on merit, and that their jobs should be made more attractive. He suggested that one way of making positions in health departments more attractive would be to set up a retirement pension plan, similar to that created for teachers of the state. He analyzed in detail the teachers' retirement pension system, intimating that it might be used as a pattern for his proposed retirement pension system for health workers. At his suggestion, the conference requested the Ohio Society of Sanitarians to name a committee to study this subject and report at next year's meeting.

Dr. C. D. Barrett, health commissioner of Oberlin, reported on the recent meeting of the American Public Health Association at Fort Worth, Texas. Dr. Barrett emphasized for the benefit of Fellows of the American Public Health Association the resolution adopted at the Fort Worth meeting providing for the expulsion of any Fellow of the association who permitted his name to be used in exploiting commercial products.

Those presiding at the various sessions of the conference included: Dr. R. H. Markwith, health commissioner of Summit County; Dr. Ed H. Blair, health commissioner of Warren County; Dr. O. D. Tatje, health commissioner of Portsmouth; Dr. E. R. Hiatt, health commissioner of Troy and Miami County; Dr. J. J. Sutter, health commissioner of Allen County and James E. Bauman, assistant director, State Department of Health.

Progressing, or Retrogressing—Which

I have been watching the trend of our County Medical Societies over the State the past ten years—what they are doing that is of real merit, real helpfulness to the medical profession. Nearly everywhere I see a growing tendency to "Let John do it." That is, more and more we are having college men, specialists, hospital and laboratory men give us our papers, while the doctor out in the field, in general practice, who makes up the great bulk of the profession, sits idly by and lets this great opportunity slip away from him, unused, unchallenged, undeveloped. Sure, we love to hear our great specialists, our college and laboratory men. It is to our great advantage to hear them, and bring to us their latest findings. But this ought not to take up the whole program. Even the professor likes to hear a paper by a real roust-about.

The bulk of our practice is out in the field—in the homes, where the people live. We must know how to manage them there, and in our office. Here we oftimes meet with problems in diagnosis and therapeutics that would challenge the most astute practitioner. If we carry them through to successful recovery, we are entitled to as much credit as though it had been done by a renowned specialist. And that experience counts for much in the sum total of our medical make-up.

In my thirty-five years experience as Secretary of that famous old Union Medical Association of North-East Ohio, I find that more and more often, when a doctor is asked to write a paper, he will say, "I don't know what to write about". Of course he doesn't. He allowed himself to get out of the habit of putting his thoughts down on paper. Perfectly satisfied to "Let John do it." Oh, I know there are some doctors who say they simply couldn't write a paper. Others say they couldn't read a paper in public if their life depended upon it. These are excusable. Some can't stand criticism, and get mad and quit. But, just be sure you're right, then go ahead, don't mind what people say. They have criticized others before you. If you're wrong, the sooner you find it out the better for you. You will profit by it immensely.

To get back into the habit, allow me to make a suggestion—not only to be able to write a paper, but for your own good, get in the habit of taking full notes of your really worthwhile cases, and file them away in regular order in a card-index. It's mighty good practice. Then if you are asked to write a paper at any time, you can refer to your card-index and answer whether it will be on Angina Pectoris, Rheumatoid Arithritis, Boils or Bunions, or Tic Douloureux.

You have your own experience, with cases to back you up, with which you can defy the devil himself with all his cohorts. And these are the kind of papers that "stir up the boys", and make them come back at you, because it's in the field of their own kind. While on the other hand they would be afraid to open their mouth if Prof. Doozenbeck should make statements they could not agree with at all.

The old Secretary recommends a renaissance in our County Medical Societies, along the lines suggested. Stir up the latent energy, and develop old time masters out of your own society.

J. H. SEILER,
Secretary, The Union Medical Ass'n of the Sixth Councilor District.

Akron, Ohio, Dec. 1, 1930.

Medical Testimonials on Drugs Subject to Federal Regulation

Use on drug preparations of labels bearing testimony of doctors as to favorable results obtained by the use of the preparations is subject to regulation under the Federal Pure Food and Drug Act, according to a decision rendered by the Circuit Court of Appeals for the Ninth Circuit, it has been announced by the Department of Agriculture.

The full text of the Department's statement discussing the decision rendered in the case of the United States v. the John J. Fulton Company, shippers of Fulton's Compounds, follows:

A far-reaching decision on the labeling of medicinal preparations has been handed down by the United States Court of Appeals for the Ninth Circuit, say the officials of the Food, Drug and Insecticide Administration.

According to the decision of the Court of Appeals, the use on labels of medicinal preparations of language which, when read literally, is not a statement of curative or therapeutic properties, but, owing to attendant circumstances, may be understood as such, brings these labels within the scope of the Federal Food and Drugs Act just as definitely as if direct statements appeared.

This decision was made upon appeal by the United States Government from a judgment entered in the District Court for the Western District of Washington, dismissing a case brought against certain medicinal preparations which, the Government alleged, bore false and fraudulent therapeutic claims on the labels. The Federal Food and Drugs Act, under which this action was brought, is designed, among other things, to prevent the sale in interstate commerce of medicinal preparations bearing false and fraudulent statements concerning their efficacy in treating disease.

The lower court dismissed the libel on the ground that it failed to allege facts sufficient to show a violation of the law, in that the statements on the labels to which the Government took exception were not therapeutic or curative claims but were merely reports indicating that physicians had obtained favorable results from the use of the nostrum, each "report" being preceded by the statement "We have received many letters from physician reporting."

The Circuit Court of Appeals, however, held that language such as that used would tend to engender a belief on the part of possible buyers that the use of the drugs would afford relief. "Unless we discredit their mental competency such, as we must presume, was the intent and expectation of the proprietors," said the Circuit Court. "Their contention is that they have such letters or reports and that that fact constitutes a competent defense, whatever may be the character of the drugs. But if, as is alleged, the drugs are worthless the proprietors cannot escape responsibility by hiding behind the phrase 'the doctors say.' Couched in such language undoubtedly the printed matter makes a more persuasive appeal to the credulity of sufferers from these diseases than if the representatives thus implied were made directly upon the authority alone of the proprietors, and for that reason they are not less but more obnoxious to the law."

NEW BOOKS

An Introduction to Human Experimental Physiology. By F. W. Lamb, M.D., Reader in Physiology, Victoria University, Manchester. With a foreword by A. V. Hill, Sc. D., F.R.S. With diagrams. Longmans, Green and Company, London, New York and Toronto.

Numerous Subjects of Organization Policy and Procedure are Acted on at December Council Meeting

COUNCIL MINUTES

The Council of the Ohio State Medical Association met in the headquarters office, Columbus, at 1:00 P. M., on Sunday, December 14, 1930.

The officers and councilors present were: Drs. Waggoner, Houser, Platter, Caldwell, Huston, Klotz, Slosser, Cummer, Stevenson, Brush, Seiler, Goodman, Freiberg; Dr. Alcorn, Chairman, and Dr. Upham, a member of the Policy Committee; and Executive Secretary Martin and Assistant Executive Secretary Nelson.

The minutes of the Council meeting of October 5 (published on pages 939 to 942, inclusive of the November, 1930, issue of *The Journal*) were read and on motion seconded and carried, were approved.

1931 ANNUAL MEETING PLANS

Dr. Houser, the Chairman, and Dr. Goodman, the Secretary of the Council Program Committee reported in detail on speakers already secured by the committee for the general sessions on Wednesday afternoon and Wednesday evening, May 13. They also reported on the progress made by the section officers in the formulation of their respective programs. Dr. Houser reported on conferences with representatives of the Petrolagar Company which had offered to furnish motion pictures and talking pictures, and upon permission of the Council, Dr. Houser introduced Mr. Kellogg, of that company, who made a brief statement of the pictures that would be available to the Association without cost, including equipment, operators, etc.

On motion by Dr. Huston, seconded by Dr. Seiler and carried, the question of motion pictures, to be shown on Wednesday afternoon, May 13, at 1:30 P. M., during the time the House of Delegates is in session and prior to the general session on that afternoon, was left entirely in the hands of the Council Program Committee.

The committee also reported on correspondence with Dr. Harry M. Hall, of Wheeling, West Virginia, relative to the subject for his paper at the general session on Wednesday evening, and on recommendation of the Program Committee, the Council selected the subject of Dr. Hall's paper as "Immortality and the Doctor".

The committee discussed the possibility of a scientific exhibit, and on motion by Dr. Freiberg, seconded by Dr. Cummer and carried, the question of a scientific exhibit, its extent and location, was left entirely in the hands of the local committee, with the understanding that there would be no responsibility to the State Association and with the provision that such exhibits, if held, should not conflict with the meeting places, exhibit space and registration headquarters already decided upon by the Council committee on Arrangements for the Toledo meeting.

The Council also considered the question of additional program or entertainment at the Tuesday evening general session in addition to the annual addresses of the president and president-elect. On motion by Dr. Freiberg, seconded by Dr. Caldwell and carried, the Council voted six to four, that a banquet should be dispensed with. Other features for that occasion were left in the hands of the local committee on Arrangements, or the local Entertainment Committee, subject to approval of the Auditing and Appropriations Committee on the budget for the annual meeting, and on the allowance to be made for that occasion.

Dr. Waggoner reported on the organization of the local committees of the Toledo Academy of Medicine for the annual meeting and reported progress by them. He also outlined the arrangements for the various meeting places, exhibits and registration.

CONSTITUTIONAL CONFORMITY

Dr. Freiberg, the Chairman of the Council Committee on Constitutional Conformity, reported in detail on correspondence and progress, and on the action of a number of the component county medical societies in bringing their constitutions and by-laws in conformity with the provisions of the Constitution and By-Laws of the State Association. He also reported on formal action taken by this committee at its meeting on November 16, and at its meeting on the morning of this day, December 14. He pointed out the cooperation of many of the component societies and their prompt response to the suggestions and directions issued by this committee from time to time in regard to constitutional questions.

CONSTITUTIONS APPROVED

Dr. Freiberg reported the recommendations of his committee and upon motion duly seconded and carried, the Council approved the constitutions and by-laws of the following component societies:

The Champaign County Medical Society
The Darke County Medical Society
The Delaware County Medical Society
The Jefferson County Medical Society
The Portage County Medical Society
The Stark County Medical Society.

Also upon motion by Dr. Freiberg, duly seconded and carried, the constitutions and by-laws of the following component societies were approved, subject to their official correction by the striking out of the parenthetical and superfluous material in the model constitution and by-laws which had been filled in and certified by the officers of those societies.

The Preble County Medical Society
The Van Wert County Medical Society.

Upon motion by Dr. Freiberg, duly seconded and carried, the Council approved the constitutions and by-laws of the following societies conditional on several additional amendments as already requested by the committee on its communications to those societies following the submission of their constitution and by-laws:

The Athens County Medical Society
The Belmont County Medical Society
The Coshocton County Medical Society
The Pike County Medical Society.

On motion by Dr. Freiberg, seconded and carried, the Council approved the constitution and by-laws of the following society, subject to its official signature, date and certification:

The Fulton County Medical Society.

On motion by Dr. Freiberg, duly seconded and carried, the Council officially approved the constitutions and by-laws of the following component societies, subject to a few additional amendments as decided upon and requested by the Council Committee on Constitutional Conformity at its meeting on November 16, which findings and recommendations have already been transmitted to those societies:

The Fayette County Medical Society
The Academy of Medicine of Lima and Allen County
The Hocking County Medical Society
The Warren County Medical Society
The Tuscarawas County Medical Society
The Marion Academy of Medicine
The Knox County Medical Society.

RE-ISSUANCE OF CHARTERS

On motion by Dr. Freiberg, seconded by Dr. Cummer and carried, the Council officially authorized the re-issuance of charters to the following component societies (whose charters have been lost) subject to the official certification of their constitutions in entire conformity to the Constitution and By-Laws of the State Association.

The Coshocton County Medical Society
The Fayette County Medical Society
The Preble County Medical Society.

REPORT OF PROGRESS

Dr. Freiberg, Chairman of the Council Committee on Constitutional Conformity, reported on correspondence and communications with the following component county societies which have committees at work on constitutional revision and which have promised prompt action in constitutional conformity:

The Butler County Medical Society
The Cincinnati Academy of Medicine
The Cleveland Academy of Medicine
The Columbiana County Medical Society
The Columbus Academy of Medicine
The Harrison County Medical Society
The Highland County Medical Society
The Lake County Medical Society
The Mahoning County Medical Society
The Mercer County Medical Society
The Miami County Medical Society
The Perry County Medical Society
The Wood County Medical Society.

AN INDUSTRIAL COMMISSION QUESTION

Dr. Freiberg reported on correspondence received from Mr. P. Trent, in State Industrial Commission Case No. 118406, and also on correspondence received from Dr. H. H. Dorr, Chief Medical Examiner of the State Industrial Commission, verifying Mr. Trent's statement to the effect that the Industrial Commission had paid medical fees and traveling expenses for Mr. Trent in a trip to and an examination at Rochester, Minnesota.

On motion by Dr. Freiberg, seconded by Dr. Slosser and carried, the Council expressed its opinion that it is improper for the State Industrial Commission to finance the examination or treatment of Ohio claimants under the Workmen's Compensation Law outside of Ohio, and that the questions raised in this case as a matter of policy and procedure, be referred to the Medical Economics Committee for action.

ADVERTISING ETHICS

On behalf of the special Council Committee on Advertising Ethics, Dr. Caldwell submitted the following report:

REPORT OF THE SPECIAL COUNCIL COMMITTEE ON "ADVERTISING"

Following a discussion of newspaper advertising by some physicians and of related questions of ethics, at the Council meeting on October 5, 1930, the President was authorized to appoint the undersigned committee of Council "to consider the various angles of this general problem of professional advertising and publicity and to report to the Council at a later meeting".

This committee believes that we may take as our text the section on "Advertising" in the Principles of Medical Ethics of the American Medical Association (Chapter II, Section 4) reading as follows:

"Advertising

"Sec. 4—Solicitation of patients by physicians as individuals, or collectively in groups by whatsoever name these be called, or by institutions or organizations, whether by circulars or advertisements, or by personal communications, is unprofessional. This does not prohibit ethical institutions from a legitimate advertisement of location, physical surroundings and special class—if any—of patients accommodated. It is equally unprofessional to procure patients by indirection through solicitors or agents of any kind, or by indirect advertisement, or by furnishing or inspiring newspaper or magazine comments concerning cases in which the physician has been or is concerned. All other like self-laudations defy the traditions and lower the tone of any profession and so are intolerable. The most worthy and effective advertisement possible, even for a young physician, and especially with his brother physicians, is the establishment of a well-merited reputation for professional ability and fidelity. This cannot be forced, but must be the outcome of character and conduct. The publication or circulation of ordinary simple business cards, being a matter of personal taste or local custom, and sometimes of convenience, is not per se improper. As implied, it is unprofessional to disregard local customs and offend recognized ideals in publishing or circulating such cards.

"It is unprofessional to promise radical cures;

to boast of cures and secret methods of treatment or remedies; to exhibit certificates of skill or of success in the treatment of diseases; or to employ any methods to gain the attention of the public for the purpose of obtaining patients."

We believe that the foregoing is or should be clear to all our members. However, there seems to have been some recent deviations from the clear intent of the Code. Some medical writers and speakers go so far as to insist that as "times are changing", this must also change, that the medical profession should use the same tool which quackery has so misused. It is our belief that the public would not be better served if physicians as individuals or groups began to advertise.

One medical journal has recently asked and answered some angles of this question editorially:

"Would advertising be of benefit to the public in assisting the able and not the inefficient physicial to increase his clientele? We think not.

"What would we advertise? Our specialties? Then how about the general practitioners? The diseases we can cure? This presupposes a diagnostic ability on the part of the patient. Or perhaps we should publish our faces? Not so good.

"Obviously newspapers favor the adoption of advertising by physicians. How about increasing the cost of medical service? The prohibition of advertising places no physician at a disadvantage.

"Most publicity amounts to advertising. This is the reason that the physician to be consistent is inclined to sidestep publicity. This does not mean that the public is deprived of medical information."

With the extensive facilities of public health agencies for propaganda and public information on health, sanitation, prevention of communicable diseases and advances in medical science, and the accredited health journals such as *Hygeia*, health articles in various types of lay publications, the intelligent reader can be adequately informed on these matters.

This committee also approves of the editorial on "Advertising and The Doctor", in the Journal of the A. M. A., October 25, 1930, from which the following is quoted:

"In a day when advertising and propaganda are the great gods of the American press, medical organizations have had to do their utmost to sustain the ethical principles that have guided the profession for many years. Those principles are not obsolete. They are as necessary for the maintenance of scientific medicine, for the good of the patient, and for the public health as is the golden rule. Organized medicine has championed willingly the abolishment of mystery from medical practice. It has given freely of its services for education of the public in hygiene and for information as to the progress that medicine has made in the control of preventable disease. A few county and state medical societies have used advertising space in promoting campaigns for the public health, in attacking quackery, and in education of the public. But as yet there is little, if any, proof that such campaigns have had results warranting the money spent on them. The secretary of one of the largest component societies of the American Medical Association has urged the employment of a public relations council for each medical group, and the employment of advertising space in the press for the promotion of medical interests, but he has been guided, no doubt, by the mere fact that great commercial organizations have promoted their interests in this manner."

Obviously there is a clear distinction between advertising of commercial products and advertising professional services. There is not and cannot be any real analogy between them. Tangible material products may be analyzed, measured and compared. These may be properly advertised. Personal, professional service, especially medical service, may not properly be advertised. Professional medical service should not and cannot be placed on the basis of a commodity to be sold by reason of a trade mark. If free reign is permitted to publicity and advertising of or by physicians, the public will be betrayed into the hands of the most immodest and clever advertiser without regard to his professional efficiency.

In spite of agitation to the contrary and in spite of individual violations there is as much reason and as much public protection in the professional code of ethics as there ever was. Professional propriety may be determined in each instance on the basis of the greatest public good, medical ethics, scientific judgment and good taste. In view of recent and glaring lapses or deviations from the spirit and intent of the Principles of Ethics applying to publicity and advertising, we recommend that this report, (if adopted by the Council) including the quotations of ethical principles be transmitted to the component county medical societies and academies of medicine with a request that it be read at an early meeting.

SPECIAL COUNCIL COMMITTEE ON ADVERTISING ETHICS.

JOHN A. CALDWELL, Chairman, Cincinnati
E. R. BRUSH, Zanesville
C. L. CUMMER, Cleveland
S. J. GOODMAN, Columbus
D. C. HOUSER, Urbana.

On motion by Dr. Caldwell, seconded by Dr. Seiler and carried, the foregoing report was approved and adopted.

LEGISLATIVE QUESTIONS

Dr. Alcorn, Chairman of the Policy Committee, reported in detail on prospective legislation involving public health, public welfare and scientific medicine which would probably be introduced in the coming session of the Legislature. He also analyzed the unusual amount of legislation of state-wide interest, as well as the prospect for a large number of cult and fad proposals. He also reported on the activity and cooperation of the legislative committeemen in the component sosieties. He announced the preparation of a new legislative handbook and called attention to a summary of some of the prospective legislation which would be published in the forthcoming January issue of *The Journal*. He requested constant cooperation on the part of the councilors, county society officers, and legislative committeemen. Dr. Upham, Dr. Slosser, Dr. Platter and others discussed and supplemented Dr. Alcorn's oral report.

Dr. Alcorn requested expressions from the Council on proposed legislation to reimburse hospitals for services rendered to indigents injured in automobile accidents. Conflicting viewpoints were expressed both for and against such proposal and the Council did not take final action. It requested Dr. Alcorn and his committee to keep in

close touch with developments on this, as well as all other proposed legislation affecting the medical profession.

WELFARE CONFERENCE REPORT

Dr. Waggoner reported on the high points and atmosphere at the last annual Ohio Welfare Conference held in Toledo, October 7 to 10. He discussed at some length the program of social control over certain groups of individuals, especially children. He reported that a written memorandum on that conference would be submitted for filing in the headquarters office.

ANNUAL CONFERENCE OF HEALTH COMMISSIONERS

The important highlights and general spirit of cooperation evidenced at the recent Eleventh Annual Conference of Ohio Health Commissioners in Columbus, November 18 to 21, inclusive, were presented and discussed. Attention was also called to the large number of local health commissioners who are officers or legislative committeemen of component county medical societies, and to the fine spirit of cooperation between most of the health commissioners and their local medical societies. It was announced that rather detailed news on this conference would be published in the forthcoming January issue of the *Ohio State Medical Journal.*

HOCKING COUNTY SITUATION

A communication was submitted from Dr. Claude C. Lyon, and Dr. H. M. Boocks, members of the Hocking County Medical Society, expressing their opinion that Dr. E. E. Campbell should be a member of organized medicine. Dr. Seiler and other members of Council discussed the development and history of the Hocking County County Medical Society and the difference of opinion between some local physicians not members of the society, and some of the officers of the society.

Upon motion by Dr. Goodman, seconded by Dr. Cummer and carried, the Council authorized a communication to Drs. Lyon and Boocks, and to Dr. O. V. Donaldson, Gore, president, and Dr. M. H. Cherrington, Logan, secretary of the Hocking County Medical Society, requesting that all four of them be present at the next meeting of the Council to discuss medical organization matters in that county.

WHITE HOUSE CONFERENCE

Dr. Waggoner discussed at some length the White House Conference on Child Health and Protection held in Washington, D. C., November 19 to 22, inclusive, as well as the variety of viewpoints on social service and medical supervision expressed and advocated by various individuals and groups in attendance at that conference. He also discussed the attitude of the Children's Bureau of the Department of Labor on questions of maternity and infancy.

PUBLIC HEALTH ORGANIZATION

The President submitted for the consideration of the Council correspondence from various sources relating to the Ohio Public Health Association, and including a letter under date of December 13, addressed to him from Dr. H. Kennon Dunham, President of the Ohio Public Health Assication, and in which a request was made for the suggestion of the names of three or four physicians, one or more of whom Dr. Dunham desired to appoint on a committee to consider "Continuing Program" of the Ohio Public Health Association. Dr. Waggoner also reported on a personal conference with Dr. Dunham and on personal conferences with representatives of the American Public Health Association who were planning a study in Ohio under the direction of the "Continuing Program Committee" of the Ohio Public Health Association, to be financed by the Commonwealth Fund, upon request of the committee of the Ohio Public Health Association, consisting of twelve or fifteen members, and which had been in existence for several months. It had been stated in those conferences that the proposed study, under the direction of the committee of the Ohio Public Health Association, to which committee Dr. Dunham desired to appoint from one to four physicians, would include interpretation of morbidity and mortality statistics by age groups, occupation, race, nativity, etc., in relation to definite causes of diseases; a study of the service rendered by the State Department of Health and other state agencies; a statistical study of local departments of health and state and local voluntary agencies, as well as a study and development of a future program for the Ohio Public Health Association, including scope, methods, financing, and relation to state and local work and to other organizations.

The communication and the information submitted for consideration were discussed at some length by several councilors. Dr. Huston called attention to Resolution A, adopted by the House of Delegates of the Ohio State Medical Association at the last annual meeting in Columbus on May 13, 14 and 15, (page 526, of the June, 1930, issue of the *Ohio State Medical Journal*), in which the House of Delegates "disapproved of any action by the officers, Council and standing and special committees of the Ohio State Medical Association which might be construed as placing the State Association officially on record as approving or endorsing any outside, independent agency, organization or association over which medical organization does not have direct guidance".

Dr. Huston then moved that in view of the implied and direct prohibition over the contacts and activities of the Council of the State Association in its relationship to outside, independent organizations, that the Council disapprove the appointment or the nomination of official representatives from the Ohio State Medical Association

on the "Continuing Program Committee" of the Ohio Public Health Association. This motion was seconded by Dr. Seiler and carried.

PROFESSIONAL SERVICES UNDER STATE DEPARTMENT OF WELFARE

There was submitted for the consideration of the Council a communication under date of November 26, 1930, from Dr. Cassius M. Shepard, Columbus, Ohio, entitled "Concerning Classification of Professional Men for Service in State Welfare Department", and in which communication Dr. Shepard referred to the classification of orthopedic surgeons who are permitted by the Welfare Department to operate upon and care for indigent orthopedic cases under the direction of that state department.

This communication and the points raised by Dr. Shepard were discussed at considerable length by Dr. Freiberg and other members of Council who analyzed the State law on this subject and the organization and function of a surgical advisory committee which had been appointed several years ago by the State Department of Welfare, and which committee had recommended rules and procedure in the handling of cases and in the administration of the Ohio law. On motion by Dr. Goodman, seconded by Dr. Seiler and carried, the communication from Dr. Shepard was laid on the table.

NARCOTIC QUESTIONS

There was submitted for the consideration of the Council a communication from Dr. Wm. C. Woodward, Director of the Bureau of Legal Medicine and Legislation of the A. M. A., under date of October 30, 1930, concerning more effective cooperation with federal authorities in the suppression of the abuse of narcotic drugs. The Council expressed a desire for such cooperation and the suggestion was made that the Executive Secretary communicate with the Secretary of the State Medical Board, to be followed by correspondence and contacts with federal officials having to do with administration or narcotic laws and prosecution of violations.

BUDGET FOR 1930

The Council went into executive session at this point and the Auditing and Appropriations Committee, through Dr. Goodman, chairman, submitted the following report and recommendations for the proposed budget for the Ohio State Medical Association for the calendar and fiscal year of 1931.

REPORT AND RECOMMENDATIONS OF THE COMMITTEE ON AUDITING AND APPROPRIATIONS

As contemplated by the constitutional provisions, the Council Committee on Auditing and Appropriations presents herewith to the Council for consideration, modification and official adoption, the proposed budget in advance for the calendar and fiscal year of 1931, for the Ohio State Medical Association.

At this time, and in this summary and report for the calendar year of 1930 and on the proposed budget for 1931, it is proper to point that during the calendar and fiscal year now ending, that funds of our State Association over and above those required for current expenses were placed upon time deposit from which source the Association benefited by accrued interest; and that every precaution and safeguard was observed in protecting funds received, funds expended and funds placed at interest on certificates of deposit.

Attention is also called by our committee to the fact that all disbursements for the current fiscal year of 1930 have been kept well within the authorized budget allowance for this year as authorized in advance by the Council and in the adoption of the recommendations by this committee. It has not only been the effort of this committee, successfully accomplished, to see that all expenditures were at all times kept within the official authorization by the Council, but also to see that the funds of our Association were effectively and judiciously expended for the benefit of the membership.

In spite of constantly increased activities by our Association committees and our executive headquarters, requiring increased expenditures, the general unexpended funds of our Association are materially increased at this time by an unexpended balance.

It may also be proper at this time to again emphasize the fact that under the funds available, the income derived, and the amount expended, that our State Association has not only accomplished more and been of greater service to the membership, on nominal dues, than any similar organization elsewhere, but that our organization has set an example not only for medical organization, but for voluntary group cooperation in other lines of cooperative endeavor. In spite of the substantial financial condition of our Association, it may be well to suggest at this time that eventually the per capita dues in our State Association of $5.00 per year, should be increased before long in order to provide for expansion, development and additional activity to meet constantly expanding and complicated problems confronting medical practice in relation to the rapid changes in government and society.

At the close of the fiscal year, this committee employs a certified public accountant to audit the records of all financial transactions of the Association. The result of this audit, as represented by the report submitted by the accountant, constitute a part of the annual report of this committee.

The fiscal and financial affairs of the Association have been carefully and promptly attended to by this committee. All the routine and mechanical bookkeeping devices necessary for the accurate and efficient maintenance of records, have been utilized. Each transaction involving the funds of the Association is subjected to the scrutiny and final approval of this committee. Every safeguard is taken not only to preserve and conserve the surplus funds, but to secure interest on all inactive monies until they are needed.

All bills are carefully examined and approved before vouchers are issued for payment. Receipts receive the same careful consideration.

The accompanying proposed budget for 1931 is based upon activities and benefits authorized by the Constitution and through action of the House of Delegates. The budget, as recommended, is almost identical with that authorized and utilized during 1930, a comparative list of which is shown in parallel columns:

Account	Recommended 1931 Appr'n.	1930 Appr'n.
Ohio State Medical Journal	$10,000	$10,000
Medical Defense	5,000	5,000
Committee on Public Policy	1,500	1,500
Executive Secretary, Salary	6,600	6,600
Executive Secretary, Expense	1,000	1,000
Ass't. Exec. Sec'y Salary	3,850	3,700
Ass't. Exec. Sec'y Expense	300	300
President, Expense	300	300
Treasurer, Salary	300	300
Council, Expense	800	800
Annual Meeting	500	500
Auditing and Appr'n	200	200
Misc. Committee Expense	700	700
Stationery and Supplies	800	800
Postage and Telegraph	800	800
General Counsel	2,100	1,800

Auditing and Appropriations Committee.
S. J. GOODMAN, M.D., Chairman, Columbus
E. R. BRUSH, M.D., Zanesville
JOHN A. CALDWELL, M.D., Cincinnati.

On motion by Dr. Goodman, seconded by Dr. Caldwell and carried, the Council adopted the foregoing report and approved and authorized the budget as recommended to govern expenditures of the State Association for the calendar and fiscal year of 1931.

MISCELLANEOUS

A report on membership statistics showed a total of 5510 members paid to date for 1930, as compared with 5528 on the same date last year, which was the final total for 1930. The report also showed that 893 were paid in advance to date for 1931, as compared with 1202 paid in advance a year ago this same date.

Communications were submitted from the Ohio Chamber of Commerce relative to a possible special session of the Ohio General Assembly for consideration of taxation legislation, and also relating to a conference to be held in Columbus on December 19, to consider a tentative draft of the constitutional amendment on reform of county government. The chairman of the Policy Committee and the Executive Secretary were requested to follow these developments and report at a later time.

The committee adjourned to meet at 1:00 P. M., on Sunday, March 1, 1931.

S. J. GOODMAN, M.D.,
Secretary of Council.

Decrease in Ohio Deaths but Increases From Some Diseases

During the first seven months of 1930, 21 fewer deaths each day were reported to the Division of Vital Statistics, State Department of Health, than in the corresponding period of the preceding year. There were 45,871 in 1930 as compared with 50,384 for the seven months in 1929.

Notwithstanding this general decrease in the total number, several causes of death showed increases. Among the more predominating causes showing increase were: Smallpox, 500 per cent; typhoid fever, 59.5 per cent; acute anterior poliomyelitis, 20 per cent; homicide, 17 per cent; falls, 17 per cent; suicide, 9 per cent; diarrhea and enteritis (under 2 yrs.), 8 per cent; automobile accidents, 7 per cent; diabetes, 6 per cent; cancer, 5 per cent; diseases of the heart, 2 per cent.

Twelve counties reported more deaths for the first seven months of this year, as follows: Williams, 18 more; Fulton, 15; Defiance, 8; Richland, 113; Holmes, 7; Noble, 6; Morgan, 14; Jackson, 2; Lawrence, 22; Pickaway, 3; Fayette, 23; Miami, 51. Two counties reported the same number of deaths for each year, Hardin with 214 and Medina with 223.

The increase of 500 per cent in deaths due to smallpox was found in nine counties, with one death each in the following counties: Crawford, Darke, Stark, Richland, Carroll, Tuscarawas, Gallia and Summit, and two deaths each in Hardin and Union. In 1929 there was one death each in Stark and Clermont Counties.

Deaths resulting from typhoid fever this year were 59.5 per cent more than during the first seven months of 1929. May was the only month not showing an increase; but it was the highest month in last year. In 1929, 27 counties reported deaths from this cause; but deaths were reported from 37 counties this year, and 14 counties reported deaths in both years.

Acute anterior poliomyelitis fatalities increased 20 per cent for the first seven months of this year. One death each occurred in the following counties in 1929: Tuscarawas, Ross, Allen, Logan, Sandusky, Ashland, Butler, Seneca, Greene, Athens Belmont, Cuyahoga and Stark; two deaths each from Franklin and Summit and three from Scioto. During 1930 one death each was reported from Pickaway, Jefferson, Hamilton, Brown, Miami, Hocking, Summit, Erie, Harrison, Noble, Ashtabula, Butler, Lucas, Montgomery and Stark; two each reported from Franklin, Lawrence and Mahoning and Cuyahoga County alone reported three.

One of the encouraging features of the report is the decline in many causes of death. A few of them are tabulated below:

Diesase	Number 1929	Number 1930	Decrease
Influenza	3536	903	2633
Pneumonia	4155	3380	775
Whooping cough	385	138	247
Malformations and deaths peculiar to early infancy	2554	2383	171
Tuberculosis	2850	2689	161
Nephritis	3350	3227	123
Cerebral hemorrhage	4401	4288	113
Railroad accidents	316	231	85
Streetcar accidents	103	42	61
Meningococcus meningitis	125	83	42
Measles	214	175	39
Diphtheria	125	113	12

The death rate per 1000 population for the first seven months of 1930 was 11.41 as compared with 13.22 for the same period of time in 1929.

Examination Questions Asked by Medical Board at December Sessions

Thirty-five graduates of medical schools took the written and practical examinations in medicine and surgery given by the State Medical Board in Columbus, December 2, 3 and 4.

Others who took examinations under the Board included: 15 osteopaths, 20 chiropractors, 3 mechanotherapists, 6 electro-therapists, 1 cosmetictherapist, 4 chiropodists, 33 masseurs, and 1 midwife.

The following questions were asked in the written examinations given the medical graduates:

BACTERIOLOGY, PATHOLOGY AND HYGIENE

1. What clinical blood examinations aid in the diagnosis of the following infections: (a) streptococus (b) tubercle bacillus (c) typhoid fever (d) undulant fever (e) nephritis?
2. What is the clinical test made for syphilis of the central nervous system; describe technic of obtaining specimen.
3. What measures should be taken in a commercial dairy to safeguard milk for public consumption?
4. Describe the pathology in the cord in locomotor ataxia, epidemic acute polio-myelitis and disseminated clerosis.
5. Discuss three pathologic conditions which may cause obtructive jaundice.
6. Describe briefly the pathologic causes and results of coronary thrombosis.
7. What may be the pathology in a case of chronic nephritis in which there is a large amount of albumin in the urine?
8. What are the chief faults alleged to be found with the common modern diets of civilized peoples?
9. Discuss the prophylaxis of heart disease.
10. Why is cancer a public health problem?

CHEMISTRY

1. How identify blood stains on fabrics? Human or otherwise?
2. Differentiate corrosive poisons and true poisons. Name three in each class.
3. How are impurities in alcohol detected? Give three or more tests.
4. Give the formula and properties of carbon monoxide. Explain the effect on animal life.
5. State the actions of chemical and physiological antidotes. Give example of each.

PHYSIOLOGY

1 Describe the process of segmentation of the ovum.
2. How are the sensations of color produced?
3. Define action of (a) afferent (b) efferent (c) trophic (d) inhibitory (e) Motor (f) vasomotor nerve fibers.
4. Define Rigor Mortis and give the order of its occurrence in different parts of the body.
5. Describe the regulation and sustaining of the body temperature.
6. Describe the physiological process by which death is caused by the injection of poisonous virus.
7. Name a few circumstances which favor gastric digestion.
8. Discuss non-pathogenic bacteria found in the intestinal tract.
9. Define and give physiologic significance of Apnea.
10. Define Metabolic equilibrium.

ANATOMY

1. Give origin, insertion, action and nerve supply of tbe deltoid muscle.
2. Where is the foramen ovale located? What does it transmit?
3. Locate the deep palmer arch. Give origin, distribution and branches.
4. Describe the portal venous system.
5. Describe the vomer. Name the bones with which it articulates.

MATERIA MEDICA

1. What remedies would you employ in the treatment of diabetic coma? Give dosage.
2. What remedies would you employ in the treatment of hay fever? Give dosage.
3. Outline procedure in the use of toxin-antitoxin. Give dosage.
4. For what conditions is bismuth used? Name its official preparations and describe its physiological action.
5. Give dosage, manner of administration and indications for the use of Aspidium Filix Mas.
6. Write a prescription for impetigo contagiosa.
7. For what is pilocarpine used? Give its dose, its action, its poisonous effects and treatment for poisoning.
8. Name the official preparations of arsenic with dosage. Give treatment for acute arsenic poisoning.
9. Name three anodynes most generally used with dosage.
10. What are the local and internal uses of sinapis? Give its physiologic effect.

HOMEOPATHIC MATERIA MEDICA

1. Differentiate the use of bryonia and ferrum phos in pneumonia.
2. What is the effect of belladonna on the spinal circulation?
3. Give the stomach symptoms of Carbo. Veg.
4. When is Ipecac the remedy in cough?
5. When would you prescribe apis mellifica in dropsy?
6. For what internal symptom would you use sepia?
7. What changes are produced in the larynx by Iodine?
8. Give the rheumatic symptoms that call for rhus tox.
9. Name and give indication for 3 remedies used in tonsillitis.
10. What changes in the blood can be produced by pulsatilla?

PRACTICE

1. Discuss "The Common Cold" (acute coryza). Give causes, symptoms and treatment.
2. Discuss the diagnostic possibilities of an initial pulmonary hemorrhage. Outline (a) immediate treatment (b) subsequent treatment.
3. Give the symptoms and treatment of acute suppurative tonsillitis (quinsy).
4. Give the symptoms and treatment of purpura hemorrhagica.
5. Discuss the precautions advisable before administering diphtheria antitoxin.
6. How might you make a presumptive diagnosis of acute anterior poliomyelitis in the pre-paralytic stage. Give treatment.
7. Outline the symptoms and treatment of diabetes insipidus.
8. Outline a clinical syndrome resulting from disease of the pituitary gland.
9. Define aphasia; amnesia; and describe a cause for each condition.
10. Give the symptoms and treatment of Reynaud's disease.

DIAGNOSIS

1. Make a differential diagnosis between granuloma inguinali and tuberculosis of skin, in the same region.
2. Differentiate between (a) Hypertrophic emphysema, (b) Atrophic emphysema, (c) Compensatory emphysema.
3. Define the following neurological signs and name the condition in which they are usually found:
   (a) Argyll-Robertson pupils
   (b) Kernig's sign
   (c) Babinski's sign
   (d) Romberg's sign
   (e) Oppenheim's sign
   (f) Battles' sign.
4. Differentiate wood alcohol poisoning and so-called Jamaica ginger alcohol poisoning.
5. In what way do the signs and symptoms of angina pectoris differ from progressive distension of the aortic arch?
6. Discuss blood pressure. Give causes for hypertension and hypotension, the criteria of normality in childhood, young adults and old age.
7. Differentiate between benzol and carbomonoxide poisoning.
8. A patient comes to you complaining of sudden onset of pain in left side of rectum, no redness or swelling on surface, extreme tenderness and pain on examination and upon assuming sitting posture; give a tentative diagnosis.
9. Differentiate between septic sore throat with membrane, diphtheria and Vincents angina.
10. Patient, male 55 years of age, becomes acutely ill at 2:00 A. M. The symptoms and signs are cramps in stomach, temperature 100, pulse 105, respiration 27 and nausea followed by vomiting one hour later; pain and tenderness shifts to posterior axillary line at crest of ilium and there is some right sided rigidity; leucocyte count is 12,000; give tentative diagnosis.

OBSTETRICS

1. Diagnose and give management of breech presentation. What are its dangers?
2. How would you treat a hematoma of the scalp in the new born?
3. What is the third stage of labor? Give its management in detail.

4. Discuss the use of anesthetics in obstetrics as to kind, time, and method of administration.
5. Differentiate between retained and adherent placenta and give the treatment of each.

SURGERY

1. Should a cholecystogram be done on a jaundiced patient? Give your reason.
2. Differentiate dislocation of the head of the femur and fracture of its neck?
3. Describe the anastomosis which follows ligation of the femoral artery at its middle third.
4. Can radiation change inoperable malignancy to operable?
5. A man enters the Hospital suffering from a perforating gun shot wound of the abdomen, the point of entrance is two inches above and to the left of the umbilicus and point of exit just below the twelfth rib two inches back of the posterior axillary line. Give the probable symptoms, diagnosis and treatment.
6. A woman enters the Hospital with a history of constantly increasing headache, projectile vomiting, steadily failing vision, high blood pressure and slow pulse rate; how would you proceed to make a diagnosis?
7. Make a differential diagnosis between early bone sarcoma, multiple myeloma and non suppurative periostitis.
8. A patient 55 years of age having undergone a severe abdominal operation under general anesthesia, on the third day develops severe abdominal distention without nausea and vomiting, pulse and temperature practically normal, respiration forty, no pain, cough or expectoration; give tentative diagnosis and outline treatment.
9. A man falls from the roof of a two story building alighting on his feet causing a comminuted fracture of the os calcis: Upon entrance to the hospital his pulse rate is 85, respiration 20, systolic pressure 130; three hours later his pulse rate is 48, respiration 17, systolic pressure 165 and he became unconscious; give tentative diagnosis of complication. How would you treat the fracture named above?
10. (a) Evaluate the advantages of spinal anesthesia (b) Name the surgical condition under which you would choose it in preference to ether (c) Give the technique of its administration (d) State the amount of neocain or spinocaine you would use in an adult for stomach resection (e) Give cause of lowered blood pressure and how to avoid it.

SPECIALTIES

1. Describe briefly the etiology, symptomatology and treatment of atrophic rhinitis.
2. Locate Macewens triangle. What is its surgical significance?
3. Differentiate conjunctivitis, iritis and glaucoma.
4. Describe three varieties of hydrocele.
5. Give diagnostic feature of Tinea Capitis. Differentiate alopecia areata and alopecia syphilitica.

Medical Memorial

Members of the American medical profession have been asked to contribute toward decorating and furnishing a hall in a memorial building, called Pershing Hall, now being constructed in Paris to preserve in sculpture, painting and historical mementoes America's participation in the war. Many organizations have already contributed funds for special halls in this building dedicated to their respective services during the great conflict.

When the matter of having the medical profession of this country contribute toward the establishing of a salon devoted to the commemoration of the physicians who served and died in the war was presented to the Board of Trustees of the American Medical Association, the Board approved of the project but decided that it would be more appropriate for individual physicians to contribute small sums voluntarily than to establish the memorial through a lump-sum appropriation of the A.M.A.

Ohio physicians who are interested in this plan to perpetuate the services rendered by the medical profession during the World War will find more detailed information concerning the project in the December 6 issue of *The Journal of the American Medical Association*, Page 1746.

Veterans' Hospital Increases

Some of the new burdens imposed by recent legislation on the United States Veterans' Bureau were discussed in the recent annual report of General Frank T. Hines, administrator of that Bureau.

Chief among General Hines recommendations was that immediate steps be taken to establish a definite policy regarding relief and hospitalization in the future for war veterans who are suffering from disabilities not resulting from military service.

Although the government has more than enough hospital beds for veterans disabled as a result of war service, General Hines declared that new applications for hospitalization of nonservice-connected disabilities were bringing constantly increasing pressure, pointing out that with a potential load of 4,000,000 veterans "it is apparent to what proportion this may extend if it is to be the policy to give nonservice-connected cases a mandatory right to hospitalization".

Additional facilities would be required, he said if this policy is to remain permanent, as preliminary studies "indicate a future obligation which far overshadows our experience to date".

General Hines' survey revealed that at the close of the last fiscal year, ending June 30, 1930, there were 30,541 being hospitalized by the Bureau, an increase of 2,824, or 10 per cent, over the number on the preceding June 30. The present hospital population is composed of 6,341 patients under treatment for pulmonary tuberculosis, 15,020 for neuro-psychiatric diseases, and 9,180 for general medical and surgical conditions, the report stated.

An analysis of the deaths of Bureau patients in hospitals showed that although the number has increased 85 per cent since 1924, there has been but slightly more than a 1 per cent increase in proportion to the number of veterans discharged. Pulmonary tuberculosis, while still the major cause of death among veterans, showed a decrease from 62 per cent of all deaths in 1924 to 34 per cent in 1930.

It was shown that during the past fiscal year, payments of compensation to disabled World War veterans and to the widows, children and dependent parents of deceased veterans of that war totaled approximately $188,000,000, or 42 per cent of the amount expended for all purposes by the Bureau. Of this amount, about $155,000,000 was disbursed for disability compensation.

At the close of the year, compensation payments were being made to 279,539 veterans who are disabled as a result of disease or injuries incurred or presumed to have been incurred in service during the World War. This represents an increase of 17,401 over the number receiving payments at the end of the fiscal year 1929.

The net disbursements for all purposes during the fiscal year, 1930, aggregated $452,150,622.17 which represented an increase of $19,407,652.73 over those of the previous fiscal year.

Accident Hazards on the Farm and Their Relation to Workmen's Compensation, Pointed Out in Bulletin

Farming ranks as one of the most hazardous industries in Ohio, according to a special bulletin issued by the State Department of Industrial Relations and the State Industrial Commission, the specific purpose of which is to emphasize to the farmers of the state the general terms of the Workmen's Compensation Law which requires all persons employing three or more persons to carry the state workmen's insurance and to call to the attention of the farm population of Ohio the benefits to the hired help who may be injured during employment and the protection from damage suits afforded the farmer who carries such insurance.

"Many farmers of Ohio apparently are not aware of the fact that the provisions of the Workmen's Compensation Insurance Act apply to the farmer who employs help, just as they do to the manufacturer and merchant", the bulletin, prepared by Fred C. Croxton, special assistant to Will T. Blake, director of the State Department of Industrial Relations, declares.

"The last census reports 219,659 farms in Ohio. The census ten years ago showed that almost one-half (48.6 per cent) of the Ohio farms reported an expenditure for labor during the previous year. If this ratio has continued, there are now about 106,000 Ohio farms employing some help.

"On September 3, 1930, just 2,015 Ohio farmers were insured under the Workmen's Compensation Insurance Act. Not one in fifty farmers employing help was availing himself of the protection afforded by the Workmen's Compensation Act."

The bulletin summarizes the provisions of the Workmen's Compensation Act, pointing out that while the law *requires* every farmer and every person who is the employer of *three or more persons* to carry the state insurance, it also *permits* any farmer and every other person who is the employer of *less than three persons* to take Workmen's Compensation Insurance and participate in the benefits afforded by the insurance fund.

"Many thousands of farmers in Ohio have one hired hand, either throughout the year or during the 'season'," it is stated. "All such farmers may, at very small expense, secure the benefits of the Workmen's Compensation Law. A hired hand, or other employee, who is injured in the course of his employment receives from the State Insurance Fund his medical expenses and also two-thirds of his average weekly wage (not to exceed $18.75 per week) during his total disability, if his disability lasts more than seven days, or receives from the State Insurance Fund his medical expenses if no time was lost from the injury, or if his disability was not more than seven days. The maximum award to dependents of hired help fatally injured in the course of employment is $6,500.

"The farmer, or other employer, thereby makes sure that his hired help can receive medical care and also can receive compensation from the State Insurance Fund, as provided by law, if injured in the course of employment. The farmer, or other employer, also protects himself from any suit for damages for an injury to hired help during the course of employment."

It is declared that there have been many instances where the farm, home or business has had to be sold to satisfy a judgment obtained by an injured worker against his employer for injuries received during the course of employment because the employer was not a participant in the Workmen's Compensation Insurance Fund.

The cost of state insurance for the farmer engaged in general farming, dairying or stock raising is $2.20 per year for each $100.00 paid out for hired help, the bulletin says. These payments are due semi-annually.

"If the farmer engaged in general farming, dairying or stock raising pays out $300.00 per year for help, the insurance cost will be $6.60 per year", the bulletin points out. "The cost of this insurance is insignificant, as compared to the amount of judgment which might be rendered in case of a successful suit against the farmer. It also is less than the usual cost of resisting an unsuccessful suit arising out of injury to an employe."

Some interesting data regarding the hazards of farming in Ohio is analyzed in the bulletin, which explains that for the purpose of insurance the farms of Ohio are classified in four groups: (1) florists—cultivating and gardening; (2) nurserymen; (3) farming, general, including dairying and stock farms; and, (4) operation of threshing machines, shellers and hay balers.

"With approximately 2,000 (2,015 on September 3, 1930) Ohio farmers of the four groups enumerated, carrying insurance under the Workmen's Compensation Act, 979 farm accidents claims were filed during 1929 with the State Industrial Commission, which administers the State Insurance Fund," the bulletin states.

"Sixteen of these accidents resulted in death and one caused permanent total disability. Eight caused permanent partial disability, such as loss of leg, foot, or toes, or loss of arm, hand or fingers, etc. More than seven days time was lost by each of 492 others who were injured.

"The notion prevails rather generally that accidents which occur on the farm are usually of a minor nature. The experience in Ohio under the Workmen's Compensation Act deserves the serious attention of farmers of our state.

"Accident claims filed during the year 1929 with the Industrial Commission of Ohio number 261,901. This represents the total number filed for accidents occurring in more than forty thousand establishments of all kinds which carry state insurance. Of that total number, 1,295 resulted in death.

"From the approximately two thousand farms carrying state insurance, 979 accidents were reported and of that number 16 were fatal. This report shows one fatal accident out of 61 claims in the farm groups and one fatal accident out of 202 for 'all industries'. It is probable that there is less tendency to report minor accidents on the farm than in industry, therefore, a better comparison is secured by omitting those accidents where no time was lost. If the number of fatal accidents is compared with the total number involving loss of time, the report shows one fatal accident out of 42 claims in the farm groups and one fatal accident out of 77 for 'all industries'."

Information, in more detail, concerning accident claims filed with the State Industrial Commission during 1929 and showing the relative hazards of farm work, is contained in the following statistical chart found in the bulletin.

Nature of Accident	All Industries	AGRICULTURE (a) Florists—cultivating and gardening	Nurserymen	Farming—general, including dairy and stock farms	Operation of threshing machines, shellers, and hay balers	Total agriculture (a)
Total claims	261,901	203	90	622	64	979
Fatal	1,295	4	....	11	1	16
Permanent total disability	35	.....	....	1	....	1
Permanent partial disability	2,585	1	....	7	....	8
Temporary disability:						
Time lost, over 7 days	59,046	73	47	332	40	492
Time lost, 7 days or less	37,044	32	12	93	13	150
No time lost	161,896	93	31	178	10	312

a. Not including "Trees—surgery, repairing, and trimming," and "Ice companies, harvesting, and storage."

Further evidence of the need for farmers to avail themselves of protection under the Workmen's Compensation Act is found in the following figures comparing the number of claims filed for the "general farming" group with those filed for machine shops and for iron foundries:

Nature of Accident	General farming, dairying and stock farms	Machine shop—no foundry	Iron foundry
Total claims	622	23,868	8,059
Fatal	11	21	18
Permanent total disability	1	.....	.....
Permanent partial disability	7	160	34
Temporary disability:			
Time lost, over 7 days	332	2,090	1,521
Time lost, 7 days or less	93	1,849	909
No time lost	178	19,748	5,577

Fatal accidents compared with total accidents—
Farming, general, dairying, and stock.....one fatal in 57
Machine shop—no foundry.....one fatal in 1,137
Iron foundry.....one fatal in 448

Fatal accidents compared with "lost time" accidents—
Farming, general, wairying, and stock.....one fatal in 40
Machine shop—no foundry.....one fatal in 196
Iron foundry.....one fatal in 138

Permanent total disability—
One in farming and none in other two groups.

Accidents involving permanent partial disability compared with total accidents——
Farming, general, dairying, and stock—one permanent partial in 89.
Machine shop—No foundry—one permanent partial in 149.
Iron foundry—one permanent partial in 237.

Accidents involving permanent partial disability compared with total "lost time" accidents—
Farming, general, dairying, and stock—one permanent partial in 63.
Machine shop—no foundry—one permanent partial in 26.
Iron foundry—one permanent partial in 73.

NEW BOOKS

Medical Jurisprudence. A Statement of the Law of Forensic Medicine. By Elmer D. Brothers, B.S., LL.B., member of the Chicago Bar; Lecturer Emeritus on Jurisprudence in the Medical and Dental Departments of the University of Illinois, and lecturer on Medical and Dental Jurisprudence in John Marshall Law School and on Historical Development of the Federal Constitution. Third Edition. The C. V. Mosby Company, St. Louis.

Legal Comments on Prescribing and Dispensing Narcotic Drugs Under Federal Statutes and Regulations

Dispensing and prescribing of narcotic drugs under the Harrison Narcotic Act continuously bring about important problems for members of the medical profession.

Racketeering in narcotics is employed by the underworld along with other forms of illicit traffic and often attempts are made to impose on the reputable medical practitioner, placing his reputation, his professional standing and his legal status in jeopardy.

Physicians should at all times be fully acquainted with the laws, state and national, governing the dispensing and prescribing of narcotic drugs, as well as the intent of the rules and regulations governing them.

The following article contributed to the *Bulletin of the Toledo Academy of Medicine* by Lee N. Murlin, of the Toledo District Attorney's Office, analyzes some of the important phases of the narcotic laws and points out the danger signs for physicians generally, and it is herewith published by *The Journal* for the information of the members of the State Association:

"The experience of the writer with practicing

physicians," writes Mr. Murlin, "justifies the conclusions that the average physician desires to prescribe and dispense narcotic drugs within the spirit and meaning of the law and regulations.

"Many physicians, however, who no doubt desire to practice medicine according to the ethics of the profession, become involved with the authorities for violations of the Harrison Narcotic Act and Internal Revenue Laws for acts committed through carelessness and lack of understanding of the laws as interpreted by the courts, and in many cases through sympathy prompted by the persistent pleadings of an addict.

"It is regretted that there are a few doctors who are willing to dispense and prescribe narcotic drugs in large quantities to confirmed addicts, provided they are well paid. They have no intention of curing the addict, and when interviewed by narcotic officers invariably plead that they are benefiting the addict by keeping him comfortable, and are thus serving humanity. This type of practitioner does not dispense or prescribe his narcotic drugs legitimately or lawfully under existing laws. In many cases this type of practice soon develops into a form of racketeering, as addicts have a strong common interest and soon inform each other as to where large quantities of narcotic drugs may easily be obtained. In many instances these addicts are also peddlers and sell part of the narcotics obtained.

"Many physicians ask the question: 'What is the law and regulations governing the prescribing and dispensing of narcotic drugs, as interpreted by the federal courts?' Briefly stated, the regulation applicable is as follows:

" 'Purpose of issue—A prescription, in order to be effective in legalizing the possession of unstamped narcotic drugs and eliminating the necessity for use of order forms, must be issued for legitimate medical purposes. An order purporting to be a prescription issued to an addict or habitual user of narcotics, not in the course of professional treatment but for the purpose of providing the user with narcotics sufficient to keep him comfortable by maintaining his customary use, is not a prescription within the meaning and intent of the act; and the person filing and receiving drugs under such an order, as well as the person issuing it, may be regarded as guilty of violation of the law.

" 'Exceptions—Exceptions to this rule may be properly recognized (1) in the treatment of incurable disease, such as cancer, advanced tuberculosis, and other diseases well recognized as coming within this class, where the physician directly in charge of a bona fide patient suffering from such disease prescribes for such patient, in the course of his professional practice and strictly for legitimate medical purposes, and in so prescribing endorses upon the prescription that the drug is dispensed in the treatment of an incurable disease; or if he prefers he may endorse upon the prescription "Exception (1) Article 85". (2) A physician may prescribe for an aged and infirm addict whose collapse would result from the withdrawal of the drug, provided he endorses upon the prescription, "Exception (2), Article 85" '.

"Frequently physicians are undecided as to the furnishing and amount of narcotic drugs they are permitted to prescribe and as to the frequency of the prescription in any particular case. There is no fixed rule which will govern all cases, and the courts hold that the responsibility rests upon the physician in charge of the case; and, further, that the good faith of the physician and the bona fides of his treatment in a given case will be established by the facts and circumstances of the case, and the concensus of medical opinion with regard thereto, based on the experience of the medical profession in cases of similar nature. The Supreme Court of the United States has held that it is also a violation of law on the part of a physician if, through his carelessness or lack of sufficient personal attention, the patient secures more narcotic drugs than are necessary for medical treatment and devotes part of his supply to satisfy addiction.

"The writer has said that the primary responsibility rests upon the physician in charge of the particular case, but under the law this does not relieve the druggist from a certain responsibility when he fills a prescription. If he knowingly fills a prescription or order whereby an addict is supplied with narcotics merely for the purpose of satisfying his addiction, and not to cure disease or alleviate suffering, he becomes an aider and abettor of the physician who issued the prescription or order.

"There is no question under the decisions that a physician, acting in accordance with proper medical practice, may prescribe or dispense narcotics for relief of acute pain or for an acute condition such as influenza, pneumonia, renal calculi, broken limbs, etc., and if a physician is directly in charge of bona fide patients suffering from diseases known to be incurable, such as cancer, advanced tuberculosis and other diseases in that class, he may, in the course of his practice, and strictly for legitimate medical purposes, dispense or prescribe narcotic drugs for such diseases provided the patients are personally attended by the physician who regulates the dosage, and he prescribes no quantity greater than that ordinarily recognized by members of this profession to be sufficient for the proper treatment of the given case. In such cases he should indorse upon the prescription that the drug is dispensed in the treatment of an incurable disease.

"There is a great difference of opinion among physicians as to the use of narcotics in the treatment of addiction.

"Under the law mere addiction is not recognized as an incurable disease. However, for the purpose of making an analysis of the law on this subject, it is necessary to divide the addicts not suffering from an incurable disease into two classes: first, those suffering from senility, or the infirmities attendant upon old age, who are confirmed addicts of years' standing, and who, in the

opinion of a reputable physician in charge, require a minimum amount of narcotics in order to sustain life; and second, those whose addiction is not complicated by an incurable disease or by infirmities attendant upon old age.

"Under the first class, addicts suffering from senility or the infirmities attendant upon old age and who are confirmed addicts of years standing may, for the purpose of enforcing the law, be treated as addicts suffering from incurable diseases. In such cases where narcotic drugs are necessary in order to sustain life, a reputable physician may prescribe or dispense a minimum amount necessary to meet the absolute needs of the patient. In such cases the physician should make a statement on the prescription to the effect that the patient is aged and infirm, giving age and certifying that the drug is necessary to sustain life; or if he prefers, he may indorse upon the prescription "Exception 2, Article 85."

"In considering the second class, experience has shown that the ordinary case of addiction yields to proper treatment, and that addicts will remain permanently cured when drug taking is stopped and they are otherwise physically restored to health and strengthened in will power, and a physician may, in the course of his professional practice only, and in accordance with the concensus of medical opinion, offer temporary relief to an ordinary addict whose condition demands immediate attention, by prescribing or dispensing a minimum quantity necessary to prevent his collapse and enable him to reach a hospital, institution, or place where treatment under proper restraint is to be undertaken. Such cases should be cautiously handled and the physician in charge should satisfy himself that the narcotics thus furnished are not to be diverted for unlawful purposes; that steps looking toward such treatment actually have been, or properly will be taken, that the addict cannot augment his supply of drugs by securing additional amounts from other sources. The so-called reductive ambulatory treatment of addiction is not recognized for the reason that where the addict controls the dosage he will not be benefitted or cured. In the case of Hobart verses United States, decided by the United States Circuit Court of Appeals of this circuit, that court held that the issuing by a physician of frequent prescriptions for morphine to a known addict who is not under restraint is not within exception of the Harrison Narcotic Act, but is a violation of the act, and further experience has shown that the treatment of addiction with a view to effecting a cure, which makes no provision for confinement while the drug is being withdrawn, is a failure except in a relatively small number of cases where the addict is possessed of a greater amount of will power than the ordinary addict.

"Another important requirement of the federal law is the keeping of accurate records by physicians showing the dispensing of narcotic drugs, and the failure to keep proper records is a violation of the law.

"During the past six months druggists in Toledo and vicinity have received numerous forged prescriptions for narcotic drugs. Several of the forgers of such prescriptions have been prosecuted by the writer, and in each instance have confessed to stealing the prescription pads from a physician, and in some cases narcotic drugs have also been stolen. In view of this situation, physicians are urged to take steps to secure their supply of narcotic drugs and prescription blanks from theft by these unscrupulous addicts and peddlers."

Court Decision on Corporate Practice of Medicine

An important and pertinent decision relating to the illegality of the practice of medicine by a corporation was handed down recently by Judge Samuel R. Blake of the Superior Court of the State of California in and for the county of Los Angeles, in the case of The People of the State of California on the Relation of Granville MacGowan, Plaintiff, vs. the Medical Service Corporation, a Corporation, Defendant.

The following digest of Judge Blake's opinion in the case was published in the November, 1930, issue of *California and Western Medicine*, and is an adequate account of the high spots of this important decision:

POINTS FOR DECISION

1. Two of the main questions involved are:
(a) Can a corporation practice medicine?
(b) Is the manner and method in which the defendant corporation is conducting its business, practicing medicine?

On the first proposition the court concludes that a corporation cannot practice medicine. A corporation may be formed for any purpose for which individuals may *lawfully* associate themselves.

The defendant's contention is that since doctors may lawfully associate themselves together to practice medicine, likewise it may do so in its corporate capacity as a corporation by employing as its agents qualified physicians and surgeons to do the work of the corporation.

The vice of this contention consists in its assumption that individuals may generally and as a matter of right associate themselves together for the practice of medicine; this assumption is fallacious since under the laws of California individuals may not either singly or in an association engage in the practice of medicine without having a special license so to do, and hence individuals forming a corporation could not under our law gain any other or further right by the act of incorporation than lawfully possessed by either, singly or in the aggregate, without incorporation.

The corporate cannot, of course, as a corporation, pass the medical board examination and can only act through its agents. The right to practice medicine attaches to the individual and dies with him, and it cannot be made a subject of business sheltered under the cloak of corporation having marketable shares descendable under the laws of inheritance. All the directors of this corporation,

or stockholders, may be licensed practitioners, but any time these directors or officers, by death or otherwise, may transfer their shares and it might be succeeded by laymen, none of whom possess the right to practice medicine.

Therefore, under the maxim that you cannot do indirectly, as in this case by the creation of a corporation, that which is directly prohibited by law; upon this proposition the great weight of authority in California and elsewhere is that a corporation cannot, as such, practice medicine.

IS THE MANNER AND METHOD UNDER WHICH THE DEFENDANT CORPORATION IS CONDUCTING ITS BUSINESS AMOUNTING TO PRACTICING MEDICINE?

The evidence shows that the defendant corporation is engaged in the business of conducting dispensaries throughout the city of Los Angeles, with its principal office located in the Pantages Building, scattered throughout the industrial district. There are six or seven stations where minor industrial injuries not requiring medical attention are treated. Each of these stations has a waiting room and room where treatment is administered. In each of the stations there is an operating table and instruments necessary to enable a physician to give first-aid treatments. These stations are classed as emergency hospitals and are maintained by the agents of the defendant corporation. In each of the stations the defendant maintains one physician, licensed, and these doctors are employed by the corporation on a straight salary, and are paid a small bonus if the company makes a profit from his particular station. The evidence further shows that the corporation confines its activity to purely and entirely industrial cases. The defendant corporation has no nurses at its branches and the only nurse is at the main office. The doctors are at all times employed by the company and the physician and surgeon gives all his time to the defendant corporation. All of the doctors are required to report to a chief surgeon, Doctor Nelson, at the head office. The corporation makes a charge for the services rendered by the doctor whenever a case is closed. The doctor himself makes no charge and the doctors at various stations are not permitted to treat any private cases of their own, and only do the work of the corporation. This is a brief summary of the important facts of the case.

* * *

This unquestionably is a case of first impression in the State of California, being a proceeding by the Attorney General to cancel and annul the franchise of this defendant corporation for the reason that they have violated a law of the State of California and engaged in a business as a corporation which it is unlawful to do.

* * *

The court concludes that the acts enumerated and done by the defendant corporation constitute practicing a system of medicine, or mode of treating the sick and afflicted in this state, within the meaning of the Medical Practice Act, and, therefore, is in violation of law.

Several other important questions are involved, to wit:

1. Whether or not such a holding affects hospitals and charitable institutions now in existence which are corporations.

Clearly this rule would not in anywise affect hospitals and infirmaries which are not practicing medicine, but are independent of the practice of medicine and surgery, nor are most of those institutions profit-sharing institutions and practicing for profit, while the defendant corporation is, and there is no analogy between the present case and the case of hospitals or other private corporations.

2. The fact that the Workmen's Compensation Act compels all employers to furnish medical and surgical aid to the injured in the course of their employment does not offer any reason for a corporation to engage in the practice of medicine. It only requires that they furnish medical aid of a physician and surgeon, and it is not necessary to form a corporation to furnish a physician and surgeon for medical aid.

If, in the last analysis, corporations are allowed to practice medicine as a general proposition, it is the opening wedge to the commercialization of the practice of the learned profession of medicine, and permits the creeping in of many unethical and uncontrollable factors which the law has heretofore rigidly sought to avoid.

One of the main objections to allowing a corporation to practice medicine would be unquestionably the inability of the state to control the practice of medicine by a corporation as it does control it now under the Medical Practice Act, as each member of the profession comes directly under the Medical Practice Act and the corporation herein does not. Unprofessional conduct on behalf of the corporation could not be reached, such as aiding or betraying a professional secret, advertising, or offenses involving moral turpitude, and many others too numerous to mention.

Unquestionably, if the corporation does not come within the provisions of the Medical Practice Act, it would be immune from its penalties or provisions; therefore it is important to the welfare of the people of the State of California, and hence the importance of the prohibiting of a corporation from practicing medicine as a corporation and engaging in that business through its agents for profit.

NEWS NOTES of OHIO

Findlay—Dr. J. H. Marshall has returned from New York City where he took post-graduate work at the New York Post-Graduate Hospital.

Xenia—Dr. Walter Simpson, pathologist at the Miami Valley Hospital, Dayton, was elected dean of the volunteer medical and surgical consulting staff of the Ohio Soldiers' and Sailors' Home at an annual meeting of the staff held recently. Dr. A. C. Messenger, resident physician at the home, was re-elected secretary.

Sidney—Dr. W. M. Gaines, formerly of Pemberton, has moved to Sidney and has opened offices for general practice.

Martins Ferry—A general clinic has been opened here by Drs. C. B. Messerly, John Jones, E. V. Arbaugh, W. L. Davis and W. H. Robbins.

Marion—The Marion Rotary Club was addressed by Dr. H. M. Brundage, Columbus, recently on the subject of infantile paralysis.

Cleveland—Dr. Robert J. May, Cleveland, president of the Radiological Society of North America, has suggested to the society that it sponsor

the formation of a group of competent scientists to keep the public informed regarding new cancer treatments and to protect the public as far as possible against fraudulent cancer "cures".

Oxford—Dr. L. H. Frechtling, Hamilton, was elected president of the Miami University Association of Dads at its recent meeting here. Dr. Wallace E. Prugh, Dayton, was named vice president.

Youngstown—Dr. J. H. J. Upham, dean of the College of Medicine, Ohio State University, was the principal speaker at the annual celebration of Ohio State Day here.

Columbus—One of the finest collections of ivory pieces in the middle west, the possession of Dr. Fred Fletcher, will be one of the principal exhibits at the Columbus Gallery of Fine Arts, now under construction. Dr. Fletcher accumulated the collection over a number of years from many parts of the world.

Cleveland—Professor G. Elliott Smith, University of London, England, lectured on "The Study of Man" before the students of the School of Medicine, Western Reserve University, and members of the Cleveland Academy of Medicine.

Greenville—Dr. G. W. Burnett, assistant city and county health commissioner, was entertained at a luncheon recently on his eightieth birthday by the employes of both health departments.

Gallipolis—Dr. F. W. Shane, formerly on the staff at the Akron City Hospital, has opened offices for general practice here.

College Corner—Dr. W. H. Hawley is recovering from an operation and expects to return to active practice soon.

Cincinnati—About 1200 surgeons are expected to attend the annual convention of the Ohio-Indiana section of the American College of Surgeons to be held here January 19 and 20.

Columbus—Dr. Sterling B. Taylor of this city was named vice president of the Association of Railroad Chief Surgeons at its recent meeting in Chicago.

Cleveland—Dr. Frederick C. Herrick has been appointed chief of the surgical division of the Cleveland Charity Hospital, succeeding the late Dr. Carl A. Hamann. Dr. Fred C. Oldenburg is the new chief of the medical division.

Hamilton—Dr. A. L. Smedley has been appointed physician for the county home, county jail and boys' and girls' detention homes.

Circleville—Dr. John B. May, New Holland, has been voted a life membership in the Pickaway County Medical Society.

Cincinnati—Dr. Joseph Wilson has been named graduate assistant in surgery at the College of Medicine, University of Cincinnati.

Cleveland—Dr. J. D. Pilcher has been appointed resident physician in pediatrics and assistant department head in charge of the Department of Pediatrics at the Cleveland City Hospital.

Cincinnati—Dr. A. Graeme Mitchell was elected president of the Central States Pediatric Society at its recent meeting in Memphis.

Cleveland—Dr. H. W. Newell has been appointed psychiatrist in the division of health of the Cleveland Public Schools.

Cleveland—Dr. Geo. Edw. Follansbee was the guest speaker at a recent Saturday afternoon forum of the Cleveland City Club. He spoke on the "Economic Trend in American Medicine".

Columbus—Dr. Benjamin W. Abramson is on a three-months study tour in Europe.

Canton—Canton Kiwanis Club was addressed by Dr. George King, Jr., of Alliance on the subject, "A Brief History of Medicine".

Tiffin—Dr. and Mrs. Ralph Hershberger announce the birth of a son, Ralph Elmer, born December 4.

Tiffin—Dr. John Gosling, city health commissioner, is recovering from an emergency operation for intestinal obstruction.

Youngstown—Dr. E. Henry Jones is taking post-graduate work at the Boston General Hospital. He will remain there until next May.

Urbana—Dr. E. R. Earle has been elected president of the local Kiwanis Club.

Cleveland—Announcement has been made of the appointment of Dr. Russell Landram Haden to the permanent professional staff of the Cleveland Clinic Foundation and head of the Division of Internal Medicine, a position held by the late Dr. John Phillips. Dr. Haden is a graduate of the University of Virginia and received his medical degree from Johns Hopkins University, School of Medicine, in 1915. Until recently he was professor of experimental medicine at the University of Kansas.

Cleveland—Dr. John Nichols, St. Luke's Hospital, Cleveland, has returned from a six months period in Europe devoted to post-graduate study in neuro-psychiatry. He spent three months in the University of Vienna and three months in the National Hospital, Queen's Square, London.

Toledo—Dr. J. T. Murphy has been appointed examiner on Roentgen standards for Ohio by the American Medical Association.

Toledo—Dr. O. W. Burkholder has returned from Harvard University Medical School where he took post-graduate work.

Toledo—Dr. J. W. Hull has returned from a motor tour through the Ozarks.

Cincinnati—The new Charles Franklin Kettering Laboratory of Applied Physiology, University of Cincinnati, College of Medicine, was dedicated December 12 at ceremonies attended by several hundred distinguished scientists and business leaders from all parts of the country. The new

laboratory is designed primarily for research work in occupational diseases. Dr. Robert A. Kehoe is the director. Mr. Kettering of Dayton and other industrial leaders who contributed the $130,000 for erection of the laboratory, also have provided for a fund of $40,000 a year for operation of the laboratory.

Gallipolis—Dr. Francis W. Shane, formerly of Akron, has located in Gallipolis.

Deaths in Ohio

Robert S. Barton, M.D., New Philadelphia; Columbus Medical College, 1884; aged 70; member of the Ohio State Medical Association and the American Medical Association; died November 15 of neuralgia of the heart. Dr. Barton had practiced in New Philadelphia for the past 32 years, and was also actively interested in a number of business and civic projects. Surviving him are his widow, an adopted daughter, two brothers and a sister.

George H. Boehmer, M.D., Sandusky; Jefferson Medical College of Philadelphia, 1897; aged 58; member of the Ohio State Medical Association and Fellow of the American Medical Association; died November 27 of heart disease. Dr. Boehmer had practiced in Sandusky since graduation with the exception of a year spent in post graduate work in the University of Vienna. He is survived by his widow, one son; a brother and a sister.

Leonidas G. Brock, M.D., Lytle; Medical College of Ohio, Cincinnati, 1881; aged 80; former member of the Ohio State Medical Association and the American Medical Society, died November 14. Dr. Brock had practiced in Indiana, and for the past twenty years was located at Lytle. He retired from active practice in 1929. One son survives him.

Emma W. Butman, M.D., Maumee; Cleveland University of Medicine and Surgery, 1890; aged 81; died November 16 following a long illness. Dr. Butman formerly was a member of Toledo hospital staff.

Jasper Corn, M.D., Frazeysburg; Starling Medical College, Columbus, 1873; aged 83; died November 14 of heart disease. Dr. Corn retired from active practice several years ago. He is survived by his widow and two daughters.

Paul Curtiss, M.D., Chagrin Falls; licensed 1896; aged 73; died December 2 of pneumonia. He had practiced in Chagrin Falls for more than fifty years. Surviving him are his widow and one daughter.

Maxwell J. Davis, M.D., Mansfield; Ohio Medical University, Columbus, 1897; aged 57; member of the Ohio State Medical Association and the American Medical Association; died November 26 of cerebral hemorrhage. Dr. Davis had practiced in Mansfield since his graduation, and for several years was health officer, and a member of the pension examining board for Richland county. He is survived by his widow, one daughter, one son, and a brother.

Mary E. Hauver, M.D., Jackson Center; Bennett Medical College, Chicago, 1889; aged 70; died November 21. Dr. Hauver had practiced in Jackson Center for 35 years.

Charles H. Humphreys, M.D., Dayton; George Washington University Medical School, Washington, D. C., 1869; aged 85; member of the Ohio State Medical Association and the American Medical Association; died November 10 following a long illness. Dr. Humphreys had practiced fifty years before his retirement four years ago. He was a veteran of the Civil war. His widow survives him.

Robert Ingram, M.D., Moscow; Miami Medical College, Cincinnati, 1893; aged 64; former member of the Ohio State Medical Association and Fellow of the American Medical Association; died November 1. Dr. Ingram, who had practiced in Cincinnati for many years, retired a year ago because of ill health. He was a member of the medical staff of General Hospital for many years, and was assistant director of the neuropsychiatric department until his retirement. His widow survives him.

Francis Allen Lang, M.D., Cleveland; Western Reserve University School of Medicine, Cleveland, 1928; aged 28; member of the Ohio State Medical Association and the American Medical Association; died November 23 from injuries received in an automobile collision. Dr. Lang served as an interne at St. Johns Hospital for two years. Surviving him are his widow and a daughter.

John J. Lawless, M.D., Toledo; University of Michigan School of Medicine, 1875; aged 82; died November 6, at the home of his brother, Dr. James T. Lawless, Sr. Dr. Lawless retired from practice twenty years ago because of failing health. In addition to his brother, he is survived by one son and two nephews, Dr. James T. Lawless, Jr., and Dr. Robert E. Lawless, both of Toledo.

Samuel Garvin Molinder, M.D., Dayton; University of Cincinnati, College of Medicine, 1920; aged 35; member of the Ohio State Medical Association and Fellow of the American Medical Association; died December 2 of scarlet fever. Dr. Molinder served his internship at Miami Valley Hospital, and for the past ten years had been in general practice. He is survived by his widow and his mother.

George Grant Smith, M.D., Parkman; Western Reserve University School of Medicine, Cleveland, 1912; aged 64; died at St. Alexis hospital, Cleve-

land, November 1. Dr. Smith had practiced in Chagrin Falls before locating in Parkman eight years ago. He is survived by one daughter.

George C. Taylor, M.D., Cambridge; Starling Medical College, Columbus, 1898; aged 54; died at Good Samaritan hospital in Lexington, Kentucky, November 18, of acute dilatation of the heart. Dr. Taylor, who had been in ill health for several months, was enroute to Florida when his condition became worse and he expressed a desire to return to his home. He had practiced in Claysville for thirty years before locating in Cambridge three years ago. Surviving him are two sisters and four brothers.

Charles Wassman, M.D., Bellaire; Jefferson Medical College of Philadelphia, 1923; aged 31; member of the Ohio State Medical Association and the American Medical Association; died October 30 in a sanatorium at Asheville, North Carolina. Dr. Wassman had practiced in Bellaire since his graduation until last April, when failing health forced him to discontinue his practice. He is survived by his parents and one sister.

George B. Evans, M.D., Dayton; Medical College of Ohio, Cincinnati, 1878; aged 75; member of the Ohio State Medical Association; Fellow of the American Medical Association; Fellow and charter member of the American College of Surgeons; died December 13 of heart disease. Dr. Evans practiced for two years in Middletown, before locating in Dayton in 1880 where he continued in active practice until a few days before his death. He was a former assistant physician at the Dayton State Hospital, and later was appointed visiting physician at St. Elizabeth Hospital. With twelve other surgeons, in 1907, he organized the American Proctological Society, serving as its president for one year in 1909. He also was honored by being chosen vice-president of the American Medical Association in 1914.

Harry A. Shilling, M.D., Troy; Medical College of Ohio, Cincinnati, 1903; aged 54; member of the Ohio State Medical Association and Fellow of the American Medical Association; died December 6 after a long illness. Dr. Shilling had practiced in Troy for the past twenty-five years. He is survived by his widow, two daughters and one son; one sister and one brother.

The Union Medical Association of the Sixth Councilor District will hold its quarterly meeting in Akron on Wednesday, January 14. Judge Fritch, of Akron, will talk on "The Value of a Doctor's Testimony in a Court of Justice", his right and privileges, what he is expected to say, and what he is not required to say; his rights in a court of justice. Dr. G. W. Hall, Chicago, will speak on "Psychology—What is It? How Can it Be Used by the Doctor to the Best Advantage in His Practice".

News Notes From County Societies and Academies

First District

ACADEMY OF MEDICINE OF CINCINNATI

(D. T. Vail, Jr., M.D., Secretary)

December 1—Program: "Calcium and Phosphorus Metabolism in Relation to Medicine", by Dr. Joseph C. Aub of Boston.

December 8—Program: "Problems of Blood Transfusions; A Survey", by Dr. J. M. Mason, president of the Southern Surgical Association, Birmingham, Alabama.

December 15—Program: "Pathology of Puerperal Infections and their Present Day Therapy", by Dr. John Osborn Polak, Brooklyn, N. Y.

No meetings were held on December 22 and December 29 on account of Christmas and New Year holidays.—Bulletin.

Butler County Medical Society held its regular meeting on Wednesday afternoon, November 12 at Mercy Hospital, Hamilton. Annual election of officers resulted as follows: President, Dr. P. E. Decatur, Hamilton; vice president, Dr. R. Harvey Cook, Oxford; secretary-treasurer. Dr. H. N. Ward, Hamilton. Dr. Mont R. Reid, Cincinnati, read a paper on "Medical and Surgical Treatment of Goiter", and Dr. W. DeW. Andrus, also of Cincinnati, read a paper on "Metabolic Rate Aspects of Thyroid Disease. Following the meeting, a fine chicken dinner was served in the hospital dining room. The society meets alternately at the different hospitals in the county, with dinner immediately after the program.—P. E. Decatur, Secretary.

The December meeting of the Butler County Medical Society was held at Fort Hamilton Hospital, Hamilton, on Wednesday afternoon, December 10. Program: Reading and adoption of New Constitution and By-Laws. Dr. Mark Millikin presented a paper on "Recent Ideals of the Social Aspects of Medicine", and Dr. H. A. Moore presented a case of Shoe Dye Poisoning. Dinner was served at 6 P. M.—H. N. Ward, Secretary.

Fayette County Medical Society met in regular session at the Y.M.C.A., Washington C. H., on Thursday afternoon, December 4, and elected the following officers for 1931; President, Dr. E. H. McDonald, Bloomingburg; vice-president, Dr. Orlyn Wiseman, Jeffersonville; secretary-treasurer, Dr. J. F. Wilson, Washington C. H. (re-elected); legislative committeeman, Dr. R. M. Hughey, (re-elected); Medical Defense Committeeman, Dr. C. C. Crum; delegate to state meeting, Dr. A. S. Stemler; alternate, Dr. J. M. Harsha; censors, Dr. E. F. Todhunter (one year term); Dr. Roy Brown, (two year term) and Dr. Lucy Pine (three year term).—James F. Wilson, Secretary.

Highland County Medical Society met at Hotel Harper, Greenfield, on Wednesday, November 19, with Drs. W. H. Willson and W. C. Martindill as hosts. Following a luncheon, the society enjoyed an interesting address by Dr. Parke G. Smith of Cincinnati.—News Clipping.

Warren County Medical Society entertained members of the Five-County Medical Society, composed of Clinton, Fayette, Greene, Highland and Warren counties, at a turkey dinner at the Lebanon hotel, Wednesday, November 12. The meeting was called to order by Dr. S. S. Stahl, president of the Warren County Medical Society. Speakers for the afternoon, introduced by Dr. B. H. Blair, were Drs. A. B. Brower, H. B. Huston, and E. R. Arn, of Dayton. Dr. Brower spoke on "The Classification and Later Day Treatment of the Anemias"; Dr. Huston spoke on "Blood Typing and Transfusions", and Dr. Arn discussed "The Surgical Indications in Anemia".—News Clipping.

Second District

Clark County Medical Society held a luncheon meeting, Wednesday, November 12, at Hotel Shawnee, Springfield, with thirty-five members present. After a short business session, Dr. Alfred Friedlander, professor of Clinical Medicine, University of Cincinnati, spoke on "Coronary Thrombosis", and illustrated his address with lantern slides.—News Clipping.

Darke County Medical Society met Friday evening, November 14, at Small's Restaurant, Greenville. Dinner was followed by a business session and consideration and adoption of a new Constitution and By-Laws.—Bulletin.

Montgomery County Medical Society held its regular meeting on Friday evening, November 12, at the Nurses Home, Miami Valley Hospital. Following a complimentary dinner, the program of the evening was presented by members of the hospital staff.

December 5—Regular meeting of the Society was held in the Fidelity Medical Building auditorium. Dr. Ralph A. Kinsella, head of the department of Medicine, St. Louis University, addressed the meeting on "Studies of Rheumatism".—Bulletin.

Third District

Logan County Medical Society held a dinner meeting at Hotel Ingalls, Bellefontaine, on Friday evening, November 7. Important business, including adoption of a new Constitution and By-Laws, was transacted, and the following officers elected for 1931: President, Dr. B. S. Leonard, West Liberty; vice president, Dr. F. B. Kaylor; secretary-treasurer, Dr. O. C. Amstutz; board of censors, Dr. L. M. Pratt (one year), Dr. C. J. Bondley (two years) and Dr. R. H. Butler (three years), all of Bellefontaine. The newly elected officers were inducted into office by Dr. J. P. Harbert, out-going president.—News Clipping.

Marion Academy of Medicine met on Tuesday evening, November 4 for its regular monthly program. The subject of "Infantile Paralysis" was discussed by Drs. H. M. Brundage and Harlan Wilson, of Columbus.—News Clipping.

Mercer County Medical Society met in Celina on Thursday evening, November 13. Following a dinner at Hunt's restaurant, members met at the office of Dr. D. H. Richardson, where Dr. R. C. Austin spoke on "Acute Abdomen".—News Clipping.

Fourth District

ACADEMY OF MEDICINE OF TOLEDO

(A. P. Hancuff, M.D., Secretary)

December 5—Medical Section Meetings at Academy Building, 8:30 P. M. Program: "Acute Involvement of the Thymus Gland" (case report), by Dr. L. I. Clark; "Vaso-Motor Spasm of Feet" (case report), by Dr. R. H. Snyder; "Undulant Fever" (case report), by Dr. L. A. Levison; "Diabetic Ulcer Simulating Chancroid" (case report), by Dr. A. E. Cone; "Aortic Aneurism" (case report), by Dr. P. D. Werum.

December 12—Section on Pathology, Experimental Medicine and Bacteriology. Program: "Infantile Tuberculosis" (two case reports and autopsy findings) by Dr. S. S. Hindman; discussion opened by Dr. S. D. Giffin. "A Typical Myelogenous Leukaemia" (case report with autopsy findings), by Dr. T. L. Ramsey; "Tumors of the Lung" (case reports with autopsy findings) Dr. Theodore Zbinden.

December 19—General Meeting of the Academy. Program: "Some Aspects of Science as Revealed in the Newer Books", by Dr. J. T. Murphy. Buffet supper at the University Club.

The Surgical Section held no meeting in December as the regular meeting date fell on the day after Christmas.—Bulletin.

Putnam County Medical Society held its regular meeting at Dumont Hotel, Ottawa, on Thursday evening, November 6. Dr. D. J. Slosser, Defiance, Councilor of the Fourth District, spoke on "Science in Relation to the Cults".—News Clipping.

Fifth District

ACADEMY OF MEDICINE OF CLEVELAND

(Claude W. Waltz, M.D., Secretary)

December 3—Obstetrical and Gynecological Section. Program: "The Relation of Toxemia to Prematurity", by Drs. Frederick Snyder and Theodore Miller; "Surgical Treatment of Pelvic Cellulitis", by Dr. Marion Douglass; "Review of a Placenta Praevia Series", by Dr. F. E. Sexton. Election of officers for 1931.

December 5—Clinical and Pathological Section. (Inter-hospital program) City Hospital: "The Treatment of Erysipelas—Erysipelas Antitoxin',' by Dr. John A. Toomey; Mt. Sinai Hospital: "Clinic of Chronic Epidemic Encephalitis", by Dr. S. Baumoel; Charity Hospital: "Liver Func-

tion and Gall Bladder Surgery", by Dr. F. C. Herrick; Lakeside Hospital: "The Use of Roentgenology in the Diagnosis of Mitral Disease", by Dr. David Steel; St. John's Hospital: "Dermoid Cyst of the Mediastinum", by Dr. Frank J. Gallagher; St. Alexis Hospital: "Pyloric Stenosis due to Hypertrophy of the Pyloric Muscle in Adults" (two cases), by Dr. Edgar P. McNamee; St. Luke's Hospital: "The Dehydration Treatment of Convulsive Seizures" (stereopticon) by Dr. Herman C. Stevens. Election of officers for 1931.

December 10—Pediatric Section. Program: "Clinical and Radioscopical Aspects of Tuberculosis in Childhood". by Dr. Bela Schick, New York City (originator of the Schick test for diphtheria); discussion by Drs. H. J. Gerstenberger, C. W. Burhans, and H. S. Reichle.

December 12—Experimental Medicine Section. (Program arranged by the Department of Biochemistry) "Acid-Base Balance in Toxemias of Pregnancy", by invitation, E. Muntwyler, Ph.D., N. Limbach, B.A., and Dr. A. H. Bill and V. C. Myers, Ph.D.; "Variations in Serum Ca and P between Maternal and Fetal Blood", J. D. Mull, Ph.D., and Dr. A. H. Bill; "Glucose Tolerance in Arthritis", by Dr. R. M. Stecher, and (by invitation), H. J. Jeghers, B.A.; "Aluminum Hydroxide in the Treatment of Peptic Ulcer", by Dr. I. H. Einsel, J. W. Mull, Ph.D., and E. Muntwyler, Ph.D.; "Influence of Amino Acids upon Creatine and Creatine Metabolism", by Dr. H. H. Beard, Ph.D.; "Influence of Protein and Carbohydrate Intake on Endogenous Uric Acid" (by invitation), R. F. Hanzal, Ph.D., and V. C. Myers, Ph.D.; "The Picric Acid Method of Blood Sugar Estimation", V. C. Myers, Ph.D., and (by invitation), C. W. Rott, M.A.

December 19—Annual Meeting. Program: Academy Activities during 1930, by Dr. V. C. Rowland, president. Election Results for Academy Directors, by Dr. C. L. Cummer, chairman, Tellers Committee; Address on "John Hunter, the Founder of Scientific Surgery", by Dr. W. M. Chipman, McGill University, Montreal, Canada. —Bulletin.

Lake County Medical Society held its monthly meeting at Lake County Memorial Hospital, Painesville, on Tuesday, November 25. The Society unanimously opposed a bill to be introduced in Congress to amend the penal laws concerning birth control. The society had recently been asked to sponsor a birth control clinic in Painesville under the auspices of the Brush Foundation of Cleveland. A motion was placed before the assembly, which carried, saying that the Lake County Medical Society would not sponsor this clinic.

Dr. G. O. Hedlund presented an orthopedic case and Dr. B. S. Park read a paper entitled "Some Impressions of the Recent Meeting of the American College of Surgeons". Dr. C. H. Browning presided.

The December meeting took the form of a dinner, held at the Party House, Painesville, at which Mr. Ted Robinson, Philosopher of Folly, of the *Cleveland Plain Dealer*, was guest speaker. Following dinner, a short business session was held, and the following officers were elected for 1931: President, Dr. W. R. Carle, Perry; vice president, Dr. W. P. Ellis; secretary-treasurer, Dr. F. J. Dineen (re-elected); legislative committeeman, Dr. G. O. Hedlund; delegate to state meeting, Dr. V. N. Marsh; censors, Drs. B. S. Park, C. H. Browning, and G. F. Barnett. Drs. T. M. Moore and A. C. Mahan of Willoughby were presented as the oldest and youngest practicing physician, respectively, in Lake County.—F. J. Dineen, Secretary.

Lorain County Medical Society held its annual meeting at the Antlers Hotel, Lorain, on Thursday, December 11, commencing with a five o'clock dinner. Dr. Louis J. Karnosh, Cleveland, addressed the society on "Physical Constitution and Mental Disease". Dr. H. C. Stevens, of Elyria and Cleveland, opened the discussion. Officers were elected for 1931, as follows: President, Dr. John P. Rankin, Elyria; vice president, Dr. David Thomas, Lorain; secretary-treasurer and correspondent for *The Journal*, Dr. W. E. Hart (re-elected); legislative committeemen, Drs. S. V. Burley, Lorain and C. O. Jaster, Elyria. Delegate to state meeting, Dr. Burley, and alternate, Dr. W. S. Baldwin.—W. E. Hart, Secretary.

Medina County Medical Society, at its regular meeting held Thursday, November 20, adopted the model Constitution as advised by the State Association, without any changes or additions. Dr. Joseph McClelland, Cleveland, addressed the society on "The Examination of Infants and Children from the Standpoint of Preventive Medicine". This was in the nature of a follow-up to the talk a year ago by Dr. V. C. Rowland, of Cleveland, on the Periodic Health Examination. Dr. McClelland's talk was very comprehensive and well given.—J. K. Durling, Secretary.

Trumbull County Medical Society held its regular monthly meeting on Thursday, November 20, at the Trumbull Country Club, Warren. The visiting speaker was Dr. F. J. Gallagher, of Cleveland, whose topic was "Lung Abscess; Its Diagnosis and Treatment".—R. H. McCaughtry, Secretary.

Sixth District

Mahoning County Medical Society held its regular monthly meeting on Tuesday evening, November 25, at the Youngstown Club. Following a six o'clock dinner, Dr. Ralph Pemberton, Philadelphia, head of the Department of Arthritis at the University of Pennsylvania, spoke on the subject of "Arthritis".—Bulletin.

Portage County Medical Society met at the

home of Dr. W. J. Thomas, Ravenna, on Thursday evening, December 4, for its annual meeting. Program consisted of annual reports for the year, election of officers, and adoption of a new Constitution. Portage County Medical Society has had two previous Constitutions. Much interest was shown in a copy of the first one, adopted and printed in 1868, and giving names of members—three pages of Constitution and By-Laws, and thirteen pages of ethics. Officers elected for 1931 are as follows: President, Dr. A. O. DeWeese, Kent; vice president, Dr. J. S. Deyell, Ravenna; secretary-treasurer and correspondent for *The Journal*, Dr. E. J. Widdecombe, Kent, (re-elected); delegate to state meeting, Dr. DeWeese, and alternate, Dr. L. A. Woolf.—E. J. Widdecombe, Correspondent.

Stark County Medical Society held its regular meeting in the Medical Library room, Canton, on Tuesday evening, December 9. The following program was presented: "Encephalography", by Dr. W. James Gardner, Cleveland; discussion by Dr. Wylie W. Scott, Canton; "Eye Changes in Conjunction with Brain Tumors", by Dr. A. D. Ruedemann, Cleveland; "Medicine as Practiced in China", by Dr. Max Zinninger, formerly of Cincinnati, and later with the Rockefeller Foundation Hospital at Peking, China.

Wayne County Medical Society met in regular session at Hygeia Hall, College Campus, Wooster, on Tuesday evening, December 9, with a splendid attendance to hear a most excellent paper by Dr. F. J. Smith, Ford Hospital, Detroit, on "Treatment of Pneumonia in its Various Forms". Dr. D. P. Foster, Ford Hospital, Detroit, spoke on "Dietary and Insulin Treatment of Diabetes"—an intelligent, plain and understandable discussion. Election of officers for 1931 resulted as follows: President, Dr. W. B. Turner, Wooster; vice president, Dr. J. B. Patterson, Wooster, secretary-treasurer, Dr. R. C. Paul, (re-elected); correspondent for *The Journal*, Dr. W. A. Fritz; legislative committeeman, Dr. O. P. Ulrich, Orrville (re-elected) medical defense committeeman, Dr. L. A. Yocum, Wooster; delegate to state meeting, Dr. Paul.—R. C. Paul, Secretary.

Seventh District

Columbiana County Medical Society met at the Nurses Home, Salem City Hospital on Wednesday afternoon, December 10. Dr. P. H. Patterson, Cleveland, spoke on the subject of "Pruritus Ani". The program was followed by annual election of officers and transaction of other business.—Bulletin.

Jefferson County Medical Society held a dinner at the Fort Steuben Hotel, at Steubenville, on Thursday evening, November 20, which was attended by thirty members and their wives. During the service of the course dinner, orchestral selections were played by Tom Carr's Virginians and later, a group of songs were sung by Lawrence Chambers, a local vocalist. Miss Mary Wilma Dawson was the accompanist. Dr. J. C. M. Floyd was the toastmaster of the evening and the guest speaker was Dr. Harry M. Hall of Wheeling, past president of the West Virginia State Medical Society, who spoke on "Doctors and their Wives." Short talks were also given by Dr. E. B. Shanley of New Philadelphia, Councilor of the Seventh District of the Ohio State Medical Association and Dr. B. F. Harden of Wellsburg, W. Va.—M. H. Rosenblum, Secretary.

Eighth District

Athens County Medical Society held its regular monthly meeting in the offices of the secretary, Dr. T. A. Copeland, on Monday evening, December 1. A very fine banquet was served by the retiring president, Dr. C. C. Butt, and Dr. Copeland. Twenty-five members were present. After the banquet the election of officers was held, and Dr. H. T. Phillips of Athens was elected president; vice president, Dr. L. D. Nelson, The Plains; censor, Dr. J. H. Berry, Athens; delegate to state meeting, Dr. C. S. McDougall, Athens, and alternate, Dr. A. L. Pritchard, Nelsonville. Dr. T. A. Copeland, who has been secretary for twenty-five years, was reelected. Drs. Guest and Lapierre of the Athens State Hospital, were elected to membership in the Society. Dr. Harry LeFever of Ohio State University School of Medicine, read a very interesting and instructive paper on "Head Injuries and Treatment". The next meeting of the society will be held in Nelsonville, January 5. —J. L. Henry, Correspondent.

Fairfield County Medical Society held a luncheon meeting at the Florentine, Lancaster, on Tuesday, November 11. Dr. J. A. Riebel, Columbus, the visiting essayist, gave a most interesting talk on "Surgery of the Extremities", with motion picture illustrations.—News Clipping.

Muskingum County Academy of Medicine held its annual meeting in the American Legion rooms, Zanesville, on Wednesday evening, December 3, with nineteen members present. Dr. W. D. Coffman spoke on some high lights of the meeting of the Southern Medical Association, in Louisville, principally blood work. A committee was appointed to investigate the matter of the city and county paying hospital fees for indigent patients receiving hospital care, to report at the next meeting. The committee recently appointed to re-write the Constitution and By-Laws, will also report in full at the next meeting. The following officers were elected for 1931: President, Dr. O. I. Dusthimer; vice president, Dr. L. E. Grimes; secretary-treasurer, and correspondent for *The Journal*, Dr. Beatrice T. Hagen, (re-elected); legislative committeeman, Dr. J. C. Crossland; medical defense committeeman, Dr. E. R. Brush; delegate to state meeting, Dr. M. A. Loebell, and alternate, Dr. G. B. Trout.—Beatrice T. Hagen, Secretary.

Ninth District

Hocking County Medical Society held its quarterly meeting at the Cherrington Hospital, Friday evening, November 14. Members were favored by a lecture illustrated with a forty-five minute moving picture on "Traumatic Surgery", by Dr. J. A. Riebel, of Columbus. The meeting was well attended by physicians from Hocking, Athens and Perry County Societies. All expressed themselves as highly pleased with the splendid talk and pictures exhibited.—M. H. Cherrington, Secretary.

Jackson County Medical Society met at the Cambrian Hotel, Jackson, on Tuesday evening, November 4, with a large attendance. Following a banquet at 6:30, Dr. James Freese, Columbus, spoke on the subject of "Fractures", and Dr. Frank Harrah, also of Columbus, addressed the society.—News Clipping.

Lawrence County Medical Society held a well-attended meeting on Friday evening, November 21, at Hotel Marting, Ironton, including guests from Russell and Greenup, Kentucky. Following the banquet, Hon. L. R. Andrews, spoke on "The Doctor's Relation to the Court". Music was furnished by the Ironton High School orchestra and Misses Dolores and Janet Henninger, daughters of Dr. and Mrs. O. H. Henninger.—News Clipping.

Scioto County—The annual business meeting and election of officers of the Hempstead Academy of Medicine was held on Monday afternoon, December 8, followed by the annual banquet Monday evening, at the Masonic Temple. Dr. J. D. Jordan was toastmaster, and Dr. C. W. Wendelken was in charge of special entertainment. "Dusty" Miller, of Wilmington—"The King of Entertainers" —was the visiting speaker. Officers elected for 1931 are: President, Dr. George Martin; vice-president, Dr. George Blume; secretary-treasurer, and correspondent for *The Journal*, Dr. Clyde M. Fitch (re-elected); legislative committeeman, Dr. Joseph S. Rardin, (re-elected); medical defense committeeman, Dr. A. L. Test; delegate to state meeting, Dr. Gilbert Micklethwaite, and alternate, Dr. James W. Fitch.—Clyde M. Fitch, Secretary.

Tenth District

COLUMBUS ACADEMY OF MEDICINE

(James A. Beer, M.D., Secretary)

November 17—Dinner meeting of the Academy, held at the Deshler-Wallick Hotel. Annual D. Tod Gilliam Memorial Lecture, by Dr. John Osborn Polak, Brooklyn, New York, on the subject of "Relative Value of Surgery and Irradiation in Cancer of the Uterus".

November 24—Regular meeting of the Academy, at Y. W. C. A., with a six o'clock dinner. Speaker: Dr. Frank H. Lahey, Lahey Clinic, Boston, Massachusetts; subject: "Management of Toxic Goiter".

December 1—Regular meeting at Grant Hospital Nurses' Home. Program: "Diabetes Mellitus", (presentation of patient) by Dr. J. J. Coons; "Congenital Pyloric Stenosis", (presentation of patient) by Dr. J. M. Dunn; "A Device for the Accurate Roentgen Measurement of the Obstetric Pelvis", by Dr. Hugh A. Baldwin; "Postsalpingectomy Endometriosis", by Dr. R. B. Drury; "Importance of the History in Diagnosis", by Dr. J. F. Baldwin; "The Differential Interpretation of Various Types of Blood Count Encountered in Throat Infection", by Dr. Jonathan Forman; "Agranulocytosis Following Infection of Upper Air Tract", by Dr. J. E. Brown.

December 8—Regular meeting at Columbus Public Library, 8:15 P. M. Speaker, Dr. David Riesman, Professor of Medicine, University of Pennsylvania, Philadelphia, subject, "The Significance of Low and High Blood Pressure". Dr. Riesman also conducted a clinic at 4:30 P. M., at St. Francis Nurses Home.

December 15—Children's Hospital, 8:15 P. M. Presentation of Clinical Cases by members of staff. Demonstrations of orthopedics, malnutrition, rickets and intraperitoneal injections of blood were given by Drs. E. H. Baxter, Harlan Wilson, Samuel D. Edelman, Orville Baldwin, Donald Bowers, Hugh Beatty, Edward Harris and Ernest Scott. Refreshments were served following the program.—Bulletin.

Knox County Medical Society held its November meeting on Wednesday, November 26, in Mt. Vernon, with Dr. I. B. Harris, of Columbus as the guest speaker.—News Clipping.

Pickaway County Medical Society met at Berger Hospital, Circleville, on Friday evening, December 5, with several members of the Ross County Academy of Medicine as guests. Dr. John A. Riebel, Columbus, presented a moving picture illustrating "Traumatic Surgery of the Limbs". The film was produced by the Department of Physiology of Yale University.—News Clipping.

Ross County Academy of Medicine held its regular monthly meeting on Thursday evening, December 4, at the Warner Hotel, Chillicothe. The only new business was election of officers for 1931. Dr. Holmes moved that the present officers of the organization be re-elected, and the motion was seconded and carried. As the result, the new officers are: President, Dr. John Franklin; vice president, Dr. Glen Nisley; secretary-treasurer, and correspondent for *The Journal*, Dr. W. C. Breth; legislative committeeman and medical defense committeeman, Dr. H. R. Brown; delegate to state meeting, Dr. O. P. Tatman; alternate, Dr. A. E. Merkle; new board of censors, Dr. A. E. Merkle, (one year); Dr. D. A. Perrin, (two years); Dr. L. E. Hoyt, (three years).

The speaker of the evening was Dr. E. Asbury, Cincinnati, who gave a very interesting talk on "Mechanical Derangement of Knee Joint", illus-

trated by lantern slides. The subject was a very interesting one and brought out many worthy points. Dr. Asbury brought as his guest, Dr. Anderson of Fayetteville, Ohio. Dr. William A. Ewing, Dayton, was a guest of Dr. W. C. Breth. In addition to Dr. Asbury's talk, Mr. Biegler of the research department of the Petrolagar Company, again presented a two-reel motion picture, showing various surgical procedures, taken at the Northwestern University.—W. C. Breth, Correspondent.

(Continued on Page 90)

HOSPITAL NOTES

—Many visitors attended the opening of the new Pediatric Research Building of the Cincinnati Children's Hospital. The Research Foundation established by Colonel William Cooper Proctor to finance the research work of the hospital totals $2,500,000. Dr. A. Graeme Mitchell, professor of pediatrics at the College of Medicine, University of Cincinnati and chief of staff at the Children's Hospital, is director of research. His assistants are Dr. George M. Guest, Dr. Merlin M. Cooper and Dr. Waldo E. Nelson.

—Dr. Robert B. Cofield, Cincinnati, addressed the staff of the Fort Hamilton Hospital, Hamilton, recently on "Modern Treatment of Fractures".

—Officers elected by the staff of the Lima City Hospital are: Dr. J. R. Johnson, president; Dr. A. N. Wiseley, Jr., vice president, and Dr. Alan Knisley, secretary-treasurer.

—The $40,000 third-floor addition to the Mary Rutan Hospital, Bellefontaine, has been completed, providing a maternity ward and nursery for the hospital.

—Mrs. Grace Wagaman Smith, formerly director of nurses, has assumed her new duties as superintendent of the Good Samaritan Hospital, Sandusky.

—Mrs. Elizabeth Mason Hartsock, former superintendent of the Springfield City Hospital and the Ohio Masonic Hospital, died recently at her home in Springfield. She was one of the charter members of the Ohio State Nurses' Association.

—Funds for construction of Springfield's new 10-story municipal hospital were made possible through legislation passed by the city commission authorizing the floating of a bond issue.

—Addition of a pediatrician to the staff of the hospital of the Ohio Soldiers' and Sailors' Home, Xenia, has been authorized by the board of trustees of the home.

—A trust fund of several hundred thousand dollars will go to the Stouder Memorial Hospital, Troy, following the death of Georgeana H. Kidder, sister of the late Charles C. Hayner, according to the will left by Mr. Hayner and recently probated.

—Hospital bond issues came through the November election with a 50-50 average. One for $100,000 for a new municipal hospital at Bucyrus and one for $75,000 for a new Portage County Hospital were successful. The Ashtabula City Hospital may have to be closed due to failure of the voters to approve a bond issue for $150,000. Needed improvements at the Mansfield General Hospital will be postponed indefinitely through failure of the passage of a bond issue for $235,000.

—Mercy Hospital, Canton, has announced the opening of a new department devoted to neuropsychiatry. The formal announcement summarized the aims and work of the new department as follows:

"This division is intended for patients who will meet the physicians more than half way in recognizing that they need help—for mal-adjustments, fears, worries, fatigue states, incipient and toxic psychoses and neurologic diagnosis. Mental factors, as well as physical, will be sought out. The entire facilities of the staff and laboratory of the hospital can be utilized for extensive diagnostic service and treatment.

"Patients may be referred for supervision and treatment, or for consultation only. When patients are referred for treatment, the hospital invites the physician to act as consultant.

"The purpose of the hospital is to make available to the people sound information on mental health and to help bring neuro-psychiatric service within the reach of persons of moderate means."

The department will be under the supervision of Dr. John D. O'Brien who has been engaged in neuro-psychiatric work for the past 27 years.

—Dr. Harry M. Box has been elected president of the medical staff of Deaconess Hospital, Cincinnati. Dr. W. W. Klement is vice president and Dr. Edward W. Enz, secretary-treasurer.

—Dr. James W. Halfhill, Lima, was named a member of the commission which will have charge of the construction of Lima's new municipal hospital.

—The new nurses' home of the Cincinnati Jewish Hospital was dedicated Sunday afternoon, December 14, at services attended by many members of the medical profession, hospital workers and civic leaders of the city.

—A three-days medical institute was held recently at the Detwiler Memorial Hospital, Wauseon. Addresses by the guest speakers, Dr. Frank Smithies and Dr. John Nuzum, both of Chicago, were accompanied by clinical demonstrations.

—The following changes on the staff at Dea-

coness Hospital, Cincinnati, have been announced: Dr. Henry Gruener and Dr. Harry Haggart made seniors and Dr. G. R. Fromm a junior in the otology and larynology division; Dr. Clarence L. Hans a senior and Dr. Charles A. Hofling a junior in the ophthalmology division; Dr. H. F. Downing a senior and Dr. Irving Schroth a junior in the internal medicine division; Dr. J. E. T. Kennedy a junior in the gynecology division; Dr. Ralph Good a junior in the general surgery division and Dr. E. M. Strasser a junior in the anesthetic division. Dr. Will C. Harris and Dr. Edward W. Enz were elected advisory members of the hospital board and Dr. Frank H. Lamb was placed on the consultant staff.

—The staff of Lake County Memorial Hospital, Painesville, met Monday, December 8, with Dr. J. V. Winans, Madison, presiding. After a short business period, Drs. V. N. Marsh and B. S. Park, Painesville, read reports of the regional meeting on Fractures, of the American College of Surgeons held recently in Cleveland.

The New York Polyclinic Medical School and Hospital on December 29 and 30, opened its new private pavilion and operating rooms.

Stedman's Practical Medical Dictionary. Eleventh Revised Edition, including new plates, new index of tables and index of plates. William Wood and Company, New York.

PUBLIC HEALTH NOTES

—Some of the high spots of the annual report covering the work of the United States Public Health Service during the past fiscal year and submitted to Congress by Surgeon General H. S. Cumming are as follows:

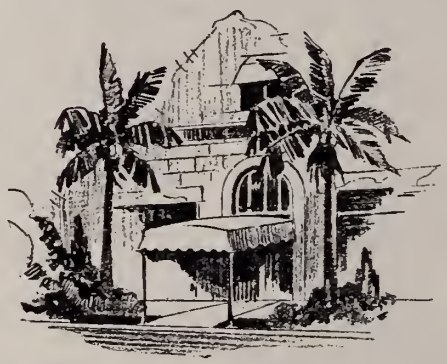
Cholera is of more frequent occurrence in Asiatic ports than bubonic plague, it being present in 1929 in 32 Asiatic ports while plague cases were reported in only 18 ports. A considerable epidemic of cholera occurred in the early Spring of 1930 in the central provinces of India, but the situation elsewhere in India was relatively favorable. Cholera was reported in the Philippine Islands in May, 1930.

Yellow fever was reported from the west coast of Africa and also from Brazil and Colombia during the year.

Reports to the Public Health Service for the past fiscal year indicate generally good health conditions throughout the United States, except for the increased prevalence in certain diseases. For the past five years there has been a steady increase in the number of cases of meningococcus meningitis that were reported. In the Spring of

RONEY MEDICAL CLINIC

MIAMI BEACH, FLORIDA



J. W. Snyder, M.D., F.A.C.S.
General Surgery

Thos. W. Hutson, M.D., F.A.C.S.
Gynecology and Obstetrics

Roy J. Holmes, M.D., F.A.C.S
Urology

Arthur H Weiland, M.D., F.A.C.S.
Orthopedics

Bascom H. Palmer, M.D., F.A.C.S.
Ophthalmology—Otolaryngology

Gail E. Chandler, M.D.
Ophthalmology—Bronchoscopy

E. Sterling Nichol, M.D.
Cardio-vascular and Allergic Diseases

P. B. Welch, M.D., F.A.C.S.
Gastro-enterology

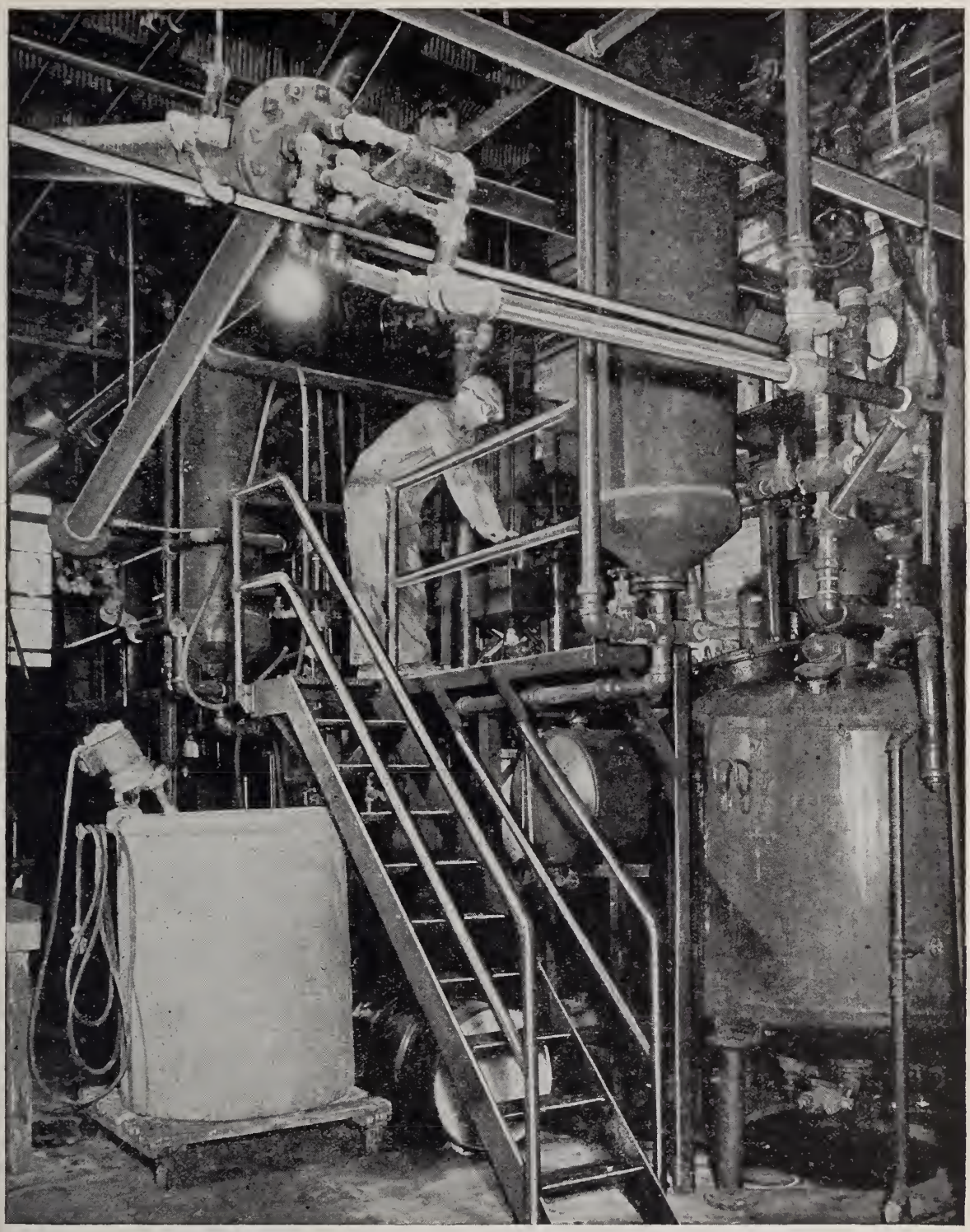
Gerard Raap, M.D.
Roentgenology—Radium Therapy

Milton M. Coplan, M.D.
Genito-urinary Diseases

M. F. Wielage, D.D.S.
Oral Surgery

W. F. Andes, D.D.S.
Restorative Dentistry

Weekly progress notes furnished referring physicians



Stills and condensers employed in the production of Amytal and Sodium Amytal
View in the chemical department of Eli Lilly and Company, Indianapolis

ILETIN (INSULIN, LILLY), LIVER EXTRACT No. 343
PARA-THOR-MONE, MERTHIOLATE, EPHEDRINE PREPARATIONS

The Ohio State Nurses' Association

Official Registries for Nurses

District No. 1—42 Hawthorne Ave., Akron, Ohio. Phone: Lincoln 0600
District No. 3—149 Hollywood Ave., Youngstown, Ohio. Phone: 2-1171
District No. 4—2157 Euclid Ave., Cleveland, Ohio. Phone: Prospect 1951
District No. 8—Room 1112 Chamber of Commerce Bldg., Cincinnati, Ohio Phone: Main 7142
District No. 9—1930 Robinwood Ave., Apartment 40, "The Scotwood," Toledo, Ohio. Phone: Main 7962
District No. 12—398 N. Garfield Ave., Columbus, Ohio. Phone FAirfax 3615
District No. 15—Portsmouth General Hospital, Portsmouth, Ohio. Phone: 559

1930 the number of cases dropped below the figures for the preceding year. This decrease in cases reported continued.

The prevalence of pellagra has been increasing for several years. In 1924 the pellagra death rate computed from reports to the Public Health Service was 2.5 per 100,000 population. The rate rose steadily until 1928 when it was 5.7 per 100,000 population (based on reports from 45 States). For the calendar year 1929 the pellagra death rate was 5.5 per 100,000 population.

During the calendar year 1929 the incidence of infantile paralysis was lower than it had been since 1926, but just before the close of the fiscal year there was a marked increase in the number of cases in certain states. By the end of June, 1930, reports showing more than the usual prevalence of infantile paralysis were being received from communities in widely separated parts of the country.

For three years, at least, the incidence of smallpox in the United States has been increasing. Forty-five states reported 34,685 cases of smallpox in 1927, 38,114 cases in 1928, and 41,458 cases in 1929. The disease was of the mild type and in the 45 states only 442 deaths were recorded during the three years, yet the 114,000 cases of smallpox reported during the three years represent an incalculable amount of suffering and a large economic loss to the country; all of which could have been avoided by vaccination and revaccination. One danger from smallpox lies in the fact that the virulent type of the disease may appear at any time in a community not protected by vaccination, and before the disease can be checked it may take many lives.

In connection with the work of protecting the United States from the importation of dangerous diseases, 20,645 vessels, 1,056,249 passengers, and 1,380,241 seamen were inspected at domestic and insular ports, and 1,211,796 alien passengers and 968,759 alien seamen were examined by medical officers under the immigration law.

Although some progress is being made in the establishment of adequate and properly organized local health service, only about 25 per cent of the rural population of the United States is at present so provided.

During the year investigations relating to various public health problems have been conducted. Among the subjects that were studied may be mentioned cancer, leprosy, malaria control, Rocky Mountain spotted fever, pellagra, nutritional diseases and typhus fever. Special studies were conducted throughout the year on health problems in industry, child hygiene and stream pollution.

During the year an act of Congress established

CLASSIFIED ADVERTISEMENTS

Rates for advertisements under this heading are 50 cents per line, payable in advance. Minimum charge of $1.00 for each insertion. Price covers the cost of remailing answers. Forms close 16th of the month preceding publication.

Situation Wanted—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan Chicago. Established 1896. Member of Chicago Association of Commerce.

Speeches, special articles, papers on special subjects, prepared from the latest data and authorities, for busy physicians. Prompt service extended at reasonable rates in an expert manner to your requirements. Authors' Research Bureau, 516 Fifth Ave., New York.

Assistance Offered to Medical Writers. Research. Abstracts. Translations (all languages). Papers prepared from authors' data. Ten years' experience with leading physicians and appointments on medical journals of highest standing. I employ no assistants, all my work is done personally and is reliable. Florence Annan Carpenter, 413 St. James Place, Chicago.

Wanted—Experienced hospital executive (physician) wishes a position as superintendent or head director of sanitarium; mental and nervous diseases preferred. Write, W. A., care *Ohio State Medical Journal.*

Situation Wanted—Experienced secretary desires position with one or more physicians or a hospital office in Columbus or within a radius of twenty miles. Write S. F., care *Ohio State Medical Journal.*

For Sale—As I am compelled to retire because of ill-health have a good practice to turn over to some physician. Town of about 600 population, good surrounding farming country, improved roads. Complete office outfit and furnishings, drugs, supplies, etc. Address E. M., care *Ohio State Medical Journal.*

RADIUM THERAPY
DEEP X-RAY THERAPY
ELECTRO COAGULATION

BEN RENICK KIRKENDALL, M.D.
EDWARD TAYLOR KIRKENDALL, M.D.

137 E. State Street, Columbus, Ohio
Or Mt. Carmel Hospital

Office Phone Adams 7656 **Res. Phone** Gahana, Ohio 44 F. 14

W. H. MILLER, M. D.

X-Ray

328 East State Street **Columbus, Ohio**

Complete Diagnosis and Therapy

Diseases of Chest
Gastro-Intestinal Tract
Genito-Urinary Tract
Gall Bladder
High Voltage X-Ray Therapy
Portable X-Ray
Electro-Coagulation
Fractures and Dislocations

PROMPT AND FULL REPORT

This laboratory is approved by the Council on Medical Education and Hospitals of the American Medical Association

Langdon-Meyer Laboratories

OFFER A COMPLETE 24 HOUR SERVICE ON WASSERMANNS— INCLUDING, WATER-BATH; ICE-BOX; AND KAHN TEST.

Fee—$5.00

Send for our Fee Table

519 Main Street **CINCINNATI, OHIO**

a Division of Mental Hygiene in the Public Health Service and placed the supervising and furnishing of medical and psychiatric service in Federal penal and corrective institutions under the Public Health Service.

Authority was also given by Congress for studies and investigations of the abusive use of narcotics and the quantities of such drugs necessary to supply the normal and emergency medicinal and scientific requirements of the United States.

The personnel of the Public Health Service, consisting of a Corps of medical, dental, sanitary engineer and pharmacist officers, nurses, specialists and other technical and non-technical employes, at mid-year consisted of 1476 medical officers and persons of other scientific ratings, and 3416 general and technical employes.

—Most of the bond issues for water works and sewerage projects, submitted to the voters at the November elections, were defeated.

Bonds for water works improvements were approved at three villages in the state, but bond issues for new water works systems for four villages and water softening plants for three cities failed to pass. Canton voters also disapproved a bond issue for much-needed improvements to the public water supply.

The Cleveland voters approved large bond issues for sewerage and sewage treatment projects. Bond issues approved at Findlay, Medina and Hubbard will enable these municipalities to install necessary sewage treatment projects. Following are the results of the bond issue elections:

WATER IMPROVEMENT PROJECTS

Approved

Ft. Jennings (improvements)	$ 9,000
Lynchburg (improvements)	25,000
Rockford (improvements)	15,000

Defeated

Canton (improvements)	$ 500,000
Fayette (new water works)	50,000
Logan (softening plant)	59,000
Mentor (new water works)	80,000
Northfield (new water works)	50,000
Norwood (softening plant)	240,000
Sherwood (new water works)	16,500
Tippecanoe City (improvements)	100,000
Troy (softening plant)	90,000

SEWERAGE AND SEWAGE DISPOSAL PROJECTS

Approved

Cleveland (sewers)	$ 5,000,000
Cleveland (sewage treatment)	14,000,000
Findlay (sewage treatment)	350,000
Hubbard (sewage treatment)	55,000
Medina (sewage treatment)	135,000

Defeated

Fremont (sewers)	$ 300,000
Logan (sewers)	22,000
Manchester (sewers)	5,000
Warren (sewers)	980,000

—Scarlet fever showed considerable gain in Ohio during 1930, according to the State Department of Health, although figures for the entire 12 months have not been tabulated. Up to December 1, there were 11,129 reported cases in the state. December is regarded as one of the heavy months for this disease. In 1928 there were 10,174 reported cases with 134 deaths and in 1929, 10,571 cases with 149 deaths. Up to December 1, 1930, there were 104 deaths reported. The following analysis of the scarlet fever record of Ohio during the past year indicates that there is much to be accomplished in this state in combatting this disease:

"Members of the medical profession and all public health workers," the *Ohio Health News* declared in a recent issue, "understand that these reported cases represent but an unknown percentage of the actual number of cases, for parents undoubtedly still continue to regard scarlatinal eruptions as 'stomach rash' when other symptoms are mild and they consider the services of a physician unnecessary.

"These are some of the cases that account for the spread and continuance of neighborhood epidemics and also for the untimely deaths of these individuals in later life from nephritis and heart lesions.

"Every case of scarlet fever, however mild, and every suspected case of scarlet fever should be under the care of a competent physician.

"There are a large number of cases, however, the really dangerous ones in a community, that are unrecognized as such and pass as simple cases of sore throat. There may be a fleeting flush of the skin lasting but an hour or so and no other

RADIUM RENTAL SERVICE

BY

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to Physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

CAREFUL CONSIDERATION WILL BE GIVEN INQUIRIES CONCERNING CASES IN WHICH THE USE OF RADIUM IS INDICATED.

The Physicians Radium Association

1307 Pittsfield Bldg., 55 E. Washington St.,
CHICAGO, ILL.

Telephones Central 2268-2269

Wm L. Brown, M.D., Director.

BOARD OF ADVISORS

William L. Baum, M.D. Bennett R. Parker, M.D.
Frederick Menge, M.D. Walter S. Barnes, M.D.
Louis E. Schmidt, M.D. S. C. Plummer, M.D.

RADON

(Radium Emanation)

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Technic of Application Outlined

"RADON THERAPY IN CARCINOMA —OF— BLADDER, PROSTATE AND RECTUM"

(send for copy)

GOLD RADON IMPLANTS

RADON COMPANY, Inc.

1 East 42nd St., New York

Telephones: Vanderbilt 3-2811; 3-2812

CHAS. F. BOWEN, M.D.

SPECIALIZES

in

Superficial Malignancies

Removal of Foreign Bodies

Radium and X-Ray

Diagnosis and Therapy

332 E. State Street
COLUMBUS, OHIO

Columbus Radium Laboratory

Radium and Deep X-Ray Therapy

EDW. REINERT, Ph.G., M.D.
350 E. State St., Columbus, O.
Bell, Main 1537

symptom manifested. These are individuals with almost but not quite sufficient immunity to neutralize the specific toxin of the disease and in whom the organisms are not normally active. When these organisms are transferred to a non-immune host they naturally regain their normal virulence. These persons often innocently spread the disease.

"When scarlet fever exists in a community, especial care should be taken that any child with a sore throat be isolated from other children until a physician has been called.

"When scarlet fever breaks out in a school, the health commissioner should secure the cooperation of all teachers so that he may investigate the causes for absence from school. He should also see that all children are examined as they enter school and exclude all who have any symptom suggestive of the disease.

"An outbreak of scarlet fever can be *more readily controlled with the schools in session* and the pupils under proper supervision than with the schools and the children scattered and out of touch with the health commissioner.

—Adequate funds, periodic health examinations, chronic disease hospitals and clinics and cooperation between health workers and the medical profession were some of the topics discussed by Dr. William Muhlberg, president of the Cincinnati Public Health Federation in his annual report to the Federation. At the business session of the annual meeting, the following officers for the ensuing year were elected: President, Dr. Muhlberg; first vice president, Dr. T. A. Ratliff; second vice president, A. F. Sommer; honorary secretary, Dr. L. Howard Schriver; treasurer, Murray Shoemaker; members of the executive committee, Dr. A. C. Bachmeyer, Dr. E. A. Baber, Dr. Julian E. Benjamin; Henry Bentley, Dr. Elizabeth Campbell, Omar H. Caswell, Dr. Louis Feid, Jr., Dr. Albert H. Freiberg, Sol Freiberg, Dr. Otto P. Geier, William S. Groom, Dr. Carey P. McCord, Dr. A. Graeme Mitchell, Dr. Derrick T. Vail, Jr., Dr. I. M. Robinow, Dr. Alfred Friedlander, Dr. Robert B. Cofield and Dr. Walter E. List.

—The following article published in a recent issue of the *Ohio Health News* sums up the smallpox situation in Ohio as well as the nation generally:

"With the yellow tide of smallpox rising steadily and with considerable rapidity in Ohio, a very definite responsibility is pressing with greater weight on all those responsible for the public health, including the individual; for the public health, being the aggregate of the health of all the persons in the state, is fundamentally personal. Specific responsibility rests on the shoulders of health officials, physicians and boards of education, the last-named being definitely charged with the implied duty of safeguarding school children against the disease by virtue of having power, under the law, to enforce vaccination as a pre-requisite to school attendance.

"Except for two or three reports of cases of tularemia, one official, smallpox is the only communicable disease which showed an increase during the third week of November, and the only one which has shown a consistent increase since the first of the month. There were 13 cases the first week, 41 the second, and 59 the third. Since Nov. 22, with reporting incomplete, the tally is 168.

LABORATORY

Service and Consultation

James A. Beer, B.Sc., A.M., M.D.

21 East State Street Columbus, Ohio

Telephone, ADams 3847

Dr. Hugh J. Means

Announces an

X-Ray

Consultation Service

For

Physicians and Hospitals

Films Interpreted and Detailed Reports Made

683 East Broad St.

Columbus, Ohio

X-RAY DIAGNOSIS AND THERAPY

THE NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL
(Organized 1881)

(The Pioneer Post-Graduate Medical Institution in America)

PHYSICAL-THERAPY

Lectures and demonstrations of medical and surgical diathermy; galvanic, low tension and static currents; electrodiagnosis; helio-therapy; thermotherapy and artificial light therapy; massage and therapeutic exercise.

Active clinical work in the treatment of medical and surgical conditions.

For Information Address

Medical Executive Officer, 345 West 50th Street, New York City

INTENSIVE TWO WEEKS' COURSE IN SURGICAL TECHNIQUE

Arranged for the General Surgeon to make every minute count. General, Gynecological, Rectal, Urological, Orthopedic and Goiter Surgery.

Supervised cadaver and dog surgery by the student surgeons. LOCAL, Spinal and Regional anesthesia emphasized.

Beginning the first Monday of each Month

ALSO COURSES IN X-RAY, LABORATORY AND ANESTHESIA

Write for descriptive pamphlets

POST GRADUATE HOSPITAL AND MEDICAL SCHOOL

2400 S. Dearborn Street CHICAGO, ILL.

DR. S. ENGLANDER

719 Osborn Building CLEVELAND, OHIO

Proctology, Recto-sigmoidoscopic Diagnosis, Urology

TELEPHONE, CHERRY 7547

URINE
BLOOD
SPUTUM
EFFUSIONS
STOMACH CONTENTS
WASSERMAN & KAHN
PRECIPITIN TESTS
GONORRHEAL COMPLEMENT FIXATION TEST
BLOOD CHEMISTRY
PROTEIN SENSITIZATION TESTS
BASAL METABOLISM
AUTOGENOUS VACCINES
FAECES
GENITO-URINARY
SURGICAL and GYNECOLOGICAL PATHOLOGY
DARK FIELD ILLUMINATING FOR SPIROCHETA PALLIDA
MEDICO-LEGAL POST-MORTEMS
X-RAY

LABORATORY
Clinical and Pathological

Approved by the American Medical Association

Columbus, Ohio 370 E. Town Street

DIRECTOR

J. J. Coons, B. Sc., M.D., D. Sc.
Dorris Coss, B. Sc., M. Sc.
Frances Coup, A. B.
Flora Moone

PROMPT SERVICE
Immediate Report on Frozen Sections of all Tumors.
ESTABLISHED 1904

"Year after year more cases of smallpox are reported in the United States than in any other country except British India, despite the fact, as the U. S. Public Health Service emphasizes, that the disease can be controlled by vaccination and revaccination, and by cooperation could be stamped out in the course of a few years. During the first 10 months of the current year, according to Public Health Service figures, about 40,700 cases of smallpox were reported in the United States, as compared with approximately 28,000 for the corresponding period of 1929.

"Considering the average life expectancy, and that in addition to the number of cases reported there are large numbers of cases which are never revealed in the records, it is safe to estimate that one person out of every 25 in the United States may expect to have an attack during his lifetime. It is pointed out that although the type of smallpox current in the United States is mild, there is no telling when it may change, without warning, to one of the more virulent types and exact heavy toll. The mere presence of the mild form indicates high susceptibility to a virulent type whenever the latter may appear.

"During the calendar year 1926 there were 33,732 cases of smallpox reported in continental United States; in 1927 there were 37,600; in 1928 there were 39,396, and in 1929 there were 42,282, of which about one-third developed in the last two months of the year. Each recent year has revealed a marked increase in this highly communicable disease. But it must be remembered that the districts from which reports are not received regularly, or are not received at all, are districts where there is the greatest carelessness regarding the disease, and therefore where the highest incidence prevails. On this basis it is reasonable to estimate that the United States has 100,000 cases of smallpox annually, or one for every 1220 living men, women and children.

"Strains of smallpox show wide differences in virulence, and some corresponding difference in communicability. Few of the infectious diseases show such complete independence of conditions of race, climate, soil, age, sex, occupation and sanitary surroundings as does smallpox. It speads easily from person to person, and the virulent strains, when they do not kill, usually leave the victim pock-marked for life. It may be communicated by spray from the mouth or throat, the eruption of the skin, by clothing or by anything that has been in contact with the person suffering with it.

"Do you want it?

"It is easy to get and the effects are apt to be lasting.

"If you don't want it, vaccinate and revaccinate; and support those who are trying to enforce vaccination that the community may be safe from this dreaded—and dreadful—scourge."

Any one can make belts, but belts which give compression without uplift may do serious injury

"STORM" The New "Type N" STORM Supporter



Pleases doctors and patients. Long laced back. Soft extension, low on hips. Hose supporters attached.

Adapted for ptosis, hernia, pregnancy, obesity, relaxed sacro-iliac articulations, kidney conditions, high and low operations.

Ask for Literature

KATHERINE L. STORM. M.D.

Originator, Owner, and Maker

1701 Diamond Street Philadelphia

CURDOLAC FOODS

aid the physician in outlining

DIABETIC DIETS

With these foods an attractive, palatable, satisfying, and diversified diet is possible for every diabetic. Literature and samples on request.

CURDOLAC FOOD CO.
Box 299, Waukesha, Wisconsin

DIABETICS

have palatable

Starch-free Bread

when you prescribe

Listers

DIETETIC FLOUR

Self-rising — contains no starch, no gluten

Ask for nearest Depot or order direct

LISTER BROS. Inc. 41 East 42nd Street NEW YORK, N. Y.

Weigh the *Well* Baby, too!

THE growth curve of the well baby is of equal importance with that of the infant troubled with digestive disturbances—his total metabolic needs must be met in order to insure normal development.

Infants fed on KLIM Powdered Whole Milk gain more rapidly in weight than those fed on cow's milk because of the greater digestibility of the casein content of this powdered milk and its smaller fat globules.

Moreover, a correct and adequate food supply for the well baby tends to assure resistance to certain infections.

Literature and samples on request

MERRELL-SOULE CO., INC.
Dept. K-7, 350 Madison Avenue · New York, N. Y.

ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods

KLIM

(Recognizing the importance of scientific control, all contact with the laity is predicated on the policy that Merrell-Soule products be used in infant feeding only according to a physician's formula.)

INSURE THE GROWTH CURVE — *PRESCRIBE* KLIM

—High school students wishing to submit papers in the third annual essay contest conducted by the Gorgas Memorial Institute must do so by January 25, the Institute has announced.

—A memorial dinner in honor of the late Dr. Gilbert E. Robbins, for many years health commissioner of Ross County, was held recently by the Ross County Board of Health in Bainbridge.

NEW OFFICERS FOR COUNTY SOCIETIES

Official reports of recent elections of County Society officers, not published with regular reports of meetings, have been received from the following counties:

Ashland County—President, D. L. Mohn, Ashland, (re-elected); vice-president, G. B. Fuller, Loudonville; secretary-treasurer, Herman M. Gunn, Ashland, (re-elected); legislative committeeman, Herman M. Gunn; delegate to state meeting, G. B. Fuller, and alternate, W. F. Emery, Ashland.

Clermont County—President, H. E. Cover, Bantam; president-elect, T. A. Speidel, Felicity; secretary-treasurer, Allan B. Rapp, Owensville, (re-elected); correspondent for *The Journal*, W. J. Hughes, Moscow; legislative committeeman, Thomas Longworth, Felicity; medical defense committeeman, J. M. Coleman, Loveland; delegate to state meeting, H. E. Cover; alternate, O. B. Davison, Bethel.

Clinton County—President, Kelley Hale, Wilmington; vice-president, C. A. Tribbett, Westboro; secretary-treasurer, Robert Conard, Wilmington; legislative committeeman, E. Briggs, Wilmington, (re-elected); medical defense committeeman, A. C. Roberts, Wilmington; delegate to state meeting, J. F. Fisher, Sabina; alternate, V. E. Hutchens, Wilmington.

Fairfield County—President, J. W. Whittus, Baltimore; vice-president, A. M. Kelley, Lancaster; secretary-treasurer, Carl W. Brown, Lancaster, (re-elected); legislative committeeman, Clark G. Axline, Lancaster, (re-elected); delegate to state meeting, Ralph H. Smith, Lancaster; alternate, H. R. Plum, Lancaster.

Fulton County—President, L. C. Cosgrove, Swanton, (re-elected); vice-president, R. W. Reynolds; secretary-treasurer, Harold Heffron, Metamora; legislative committeemen, P. S. Bishop, chairman; C. F. Murbach, (re-elected), and R. W. Reynolds.

Hamilton County—(Cincinnati Academy of Medicine)—President, L. Howard Schriver; president-elect, Wm. Doughty; secretary, Derrick T. Vail, Jr.; treasurer, M. F. McCarthy, (re-elected); legislative committeemen, Henry Freiberg, (three years); Symmes F. Oliver, (two years); Robert B. Cofield, (one year); medical defense committeeman, Robert B. Cofield; delegates to state meeting, Louis Feid, Jr. and Charles E. Kiely, (three years); E. O. Smith and Henry B. Freiberg, (two years); J. V. Greenebaum and Otto J. Seibert, (one year); alternates, E. O. Swartz and R. L. Crudgington, (three years); Samuel Zielonka and Eslie Asbury, (two years); F. Oliver and J. Stark, (one year). Executive Secretary, Miss H. G. Keelor.

Hancock County—President, E. E. Rakestraw, Findlay; vice-president, A. E. King, Mt. Cory; secretary and correspondent for *The Journal*, J. H. Marshall, Findlay, (re-elected); treasurer, E. J. Thomas, Findlay, (re-elected); legislative com-

The Wendt-Bristol Company

Two complete ethical stores in Columbus

51 E. State St. 721 No. High St.

for the convenience of the Physicians and Surgeons—and the many people they serve

Two Prescription Departments

maintained in a high class manner with eight registered Pharmacists

Other Complete Departments

OFFICE EQUIPMENT
PHYSIO THERAPY APPARATUS
HOSPITAL SUPPLIES
HEALTH FOODS

W-B Pharmaceutical Supplies

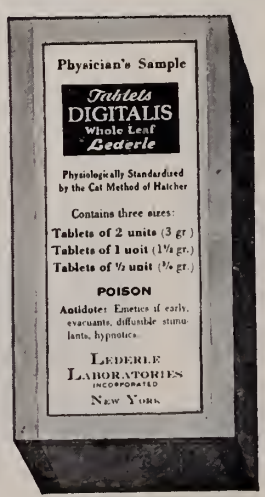
JOBBING STOCKS ALL LEADING MANUFACTURERS

Antitoxins and Vaccines in Special Refrigeration Plants

Prompt Service on Phone Orders

DIGITALIS TABLETS *Lederle*

Standardized Whole Leaf



THIS Physician's Sample package containing 3 vials of one-half, one and two cat units respectively, sufficient to digitalize and maintain one patient for a week, will be sent to a Physician on request.

LEDERLE LABORATORIES
INCORPORATED
511 FIFTH AVE., NEW YORK

In pneumonia

Optochin Base

For the specific treatment of pneumonia give 2 tablets of Optochin Base every 5 hours, day and night for 3 days. Give milk with every dose but no other food or drink. Start treatment early

Literature on request

MERCK & CO. INC. Rahway, N. J.

After all is said and done
the final analysis in setting a standard
upon which to judge the necessary fitness of a milk modifier is

Quality, Efficacy and Experience

Mellin's Food ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods **A Milk Modifier**

Accepted as a product of high quality
Meets the purposes of a milk modifier
Sustained by an experience of more than sixty years

Mellin's Food Company **Boston, Mass.**

Information relative to composition and suggestions in regard to use furnished to physicians upon request.

mitteeman, H. R. Wynn, (re-elected); medical defense committeeman, Don Biggs; delegate to state meeting, J. C. Tritch, Findlay; alternate, J. V. Hartman, Findlay.

Highland County—President, J. D. McBride, Hillsboro, (re-elected); vice-president, C. C. Cropper, Lynchburg; secretary-treasurer, W. B. Roads, Hillsboro; legislative and medical defense committeeman, J. C. Larkin, Hillsboro; delegate to state meeting, H. W. Chaney, Sugartree Ridge; alternate, J. H. Frame, Highland.

Jackson County—President, Gomer E. Jones, Oak Hill, (re-elected); secretary, W. R. Riddell, Jackson, (re-elected); treasurer, J. J. McClung, Jackson, (re-elected); legislative and medical defense committeeman, A. G. Ray, Jackson, (re-elected).

Licking County—President, C. J. Dillon; vice-president, H. A. Campbell; secretary-treasurer, D. A. Skinner, (re-elected); legislative committeeman, W. E. Shrontz, (re-elected); delegate to state meeting, E. A. Moore; alternate, H. B. Anderson, Newark.

Medina County—President, R. L. Mansell, Medina; vice-president, H. P. H. Robinson, Medina; secretary-treasurer, J. K. Durling, Wadsworth, (re-elected); legislative and medical defense committeeman, delegate to state meeting, E. L. Crum, Lodi; alternate, H. P. H. Robinson, Medina.

Mercer County—President, M. L. Downing, Rockford, (re-elected); vice-president, W. H. Thompson, Celina; secretary-treasurer, Frank E. Ayers, Celina, (re-elected); delegate to state meeting, J. T. Gibbons, Celina; alternate, F. H. Brumm, Coldwater.

Montgomery County—President, H. H. Herman, (re-elected); first vice-president, E. W. Shank; second vice-president, C. E. Shepard; secretary-treasurer, Mildred E. Jeffrey; correspondent for *Journal*, H. V. Dutrow; legislative and medical defense committee, Webster S. Smith, (re-elected); delegates to State meeting, C. C. McLean, A. O. Peters, A. W. Carley; alternates, W. B. Bryant, F. K. Kislig, and H. H. Hatcher, Dayton.

Morgan County—President, Donald G. Ralston, McConnelsville, (re-elected); vice-president, C. V. Davis, Pennsville; secretary-treasurer and alternate to state meeting, C. E. Northrup, McConnelsville, (re-elected); legislative and medical defense committeeman, and delegate to state meeting, Lee Humphrey, Malta, (re-elected).

Morrow County—President, C. E. Neal, Cardington; vice-president, C. S. Jackson, Mt. Gilead; secretary, Todd Caris, Mt. Gilead, (re-elected); treasurer and legislative committeeman, R. L. Pierce, Mt. Gilead, (re-elected); medical defense committeeman, F. E. Thomas, Marengo; delegate to state meeting, A. C. Richards, Mt. Gilead; alternate, F. M. Hartsook, Cardington.

Ottawa County—President, George Boon, Oak Harbor; vice-president, C. B. Finefrock, Port Clinton; secretary-treasurer, Gordon S. Sloan, Elmore; legislative committeeman, H. J. Pool, Port Clinton; medical defense committeeman, L. L. Beit, Marblehead; delegate to state meeting, H. J. Pool; alternate, Cyrus R. Wood, Port Clinton.

Paulding County—President, L. R. Fast, Grover Hill; vice-president, J. R. Heath, Grover Hill; secretary-treasurer, Forest Doster, Paulding; correspondent for *Journal*, C. E. Huston, Pauld-

HYCLORITE

HYCLORITE SOLUTION SODIUM HYPOCHLORITE

Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed.

For Hand and Skin Sterilization.

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity.

NON-POISONOUS
NON-IRRITATING

Write for Literature

BETHLEHEM LABORATORIES
INCORPORATED
300 Century Building,
PITTSBURGH, PENNA.

Physicians' Service

QUALITY FIRST

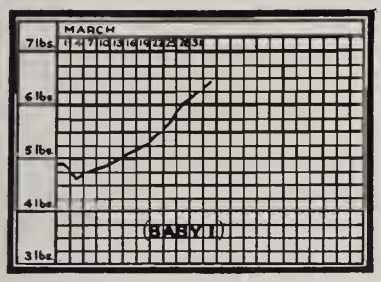
We are exclusive manufacturers of Pharmaceuticals, U. S. P. and N. F. Preparations, Specialties, Tablets, Ointments, Ampoules, Suppositories, Effervescents, etc., for Physicians Dispensing and Prescribing.

NOTHING SOLD AT RETAIL EXCEPT ON ORDER OF PHYSICIAN

Offices and Laboratories
330-336 OAK STREET, EAST
One-half Square North of Grant Hospital and Carnegie Library.

THE
COLUMBUS PHARMACAL CO.
COLUMBUS, OHIO

SIMILAC PROVES ITS WORTH WITH Prematures!



These charts have been taken from the hospital records of the prematures born in this hospital* between December 15, 1929, and March 1, 1930, and fed with Similac, the scientific milk modification for infants deprived of breast milk.

* Name of hospital on request.



BABY I. Born March 1, 1930

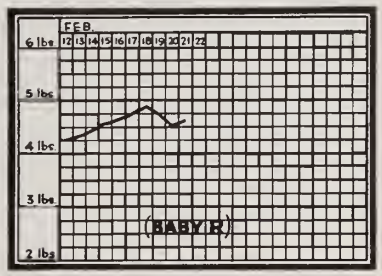
Weight 4 pounds, 14 ounces

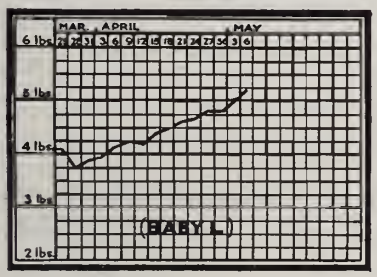
Birth Day		Feeding History	No. Feedings in 24 hrs.
Mar.	1-30	Similac, 1 ounce, every 2 hrs. Fed with Breck Feeder	12
Mar.	2-30	Similac, 1 ounce, every 2 hrs. Fed with Breck Feeder	12
Mar.	6-30	Similac, 1 ounce, every 2 hrs. Fed with nursing bottle	12
Mar.	7-30	Similac, 2 ounces, every 2 hrs. Fed with nursing bottle	8
Mar.	31-30	Similac, 3 ounces, every 3 hrs. Fed with nursing bottle	8
Mar.	31-30	Discharged from Hospital	

BABY R. Born Feb. 12th, 1930

Weight 4 pounds, 4 ounces

Birth Day		Feeding History	No. Feedings in 24 hrs.
Feb.	12-30	Similac, ½ drahm every 2 hrs. Fed with medicine dropper	12
Feb.	13-30	Similac, 1 drahm every 2 hrs. Fed with medicine dropper	12
Feb.	14-30	Similac, 1½ ounces every 2 hrs. Fed with Breck Feeder	12
Feb.	15-30	Similac, 2 ounces every 2 hrs. Fed with Breck Feeder	12
Feb.	16-30	Similac, 2 ounces every 2 hrs. Fed with Breck Feeder	12
Feb.	19-30	Breast—every 2 hrs. Complemented with 1 oz. Similac	12
Feb.	21-30	Breast feeding discontinued. Similac 2 ounces every 2 hrs. Fed with nursing bottle	12
Feb.	22-30	Similac, 2 ounces every 2 hrs. from nursing bottle	12
Feb.	22-30	Discharged from Hospital.	





BABY L. Born March 25, 1930

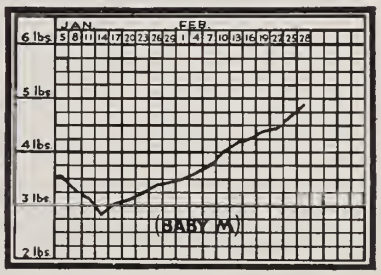
Weight at birth, 4 pounds and 1 ounce

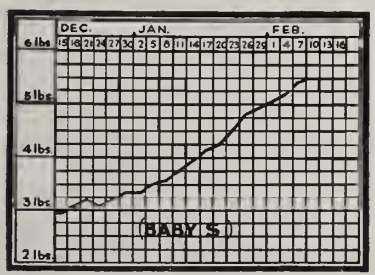
Birth Day		Feeding History	No. Feedings in 24 hrs.
Mar.	25-30	Water, every 2 hrs. Fed with bottle	12
Mar.	26-30	Similac, 1 drahm every 2 hrs. Fed with bottle	12
Mar.	27-30	Similac, 1 drahm every 2 hrs. Fed with bottle	12
Mar.	28-30	Similac, 2 drahms every 2 hrs. Fed with bottle	12
Mar.	29-30	Similac, ½ ounce every 2 hrs. Fed with bottle	12
Mar.	31-30	Similac, 1 ounce every 2 hrs. Fed with bottle	12
Apr.	11-30	Similac, 1½ ounces every 2 hrs. Fed with bottle	12
Apr.	15-30	Similac, 2 ounces every 2 hrs. Fed with bottle	12
May	1-30	Similac, 2½ ounces every 2 hrs. Fed with bottle	12
May	6-30	Similac, 2½ ounces every 2 hrs. Fed with bottle	12
May	6-30	Discharged from Hospital.	

BABY M. Born Jan. 5, 1930 at 11:25 A. M.

Weight 3 pounds, 9 ounces

Birth Day		Feeding History	No. Feedings in 24 hrs.
Jan.	5-30	Similac, 2 drahms every 2 hrs. Fed with medicine dropper	12
Jan.	6-30	Similac, 2 drahms every 2 hrs. Fed with medicine dropper	12
Jan.	7-30	Similac, ½ ounce every 2 hrs. Fed with medicine dropper	12
Jan.	10-30	Breast Feeding, every 2 hrs.	12
Jan.	16-30	Breast discontinued. Similac, concentrated double strength). 1 ounce every 2 hrs. Fed by Gavage	12
Jan.	19-30	Similac, concentrated, 1 ounce every 2 hrs. Fed with Breck Feeder	10
Jan.	22-30	Similac, standard dilution, 1½ ounces every 2 hrs. Fed with nursing bottle	10
Jan.	31-30	Similac, 2 ounces every 2 hrs. Fed with nursing bottle	10
Feb.	10-30	Similac, 2½ ounces every 2 hrs. Fed with nursing bottle	8
Feb.	28-30	Similac, 3 ounces every 2 hrs. Fed with nursing bottle	8
Feb.	28-30	Discharged from Hospital.	





SEND PRESCRIPTION BLANK FOR TRIAL SAMPLES OF SIMILAC

M & R Dietetic Laboratories, Inc.
COLUMBUS, OHIO

BABY S. Born Dec. 15, 1929 at 12:05 P. M.

Weight 2 pounds, 14 ounces

Birth Day		Feeding History	No. Feedings in 24 hrs.
Dec.	15-29	Similac, ½ drahm every 2 hrs. Fed with medicine dropper	12
Dec.	16-29	Similac, 1 drahm every 2 hrs. Fed with medicine dropper	12
Dec.	17-29	Similac, 2 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	18-29	Similac, 3 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	19-29	Similac, 4 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	20-29	Similac, 4 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	21-29	Similac, 4 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	22-29	Similac, 4 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	23-29	Similac, 5 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	24-29	Similac, 5 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	25-29	Similac, 6 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	26-29	Similac, 6 drahms every 2 hrs. Fed with Breck Feeder	12
Dec.	27-29	Similac, 1 ounce every 2 hrs. Fed with Breck Feeder	12
Jan.	8-30	Similac, 1 ounce every 2 hrs. Fed with nursing bottle	12
Jan.	11-30	Similac, 1 ounce every 2 hrs. Fed with nursing bottle	12
Jan.	13-30	Similac, 1½ ounces every 2 hrs. Fed with nursing bottle	10
Jan.	17-30	Similac, 2 ounces every 2 hrs. Fed with nursing bottle	10
Jan.	23-30	Similac, 2½ ounces every 2 hrs. Fed with nursing bottle	10
Jan.	27-30	Similac, 3 ounces every 2 hrs. Fed with nursing bottle	8
Feb.	2-30	Similac, 3 ounces every 3 hrs. Fed with nursing bottle	8
Feb.	10-30	Similac, 3 ounces every 3 hrs. Fed with nursing bottle	8
Feb.	10-30	Discharged from Hospital.	

ing; legislative committeeman, R. J. Dillery, Paulding; delegate to State meeting, T. P. Fast, Grover Hill.

Perry County—President, W. D. Porterfield, Junction City; vice-president, H. W. Shaw, New Lexington; secretary-treasurer, F. J. Crosbie, New Lexington; legislative and medical defense committeeman, C. B. McDougal, New Lexington; delegate to state meeting, James Miller, Corning; alternate, R. W. Miller, Hemlock.

Pike County—President, Paul Jones, Stockdale; vice-president, J. S. Wiseman, Beaver; secretary-treasurer and alternate to state meeting, L. E. Wills, Waverly, (re-elected); correspondent for *Journal*, I. P. Seiler, Piketon; legislative committeeman, O. R. Eylar, Waverly; medical defense committeeman, Dr. Seiler; delegate to state meeting, R. M. Andre, Waverly.

Putnam—President, H. H. Sinks, Columbus Grove; vice-president, E. Blackburn, Kalida; secretary-treasurer, Oscar J. Fatum, Ottoville; correspondent for *Journal*, W. B. Recker, Leipsic; legislative and medical defense committeeman, C. O. Beardsley, Ottawa; delegate to state meeting, Frank Light, Ottawa; alternate, H. A. Neiswander, Pandora.

Tuscarawas County—President, J. W. Calhoun, Uhrichsville; vice-president, K. E. Shaweker, Dover; secretary-treasurer, R. E. Wolf, Uhrichsville, (re-elected); legislative committeeman, J. A. McCollam, Uhrichsville, (re-elected); medical defense committeeman, H. A. Coleman, New Philadelphia; delegate to state meeting, C. J. Miller, New Philadelphia; alternate, F. B. Larimore, New Philadelphia.

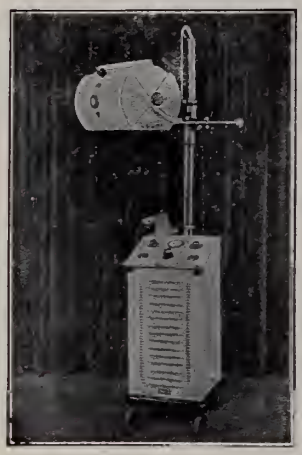
Seneca County—President, Ralph E. Hershberger, Tiffin, (re-elected); vice-president, Robert Chamberlin, Tiffin; secretary-treasurer, Robert W. Benner, Tiffin, (re-elected); legislative committeeman, Marion Uberroth; medical defense committeeman, R. Hendershott, Tiffin; delegate to state meeting, Edward Porter; alternate, John Gosling, Tiffin.

Summit County—President, C. C. Pinkerton; president-elect, E. R. Stumpf, Barberton; secretary-treasurer, A. S. McCormick, (re-elected); legislative and medical defense committeeman, H. S. Davidson; delegates to state meeting, F. C. Potter, H. S. Davidson, R. E. Amos, Akron.

Union County—President, H. G. Southard, Marysville; vice-president, E. J. Marsh, Broadway; secretary-treasurer, Angus MacIvor, Marysville; council, H. G. Southard, E. J. Marsh, Angus MacIvor, C. A. Thompson, Raymond, C. D. Mills, Marysville, J. L. Boylan, Milford Center; legislative committeeman, J. L. Boylan; delegate to state meeting, J. D. Boylan, Milford Center; alternate, F. C. Callaway, Marysville; correspondent for *Journal*, Dr. MacIvor; medical defense committeeman, C. D. Mills, Marysville.

Warren County—President, S. S. Stahl, Franklin; vice-president, Edward Morey, Franklin; secretary, James H. Arnold, Lebanon, (re-elected); treasurer, Mary Cook, Waynesville; legislative committeeman, Henry Brown, Kings Mills; medical defense committeeman, N. A. Hamilton, Franklin; delegate to state meeting, B. H. Blair, Lebanon; alternate, J. E. Witham, Waynesville.

Burdick Quartz Lamps
and
McIntosh High Frequency and Diathermy Apparatus



Exclusive Agents for Ohio

Payments Cash or on Time.

We Install and Give Expert Service.

Write us before you buy.

Literature on request.

THE SCHUEMANN-JONES CO.
2134 East Ninth Street, Cleveland, O.

LABORATORY APPARATUS

Coors Porcelain — Pyrex Glassware
R. & B. Calibrated Ware
Chemical Thermometers
Hydrometers — Sphygmomanometers

J. T. Baker & Co's C. P. Chemicals

Stains and Reagents
Standard Solutions

BIOLOGICALS

Serums — Bacterins — Media
Antitoxins — Vaccines — Pollens

We are completely equipped, and solicit your inquiry for these lines as well as for Pharmaceuticals, Chemicals and Supplies, Surgical Instruments and Dressings.

The Rupp & Bowman Co.
319 Superior St. Toledo, Ohio



Curiosity GAVE THE WORLD A NEW AND IMPORTANT MEDICINE ... PHYSIOLOGICAL STANDARDIZATION MADE THIS MEDICINE UNIFORMLY POTENT

OLD MOTHER HUTTON, the Shropshire herb-woman, guarded her secret jealously. Had not her herb tea relieved an Oxford dean of his dropsy, when all other remedies had failed? To satisfy his curiosity, Dr. William Withering sought out the old woman, nearly 150 years ago. At first she stubbornly refused to talk to him. But finally one argument prevailed. There was the clink of golden sovereigns in Mother Hutton's palm, and the cherished recipe was his!

Withering saw that the crudely written scrawl called for twelve common herbs and plants. After long and patient trial he found eleven of them medicinally worthless. But in the twelfth, the purple foxglove, he found a new and powerful drug, now more commonly known as digitalis.

Physicians welcomed Withering's contribution to medicine, but they soon found that the use of digitalis was attended by a serious difficulty. Extracts made from the drug were by no means uniform in potency. Some were too weak; others were much too strong for safety.

For over a century, physicians and pharmacists grappled with the problem of making uniform extracts of digitalis. Then, in 1898, exactly 113 years after Withering's discovery, the Parke-Davis medical research laboratories announced the first *standardized* tincture of digitalis.

Parke, Davis & Company is justly proud of the part it has played in introducing, developing and extensively applying the principles of chemical and physiological standardization. No product leaves our laboratories until there have been applied to it all the tests that scientific investigation has found necessary to determine its purity and potency as a medicinal agent.

PARKE, DAVIS & COMPANY

DETROIT NEW YORK CHICAGO KANSAS CITY ST. LOUIS BALTIMORE NEW ORLEANS
MINNEAPOLIS SEATTLE In Canada: WALKERVILLE MONTREAL WINNIPEG

The world's largest makers of pharmaceutical and biological products

The Ohio State Medical Association

STANDING COMMITTEES
(Constitutional)

PUBLIC POLICY

John B. Alcorn, Chairman, (1933) Columbus
J. H. J. Upham, (1931) Columbus
H. S. Davidson, (1932) Akron
C. W. Waggoner, (ex-officio) Toledo
D. C. Houser, (ex-officio) Urbana

PUBLICATION

Andrews Rogers, Chairman (1931) Columbus
Gilbert Micklethwaite, (1932) Portsmouth
A. B. Denison, (1933) Cleveland

MEDICAL DEFENSE

J. E. Tuckerman, Chairman, (1931) Cleveland
F. P. Anzinger, (1932) Springfield
W. H. Snyder, (1933) Toledo

MEDICAL EDUCATION AND HOSPITALS

Ben R. McClellan, Chairman, (1931) Xenia
R. H. Birge, (1932) Cleveland
John F. Wright, (1933) Toledo

MEDICAL ECONOMICS

J. Craig Bowman, Chairman, (1933) Upper Sandusky
Geo. Edw. Follansbee, (1931) Cleveland
E. O. Smith, (1932) Cincinnati

SPECIAL COMMITTEES

MENTAL HYGIENE COMMITTEE

C. W. Stone, Chairman Cleveland
E. J. Emerick Columbus
O. O. Fordyce Toledo
Wm. H. Pritchard Columbus
T. A. Ratliff Cincinnati

PERIODIC HEALTH EXAMINATIONS

B. J. Hein, Chairman Toledo
C. W. Brown Lancaster
Kelley Hale Wilmington
M. V. Replogle Bryan
V. C. Rowland Cleveland

MILITARY COMMITTEE

H. H. Snively, Chairman Columbus
John L. Beach Seville
Byron Bing Pomeroy

COUNCIL COMMITTEES

AUDITING AND APPROPRIATIONS

S. J. Goodman, Chairman Columbus
E. R. Brush Zanesville
John A. Caldwell Cincinnati

PROGRAM 1931 ANNUAL MEETING

D. C. Houser, Chairman Urbana
D. J. Slosser Defiance
S. J. Goodman, Secretary Columbus

ARRANGEMENTS 1931 ANNUAL MEETING

D. J. Slosser, Chairman Defiance
C. L. Cummer Cleveland
D. W. Stevenson Akron

Delegates and Alternates to American Medical Association

DELEGATES		ALTERNATES	
J. P. DeWitt (1931)	Canton	G. F. Zinninger (1931)	Canton
C. E. Kiely (1931)	Cincinnati	L. H. Schriver (1931)	Cincinnati
C. W. Waggoner (1931)	Toledo	J. L. Henry (1931)	Athens
Wells Teachnor, Sr. (1932)	Columbus	D. H. Morgan (1932)	Akron
Ben R. McClellan (1932)	Xenia	A. C. Messenger (1932)	Xenia
E. R. Brush (1932)	Zanesville	H. S. Noble (1932)	St. Marys
Geo. Edw. Follansbee (1932)	Cleveland	C. L. Cummer (1932)	Cleveland

SECTION OFFICERS FOR 1930-1931

MEDICINE

Julien E. Benjamin, Chairman
19 W. Eighth St., Cincinnati
Leo C. Bean, Secretary
Gallipolis

SURGERY

Fred M. Douglass, Chairman
421 Michigan St., Toledo
M. E. Blahd, Secretary
3912 Prospect Ave., Cleveland

OBSTETRICS AND PEDIATRICS

Wayne Brehm, Chairman
683 E. Broad St., Columbus
Jacob V. Greenebaum, Secretary
19 W. Eighth St., Cincinnati

EYE, EAR, NOSE AND THROAT

J. W. Millette, Chairman
117 S. Main St., Dayton
A. L. Brown, Secretary
2700 Union Central Bldg., Cincinnati

NERVOUS AND MENTAL DISEASES

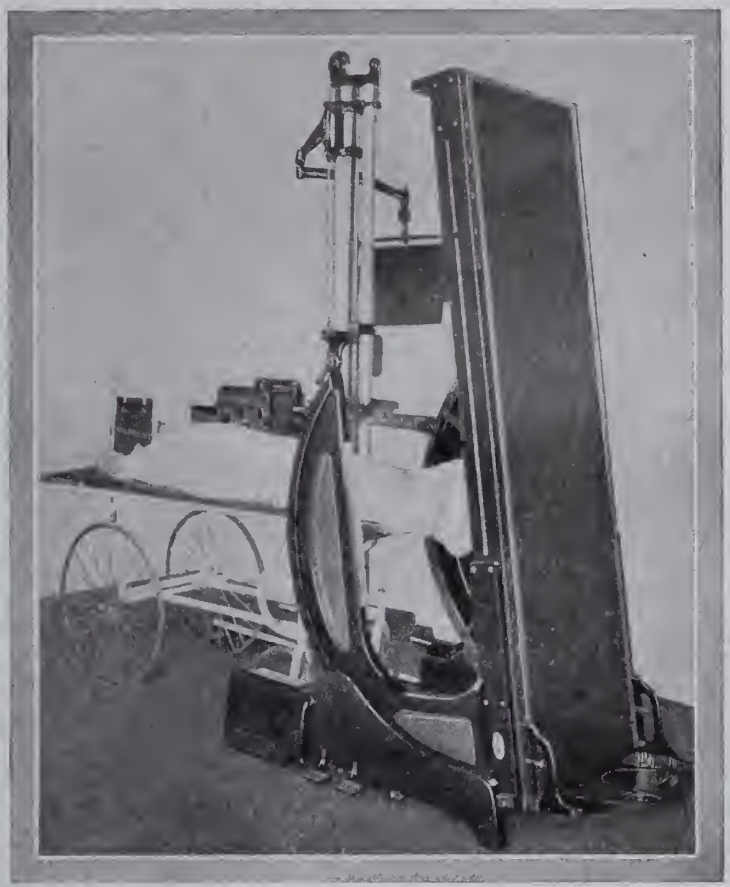
Louis J. Karnosh, Chairman
City Hospital, Cleveland
John D. O'Brien, Secretary
332 Market Ave., N., Canton

PUBLIC HEALTH AND INDUSTRIAL MEDICINE

J. F. Elder, Chairman
Court House, Youngstown
Geo. F. Sykes, Secretary
White Motor Company, Cleveland

Eighty-fifth Annual Meeting, Toledo, May 12 and 13, 1931

THE PROFESSION RENDERS ITS VERDICT ON THE VICTOR SHOCK-PROOF



Only the Victor Shock-Proof permits this

Illustration shows the Victor Shock-Proof X-Ray Unit, Model B, applied in a manner never before possible with any other type of x-ray apparatus. Assume this to be an emergency case, where a radiograph of the head is desired, and the condition of the patient preventing transfer to the x-ray table. With this Victor Shock-Proof Unit, it is only necessary to raise the table top, wheel the patient's cart into position, focus the tube (within the shock-proof head), and proceed with the making of the radiograph. A fluoroscopic examination may be done with the same facility.

Bear in mind, that in such procedure there is no danger of the high voltage system coming in contact with you or your patient, as the Victor Shock-Proof Units are, as the name implies, 100% electrically safe.

"The Shock-Proof has given me a new conception of the *use of x-ray technic*"

"I HAVE been the proud possessor of the Victor Type A Shock-Proof X-Ray Apparatus for almost one year and can give unqualified endorsement of its capability and ease of handling," writes a Missouri physician.

"As a general practice in which it has been used, it has been revolutionary in the excellent quality of pictures, unusual adaptability to any position or angle, and in the feature of electrical safety. It is especially satisfactory in fluoroscopy above or under the table, or for the unlimited positions at any conceivable angle or across table. The apparatus is easily and readily changed to meet the desired setting, even by a very small technician as I happen to have.

"The shock-proof apparatus has given me a new conception of the use of x-ray technic. To say that I am highly pleased with my outfit is scant praise. . . . I can gladly recommend this apparatus to any prospective user of x-ray equipment."

Let us send you an illustrated brochure and tell you where in your vicinity you may see the Victor Shock-Proof in use.

COLUMBUS—76 S. 4th St. **CINCINNATI—5257 Chamber of Commerce Bldg.**
TOLEDO—105 17th St. **CLEVELAND—4900 Euclid Ave., R. 412-15**

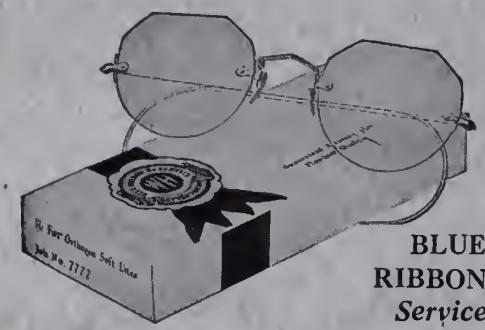
GENERAL ELECTRIC X-RAY CORPORATION

2012 Jackson Boulevard **Chicago, Ill., U. S. A.**

FORMERLY VICTOR X-RAY CORPORATION

Join us in the General Electric program, broadcast every Saturday evening over a nationwide N. B. C. network

An ADVANCED STEP *of* OPTICAL SCIENCE...



BLUE RIBBON *Service*

Completely correcting vision—properly protecting your patient from glare, Orthogon Soft-Lite Lenses provide BETTER VISION in every case. These lenses, developed by Bausch & Lomb, scientists, are rapidly replacing toric lenses. More and more Oculists are depending on Orthogon Soft-Lite Lenses to ACCURATELY interpret each optical Rx.

The WHITE-HAINES OPTICAL COMPANY

"There's a W-H house near you"

Columbus Cleveland Cincinnati Dayton
Lima Zanesville Springfield
Marion Youngstown



"In The Picturesque Highlands of Ohio"

THE ROCKY GLEN SANATORIUM FOR TUBERCULOSIS

A. A. TOMBAUGH, Resident Physician LOUIS MARK, M.D., Medical Director, 9 Buttles Ave., Columbus, Ohio
ESTABLISHED 1911 McCONNELSVILLE, OHIO
D. G. RALSTON, M.D., Resident Medical Director H. A. PHILLIPS, Superintendent

STONEMAN PRESS, COLS., O

PRINTED IN U.S.A.

The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY BY
THE OHIO STATE MEDICAL ASSOCIATION
AS A MEDIUM OF SERVICE TO ITS MEMBERS

FEBRUARY, 1, 1931 VOLUME XXVII
Number - - 2

THE N.Y. ACADEMY OF MEDICINE
FEB 24 1931
LIBRARY

Regulations Governing Federal Income Tax Reports of Physicians, Pages 149 to 151

Annual Meeting Plans, Legislation and Other Features of General Interest in This Issue

Summary of Contents

ORIGINAL ARTICLES

Accidents and Sequelae in the Intravenous Use of Arsenicals. Clyde L. Cummer, M.D., Cleveland 117
Chronic Ulcerative Colitis: Surgical Treatment of Refractory Cases. Elmer R. Arn, M.D., F.A.C.S., Dayton 121
The Treatment of Chronic Running Ears, or Chronic Suppurative Otitis Media. George Morrison Coates, A.B., M.D., Philadelphia 128
Renal Rickets. A. Graeme Mitchell, M.D., and George M. Guest, M.D., Cincinnati .. 134
Changes in the Course of General Paralysis of the Insane Under Malarial Therapy. Lorne W. Yule, M.D., Wooster 139
Health Hazards in Chromium Plating. Jackson Blair, M.D., Cleveland 142
President's Page. C. W. Waggoner, M.D., Toledo 146

EDITORIAL

The Ohio Legislature in Session 113
Annual Meeting Plans Under Way 115
A State Experiment With Chronic Diseases 115
Psychiatry vs. Accidents 116

STATE NEWS

American Board of Obstetrics and Gynecology Plans Examinations 145
Court Procedure and Expert Testimony Covered by Report by National Crime Commission 147
Suggested Principles Applying to Industrial Medicine 148
Regulations and Procedure in Making Federal Income Tax Returns 149
Welfare Advisory Commission Makes Extensive Recommendations for Changes and Enlargements in Ohio's Penal and Mental Institutions 152
Budget Estimates of Operation of State Welfare and Health Department for 1931-1932 Aggregate 28 Million Dollars 155
Important Court Decision and Other Legal Points on Physicians' Responsibility to Patients 157
New Physicians Licensed in Ohio in Janaury 160
New Medical Board Member 161
Deaths in Ohio 161
News Notes of Ohio 163
Public Health Notes 164
News Notes from County Societies and Academies 165
Classified Advertisements 176
Hospital Notes 182



PULVULES SODIUM AMYTAL LILLY

as a Preliminary to Anesthesia

THE administration of Pulvules Sodium Amytal, Lilly, by mouth, makes possible a judicious sequence of hypnotic and anesthetic very satisfactory to patient, anesthetist, and surgeon.

Pulvules Sodium Amytal, Lilly, are used as an aid in the preparation of the patient for anesthesia to be induced by either local or inhalation anesthetics.

They lessen the amount of inhalation anesthetic required for complete anesthesia and relaxation.

The amnesia for preoperative events, for anesthesia induction, and for much of the postoperative discomfort, which follows suitable doses of Pulvules Sodium Amytal, is especially pleasing to the patient. As a rule, there is a reduction or entire absence of nausea and vomiting after the operation. In addition to their use as a preliminary to anesthesia, Pulvules Sodium Amytal, Lilly, are of distinct value in obstetrics and internal medicine.

Pulvules Sodium Amytal may be administered orally or rectally. Each Pulvule of Sodium Amytal contains sodium iso-amyl-ethyl barbiturate, three grains. Supplied through the drug trade in bottles of 40 and 500 Pulvules.

Write for literature

ELI LILLY AND COMPANY

INDIANAPOLIS, U.S.A.

THE SAWYER SANATORIUM

White Oaks Farm, Marion, Ohio

TREATS NERVOUS AND MENTAL DISEASES



THE PATIO

Provides Thorough Diagnosis, Scientific Treatment, Homelike Surroundings, Complete Equipment, Individual and Personal Professional Attention, Splendid Cuisine, all the modern conveniences of the best private homes. Located on an 130-acre farm. Presided over by men and women devoting all their time to the work.

Send for Booklet, Address

SAWYER SANATORIUM WHITE OAKS FARM MARION, OHIO

The Ohio State Medical Association

Ohio State Medical Journal

Entered as second class matter July 5, 1905, at the Postoffice at Columbus, Ohio, under act of Congress of March 3, 1879: Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Oct. 3, 1917. Authorized July 10, 1918.

Published montbly by
THE OHIO STATE MEDICAL ASSOCIATION
131 East State Street, Columbus, Ohio
Telephone: ADams 7045

This journal is published for and by the members of the Ohio State Medical Association. The Publication Committee does not assume responsibility for opinions expressed by individual essayists. It endeavors to maintain a high standard of advertising. Its advertising policy is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

Subscription $3.00 per year; single copies 30 cents.
Issued under the direction of the Publication Committee.

PUBLICATION COMMITTEE

Andrews Rogers, M.D., Chairman (1931).... Columbus
Gilbert Micklethwaite, M.D., (1932).....Portsmouth
A. B. Denison, M.D., (1933).....Cleveland

EXECUTIVE STAFF

Don K. Martin.....Editor-Manager
Alice B. Haney.....Advertising Manager

Officers 1930-1931

PRESIDENT
C. W. Waggoner, M.D.....Toledo

PRESIDENT-ELECT
D. C. Houser, M.D.....Urbana

TREASURER
H. M. Platter, M.D.....Columbus

EXECUTIVE SECRETARY
Don K. Martin.....Columbus

State Council

First District
John A. Caldwell, M.D.....Cincinnati
Second District
E. M. Huston, M.D.....Dayton
Third District
O. P. Klotz, M.D.....Findlay
Fourth District
D. J. Slosser, M.D.....Defiance
Fifth District
C. L. Cummer, M.D.....Cleveland
Sixth District
D. W. Stevenson, M.D.....Akron
Seventh District
E. B. Shanley, M.D.....New Philadelphia
Eighth District
E. R. Brush, M.D.....Zanesville
Ninth District
I. P. Seiler, M.D.....Piketon
Tenth District
S. J. Goodman, M.D.....Columbus
Ex-Officio the ex-President:
A. H. Freiberg, M.D.....Cincinnati

CORRECTED ROLL OF DISTRICT AND COUNTY SOCIETIES

Societies	President	Secretary	
First District			
Adams	Ray Vaughn, West Union	O. T. Sproull, West Union	3d Wednesday in April, June, Aug., Oct.
Brown	R. B. Hannah, Georgetown	Geo. P. Tyler, Jr., Ripley	4th Wednesday in Feb., May and Nov.
Butler	P. E. Decatur, Hamilton	H. N. Ward, Hamilton	2d Wednesday, monthly.
Clermont	H. E. Cover, Bantam	Allan B. Rapp, Owensville	3d Wednesday, monthly.
Clinton	Kelley Hale, Wilmington	Robert Conard, Wilmington	1st Tuesday, monthly.
Fayette	E. H. McDonald, Bloominghurg	J. F. Wilson, Washington C. H.	1st Thursday, monthly.
Hamilton	L. H. Schriver, Cincinnati	D. T. Vail, Jr., Cincinnati	Monday evening of each week.
Highland	J. D. McBride, Hillshoro	W. B. Roads, Hillsboro	1st Wednesday in Jan., April, July and Oct.
Warren	S. S. Stahl, Franklin	James Arnold, Lehanon	1st Tuesday in May, June, July, Sept., Oct. and Nov.
Second District	Howard Harris, Springfield	H. R. Huston, Dayton	
Champaign	E. W. Ludlow, Urbana	L. A. Woodburn, Urbana	2d Thursday, monthly.
Clarke	D. W. Hogue, Springfield	Wm. M. Runyan, Springfield	2d and 4th Wednesday noon.
Darke	E. A. Fisher, Yorkshire	W. D. Bishop, Greenville	Friday each month.
Greene	W. C. Marshall, Yellow Springs	Marshall M. Best, Xenia	1st Thursday, monthly.
Miami	M. I. Miller, Troy	G. A. Woodhouse, Pleasant Hill	1st Friday, monthly, except July and August.
Montgomery	H. H. Herman, Dayton	Miss M. E. Jeffrey, Dayton	1st and 3d Friday each month.
Preble	J. I. Nisbet, Eaton	C. M. Treffinger, Eaton	3d Thursday, monthly.
Shelby	M. F. Hussey, Sidney	B. S. Stephenson, Sidney	1st Friday, monthly.
Third District	F. M. Douglass, Toledo	E. E. Rakestraw, Findlay	
Allen	Alan Knisely, Lima	James Halfhill, Lima	3d Tuesday, monthly.
Auglaize	F. F. Fledderjohann, New Bremen	C. C. Berlin, Wapakoneta	3d Thursday, monthly.
Hancock	E. E. Rakestraw, Findlay	J. H. Marshall, Findlay	1st Wednesday, monthly.
Hardin	R. C. McNeill, Kenton	W. N. Mundy, Forest	1st Thursday, monthly.
Logan	Ben S. Leonard, West Liberty	O. C. Amstutz, Bellefontaine	1st Friday, monthly.
Marion	F. E. Mahla, Marion	Kenneth D. Smith, Marion	1st Tuesday, monthly.
Mercer	M. L. Downing, Rockford	F. E. Ayers, Celina	2d Tuesday, monthly.
Seneca	R. E. Hershberger, Tiffin	Rohert Benner, Tiffin	3rd Thursday, monthly.
Van Wert	S. A. Edwards, Van Wert	R. H. Good, Van Wert	3d Tuesday, monthly.
Wyandot	B. A. Moloney, Upper Sandusky	J. Craig Bowman, Up. Sandusky	1st Thursday, monthly.
Fourth District	(With Third District in Northwestern Ohio District)		
Defiance	Geo. DeMuth, Sherwood	D. J. Slosser, Defiance	3d Thursday, monthly.
Fulton	L. C. Cosgrove, Swanton	Harold Heffron, Metamora	Semi-monthly.
Henry	T. P. Delventhal, Napoleon	F. M. Harrison, Napoleon	3d Wednesday, monthly.
Lucas	B. J. Hein, Toledo	A. P. Hancuff, Toledo	Friday, each week.
Ottawa	Geo. Boon, Oak Harhor	Gordon S. Sloan, Elmore	2d Thursday, monthly.
Paulding	L. R. Fast, Paulding	Gaile L. Doster, Paulding	3d Wednesday, monthly.
Putnam	H. H. Sinks, Columhus Grove	Oscar J. Fatum, Ottoville	1st Thursday, monthly.
Sandusky	F. L. Moore, Fremont	E. J. Shanahan, Clyde	Last Thursday, monthly.
Williams	H. W. Wertz, Montpelier	H. J. Luxan, Montpelier	3d Thursday, monthly.
Wood	O. S. Canright, Haskins	F. V. Boyle, Bowling Green	3d Thursday, monthly.
Fifth District	C. L. Cummer, Councllor	Chrm. Com. on Arrangements	Cleveland.
Ashtabula	P. J. Collander, Ashtahula	E. H. Merrell, Geneva	1st Tuesday, monthly.
Cuyahoga	S. C. Lind, Cleveland	Clarence H. Heyman, Cleveland	3d Fri. March, May, Sept., Nov., Dec.
Erie	J. T. Haynes, Sandusky	G. A. Stimson, Sandusky	Last Thursday, monthly.
Geauga	Clara J. Swan, Chardon	Isa Teed-Cramton, Burton	Last Wednesday, Apr. to Dec.
Huron	John A. Sipher, Norwalk	B. C. Pilkey, Norwalk	2d Thursday, monthly.
Lake	W. R. Carle, Perry	F. J. Dineen, Painesville	4th Tuesday, monthly.
Lorain	W. S. Baldwin, Lorain	W. E. Hart, Elyria	2d Tuesday, monthly.
Medina	R. L. Mansell, Medina	J. K. Durling, Wadsworth	3d Thursday.
Trumbull	Ralph Herlinger, Warren	R. H. McCaughtry, Warren	3d Thursday, monthly, except June, July, August.

Societies	President	Secretary	
Sixth District	H. M. Schuffell, Canton	J. H. Seiler, Akron	2d Wed., Jan., April & Oct.
Ashland	D. L. Mohn, Ashland	H. M. Gunn, Ashland	1st Friday, bi-monthly.
Holmes	J. C. Elder, Millersburg	A. T. Cole, Millersburg	1st Tuesday, quarterly, Jan., April, July, October.
Mahoning	A. W. Thomas, Youngstown	J. P. Harvey, Youngstown	3d Tuesday, monthly.
Portage	A. O. DeWeese, Kent	E. J. Widdecombe, Kent	1st Thursday, monthly.
Richland	D. C. Lavender, Mansfield	C. H. Bell, Mansfield	3d Thursday, monthly.
Stark	H. M. Schuffell, Canton	F. S. VanDyke, Canton	2d Tuesday monthly except July and August.
Summit	C. C. Pinkerton, Akron	A. S. McCormick, Akron	1st Tuesday, monthly.
Wayne	W. B. Turner, Wooster	R. C. Paul, Wooster	2d Tuesday, monthly.
Seventh District	A. E. Weinstein, Steubenville	Carl Goehring, Steubenville	Steubenville, 1931
Belmont	A. T. Hopwood, Holloway	C. W. Kirkland, Bellaire	2d Wednesday, monthly at 1:45 p.m.
Carroll	(With Stark Co. Society)		
Columbiana	E. W. Miskall, East Liverpool	T. T. Church, Salem	2d Tuesday, monthly.
Coshocton	J. G. Smailes, Coshocton	J. D. Lower, Coshocton	4th Thursday, April, June, Sept., December.
Harrison	J. M. Scott, Scio	R. P. Rusk, Cadiz	3d Wednesday, monthly.
	M. H. Rosenblum, Steubenville	John Y. Bevan, Steubenville	Last Friday, monthly.
Monroe	G. W. Steward, Woodsfield	A. R. Burkhart, Woodsfield	2d Wednesday, monthly.
Tuscarawas	Jay W. Calhoon, Uhrichsville	R. E. Wolf, Uhrichsville	1st Thursday, monthly.
Eighth District			
Athens	H. T. Phillips, Athens	T. A. Copeland, Athens	1st Monday, monthly.
Fairfield	J. W. Whittus, Baltimore	C. W. Brown, Lancaster	2d Tuesday, monthly.
Guernsey	O. R. Jones, Cambridge	W. L. Denny, Cambridge	1st and 3rd Tuesday each month
Licking	C. J. Dillon, Newark	D. A. Skinner, Newark	Last Friday, monthly.
Morgan	D. G. Ralston, McConnelsville	C. E. Northrup, McConnelsville	3d Wednesday, monthly.
Muskingum	O. I. Dusthimer, Zanesville	Beatrice Hagen, Zanesville	1st Wednesday, monthly.
Noble			First Thursday, monthly.
Perry	W. D. Porterfield, Junction City	F. J. Crosbie, New Lexington	3d Monday, monthly.
Washington	C. A. S. Williams, Marietta	E. W. Hill, Jr., Marietta	2d Wednesday, monthly.
Ninth District			
Gallia	O. A. Vornholt, Gallipolis	Milo Wilson, Gallipolis	1st Thursday, monthly.
Hocking	H. M. Boocks, Logan	M. H. Cherrington, Logan	Quarterly.
Jackson	Gomer E. Jones, Oak Hill	W. R. Riddell, Jackson	1st Tuesday, monthly.
Lawrence	F. R. Stewart, Ironton	Chas. H. Gallagher, Ironton	1st Thursday, monthly.
Meigs	P. A. Jividen, Rutland	Byron Bing, Pomeroy	1st Thursday, April, July and Oct
Pike	Paul Jones, Stockdale	L. E. Wills, Waverly	1st Monday, monthly.
Scioto	Geo. Martin, Portsmouth	C. M. Fitch, Portsmouth	2d Monday, monthly.
Vinton	O. S. Cox, McArthur	H. S. James, McArthur	3d Wednesday, monthly.
Tenth District			
Crawford	K. H. Barth, New Washington	A. E. Loyer, New Washington	1st Monday, monthly.
Delaware	D. S. James, Delaware	F. M. Stratton, Delaware	1st Tuesday, monthly.
Franklin	Joseph Price, Columbus	James A. Beer, Columbus	1st four Mondays.
Knox	W. H. Eastman, Fredericktown	J. Shamansky, Mt. Vernon	Last Thursday, monthly.
Madison	R. H. Trimble, Mt. Sterling	H. P. Sparling, London	4th Wednesday.
Morrow	C. E. Neal, Cardington	Todd Caris, Mt. Gilead	1st Wednesday, monthly.
Pickaway	Glenn D. Sheets, Williamsport	E. S. Shane, Circleville	1st Friday, monthly.
Ross	John Franklin, Chillicothe	W. C. Breth, Chillicothe	1st Thursday, monthly.
Union	H. G. Southard, Marysville	Angus MacIvor, Marysville	2d Tuesday, monthly.

H. IRVING COZAD, M.D.
G. DEAN TIPTON, M.D.

FAIR OAKS VILLA
AND
COTTAGES

¶ Any NERVOUS or MENTAL CONDITION which in the judgment of the attending physician needs our care, protection or treatment will be received at any time that we have the suitable environment available.

CUYAHOGA FALLS, OHIO
28 Miles from Cleveland
4 Miles from Akron

Reached by
Pennsylvania Lines
B. & O. R. R.
Akron, Bedford, Cleveland Interurban
Kent, Ravenna Interurban



THE McMILLEN SANITARIUM
Cor. Nelson Road and East Fifth Ave.
SHEPARD—COLUMBUS, OHIO
R. A. KIDD, M.D., Superintendent

A PRIVATE NEUROPSYCHIATRIC HOSPITAL, modern in all particulars. Ideal location at the east edge of Columbus. Specialists services, laboratory facilities and well trained nurses. Fifty individual rooms. Patients taken for observation. Phone or write for information. ALCOHOLISM GIVEN SPECIAL ATTENTION.

COUNCIL ACCEPTED" AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry



WHEN PNEUMONIA IS SUSPECTED

OPTOCHIN BASE

(Ethylhydrocupreine Merck)

WHEN pneumonia is suspected, the patient presenting subjective & objective respiratory symptoms, use Optochin Base as a prophylactic. Optochin Base exerts specific bactericidal action on all forms of pneumococci. The most satisfactory results follow the use of Optochin Base when administered early in the course of the disease. The prescribed dosage for adults is 4 grains (2 tablets) by mouth every five hours for three days only. Diet must be limited to five ounces or more of milk given each time drug is administered . . . Always specify Optochin Base for internal use—never Optochin Hydrochloride. Better still, carry a bottle of tablets during the winter months so that each case of impending pneumonia may benefit from the prompt use of Optochin Base... Ask for additional clinical data which will be promptly furnished on request.

PACKAGING OF OPTOCHIN BASE

Optochin Base is supplied as powder in 1/8 oz. vials; & also as 2-grain coated tablets in bottles of thirty tablets each. Either packing is the amount required for a 3-days' treatment of one adult case.

MERCK & CO. INC.

MANUFACTURING CHEMISTS

RAHWAY, N.J.

TRADE **PYRIDIUM** MARK

Phenylazo-alpha-alpha-diamino pyridine mono-hydrochloride. (Manufactured by The Pyridium Corporation)



Urinary Infections

An excellent drug for combating chronic or acute urinary infections . . . Pyridium penetrates rapidly through denuded surfaces and mucous membranes, and exerts marked antibacterial action against staphylococcus, streptococcus, gonococcus, B. coli and even B. diphtheriae . . . Pyridium is indicated in Gonorrhea, Pyelitis, Cystitis, Prostatitis, Epididymitis and Vaginitis. Pyridium is supplied in tablets for administration by mouth or in solution for irrigations . . . Additional information together with clinical reports will be promptly furnished on request.

COUNCIL ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

MERCK & CO. INC.
MANUFACTURING CHEMISTS
RAHWAY. . N.J.

PYRIGHT, 1941, MERCK & CO. IN

"REST COTTAGE"

College Hill, Cincinnati, Ohio

STAFF

F. W. Langdon, M.D. ..... Visiting Consultant
Robert Ingram, M.D. ..... Visiting Consultant
Emerson A. North, M.D. ..... Visiting Consultant
D. A. Johnston, M.D. ..... Medical Director
H. P. Collins ..... Business Manager
Box No. 4, College Hill, Cincinnati, Ohio



For purely nervous cases, nutritional errors and convalescents.

Completely equipped for hydrotherapy, massages, etc.

Cuisine to meet individual needs.

THE CINCINNATI SANITARIUM

INCORPORATED 1873







A strictly modern hospital fully equipped for the scientific treatment of nervous and mental affections. Situation retired and accessible. For details write for descriptive pamphlet.

For Mental and Nervous Diseases

STAFF

F. W. Langdon, M.D.
Robert Ingram, M.D.
Emerson A. North, M.D.
Visiting Consultants
D. A. Johnston, M.D. ... Medical Director
H. P. Collins ..... Business Manager
Box No. 4, College Hill, Cincinnati, O.

THE ORCHARD SPRINGS SANITARIUM
near DAYTON, OHIO

A Private Hospital For Mental and Nervous Diseases — Established in 1911

This institution, with its modern facilities, its delightful and restful suburban location, and its well-trained efficient organization, has for 15 years been in a splendid position to render skilled beneficial service at reasonable rates.

GEORGE V. SHERIDAN
President

For detailed information, address
CHARLES B. ROGERS, M. D.
Resident Medical Director
R. F. D. No. 13, Dayton, Ohio
Telephone: Lincoln 213, Dayton City Exchange

HILLSVIEW FARMS

A sanitarium equipped for diagnosis and follow-up in convalescent cases.

Physical therapy department equipped and staffed by trained technicians for treatment of such Orthopedic conditions as Torticollis, Congenital or acquired Postural changes, Arthritis, anterior Poliomyelitis, Neuritis and allied Bone and Joint conditions.

We are especially interested in the Anemias, Diabetes and Arthritis.



Write for particulars, or telephone 2650.

WASHINGTON, PA.

Laboratory and X-Ray investigations under direction of Physicians of known and recognized ability.

Food preparations under direction of graduate dietitian. Dining-room and tray service. Milk and cream from our own herd of registered tuberculin tested Jerseys.

Mental cases and drug addicts not admitted.

Located high on the edge of Washington, thirty miles south of Pittsburgh.



THE OXFORD RETREAT
OXFORD, OHIO

For

Nervous
and
Mild Mental Cases

R. HARVEY COOK,
Physician in Chief

Write for Descriptive Circular

New Fire Proof Bldg. Opened June 1926



WHITING MINERAL SPRINGS
Sanitarium and Baths

Hydrotherapy scientifically applied for the treatment of rheumatism and allied diseases together with cases for elimination and rest cure.

Medical department thoroughly proficient and STRICTLY ethical.

First class and modern in every department with moderate rates.

DR. U. G. WHITING, Phy. & Mgr. MARTINSVILLE, INDIANA

THE MERCER SANITARIUM - MERCER, PENNA.

For Nervous and Mild Mental Disorders. Located at Mercer, Pa., 30 miles from Youngstown. Farm of 75 acres with registered tuberculin-tested herd. Re-educational measures emphasized, especially arts and crafts and outdoor pursuits. Modern laboratory facilities.

Address

W. W. Richardson, M.D., Medical Director
(Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.)

THE COLUMBUS RURAL REST HOME

AT WORTHINGTON, OHIO—JUST NORTH OF COLUMBUS



One of The Cottages—Forty-five Acres of Woods and Lawn

NERVOUS AND MILD AFFECTIVE DISORDERS

A Secluded Spot for Rest and Treatment. Good Accommodations—Kind and Efficient Nursing. Medical—Physical—Psychotherapeutic Measures.

Medical Director
G. T. Harding, Jr., M.D.

Laboratory
Geo. T. Harding III, M.D.

Resident Physicians
Fred'k H. Weber, M.D.
Mary J. Weber, M.D.

Grandview Hospital

MENTAL AND NERVOUS DISEASES

2700 GLENWAY AVENUE, PRICE HILL
TELEPHONE, WARSAW 1784
CINCINNATI, OHIO

T. A. RATLIFF, M. D., Resident Medical Director

Especial feature of treatment

INDIVIDUAL CARE

with Modern Hospital Service

Equipment—modern; **Location**—accessible.
Grounds—a park of 25 acres, well wooded and retired.
Descriptive Circular on request.

A PRIVATE SANATORIUM WITH HOSPITAL FACILITIES

A quarter century of efficient operation



RATES: $25.00 PER WEEK AND UP

ALCOHOLIC treatment destroys the craving for alcohol, restores the appetite and sleep, and builds the patient up physically and mentally. Whiskey withdrawn gradually. Not limited to one pint of whiskey in ten days.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

DRUG treatment is one of GRADUAL REDUCTION. It relieves the constipation, restores the appetite and sleep. Withdrawal pains absent. No Hyoscine or rapid withdrawal methods used unless the patient desires same.

MILD mental cases have every comfort that their own home affords.

FEMALE PATIENTS: Mild mental separated from mild nervous. Female attendants only; absolute privacy; comfortable, well-appointed ladies' lounge.

Cherokee Road (Long Distance Phone East 1488)

DR. STOKES' SANATORIUM LOUISVILLE, KENTUCKY

Situated in the choice highland section of Louisville, just 20 minutes' ride from all railroad stations

In using lactic acid milk for infant feeding, physicians find Mead's Powdered Non-curdling Lactic Acid Milk No. 1 (containing Dextri-Maltose) the simplest and most satisfactory medium for the preparation of lactic acid milk in the home or hospital. The proper amount of carbohydrate incorporated in this product correlates the lactic acid content, so that it is always ready for use. This product never curdles. Samples and literature sent on request. Mead Johnson & Company, Evansville, Ind., U.S.A.

BACKWARD and PROBLEM CHILDREN

Require Intensive Scientific Training in a Suitable Environment

The Bancroft School

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. Winter quarters in New Jersey, summer camp on the coast of Maine. An incorporated educational foundation, operated not for profit, controlled by a Board of Trustees, offering the highest type of education attainable at rates within the reach of all. Organized to give the fullest possible cooperation to physicians.

Illustrated Catalog on Request

The Bancroft School Haddonfield, N. J.

Any one can make belts, but belts which give compression without uplift may do serious injury

"STORM" The New "Type N" STORM Supporter



Pleases doctors and patients. Long laced back. Soft extension, low on hips. Hose supporters attached.

Adapted for ptosis, hernia, pregnancy, obesity, relaxed sacro-iliac articulations, kidney conditions, high and low operations.

Ask for Literature

KATHERINE L. STORM. M.D.

Originator, Owner, and Maker

1701 Diamond Street Philadelphia



APPALACHIAN HALL, ASHEVILLE, N. C.

AN INSTITUTION FOR REST, TREATMENT OF NERVOUS AND MENTAL DISEASES, DRUG ADDICTION AND ALCOHOLISM.

Appalachian Hall wishes to announce that it has recently acquired and is now occupying the famous Kenilworth Inn as its new sanatorium. Kenilworth Inn was erected at a cost of more than a million dollars and furnished at a cost of three hundred thousand. Appalachian Hall is an institution for the treatment of nervous and mental diseases, alcoholism, drug habituation, and a place for rest and convalescence. Every luxury and convenience, private rooms or rooms en suite. Special department for rest cures and convalescents. Physiotherapy, Occupational Therapy, Gymnasium, etc. Volley Ball, Tennis, Croquet, Horseback Riding, Golfing. Five beautiful golf courses available to patients. Resident physicians on duty at all times, a corps of graduate nurses, especially trained for this work. Training school for nurses. For information and rates write:

DRS. GRIFFIN AND GRIFFIN, Appalachian Hall, Asheville, N. C.



Receiving Hospital 2102 Cherry Street

MENTAL AND NERVOUS DISEASES, ALCOHOLISM, DRUG ADDICTION AND GENERAL INVALIDISM

THE TOLEDO SANITARIUM, Toledo, Ohio

2102 Cherry Street Phone Jeff. 3979

JAS. A. BELYEA, M.D., Manager LOUIS A. MILLER, M.D., Neurologist, Supervising Physician

BARD-PARKER *Formaldehyde* GERMICIDE . . .

Will Not Rust Your Metal Instruments



Edge of Bard-Parker blade after boiling in water for 5 minutes.



Edge of Bard-Parker blade before treatment.



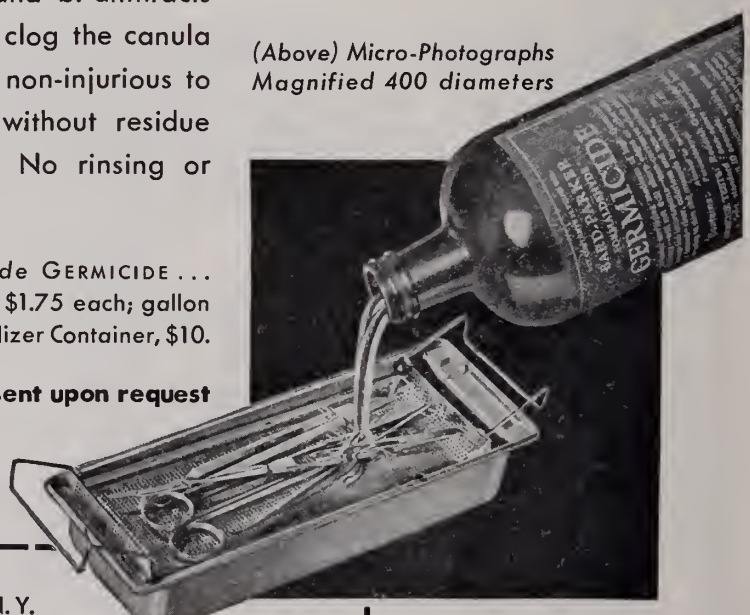
Edge of Bard-Parker blade after 36 hours in BARD-PARKER *Formaldehyde* GERMICIDE.

(Above) Micro-Photographs Magnified 400 diameters

BARD-PARKER *Formaldehyde* GERMICIDE, a powerful germicidal solution, was especially developed to prevent damage to fine edges of knives and other metal instruments from rust and chemical corrosion. It is destructive to non-spore bearing pathogenic organisms in 10 seconds to 2 minutes, and to the spores of the most resistant spore bearing organisms, such as c. tetani and b. anthracis in less than 1 hour. It will not clog the canula of hypodermic needles and is non-injurious to rubber gloves. Drys rapidly without residue after removal of instruments. No rinsing or wiping required.

Prices: BARD-PARKER *Formaldehyde* GERMICIDE . . . Pint bottles $1.00 each; quart bottles $1.75 each; gallon bottles $5.00 each. BARD-PARKER Sterilizer Container, $10.

Reports of bacteriological tests sent upon request



Parker, White & Heyl, Inc.
369 Lexington Ave., New York, N. Y.

O-2

Please send me without obligation, a liberal sample of BARD-PARKER *Formaldehyde* GERMICIDE and description of BARD-PARKER Sterilizer Container.

DOCTOR_____

STREET _____

CITY_____ STATE_____

DEALER'S NAME_____

Windsor Hospital

THE Windsor Hospital and Sanitarium is completely equipped with all the best apparatus for giving Hydrotherapy, Occupational Therapy, and other treatment for all types of Nervous diseases, acute and chronic.

Special rates given to patients remaining more than one month.

Herbert Sihler
Director

Phone RAndolph 2744

4415 Chester Ave., N.E.
(Formerly 4415 Windsor Ave., N.E.)

CLEVELAND, OHIO
ESTABLISHED 30 YEARS

PREVENTS RICKETS AND SPASMOPHILIA

S M A

Ever since 1914, when S. M. A. was first developed as a diet compound adapted to breast milk, it has always contained enough cod-liver oil to make it anti-rachitic and anti-spasmophilic. The kind of food constituents and their correlation also contribute to prevent rickets and spasmophilia.

MAY WE SEND YOU SAMPLES ?

S. M. A. was developed at the Babies and Childrens Hospital at Cleveland, and is produced by its permission exclusively by

S.M.A. CORPORATION
CLEVELAND, OHIO





Feeding the **BABY!**

Wilson's Unsweetened Evaporated Milk is an ideal base with which to start in making up your infant feeding formulas, because

1. It is packed under U. S. Government Standard.
2. It maintains a constancy of composition.
3. The fat globules are broken up and are easily digested.
4. It contains all vitamins, which milk can be depended upon to supply.
5. It will promote normal growth and health.

More detailed information and samples of Wilson's Milk will be sent to physicians upon their request.

WILSON'S MILK COMPANY
728 CHAMBER OF COMMERCE BLDG., INDIANAPOLIS, IND.

Resolved

1. Taste the Syrup.
2. Test the Tablets for Toleration
3. SEND TODAY FOR BOTH

COMPOUND SYRUP OF CALCREOSE is a tasty, effective cough syrup that does not nauseate.

Each fluid ounce represents Calcreose Solution, 160 mins.; Alcohol, 24 mins.; Chloroform, approximately 3 mins.; Wild Cherry Bark, 20 grs.; Aromatics and Syrup, q. s.

TABLETS CALCREOSE 4 GRS. provide the full expectorant action of creosote in a form which patients tolerate.

Each tablet is equivalent to 2 grains of creosote combined with hydrated calcium oxide.

Doctor—Check your choice of offers and return the lower corner with anything showing your name and address.

We do not advertise to the laity.

☐ Free sample of both.

☐ **Enter order** for 1M Calcreose Tablets, price $3 postpaid, and include **free** 1 doz. 3 oz. Syrup for clinical trial.

THE MALTBIE CHEMICAL COMPANY, Newark, N. J.

Achieving Alertness
with this New Camp
All-Over Elastic Support

MUCH of a man's success depends on his air of alertness and vigor. Also, bad posture and carriage affect general health. To assist men in maintaining alertness, Camp offers this new knitted elastic belt. It acts as a reducer of superfluous flesh, lends abdominal support, helps keep the torso erect—giving a generally correct appearance. The famous *Camp Patented Adjustment* provides the degree of tightness desired. The garment is comfortable and easy to manipulate. Made in different body heights. The therapeutic correctness of Camp Supporting Garments has gained for them the approval of physicians and surgeons everywhere. Sold at the better drug and surgical houses.

Write for Physician's Manual

CAMP TRADE MARK

Supporting Garments

S. H. CAMP *and* COMPANY

Manufacturers, JACKSON, MICHIGAN

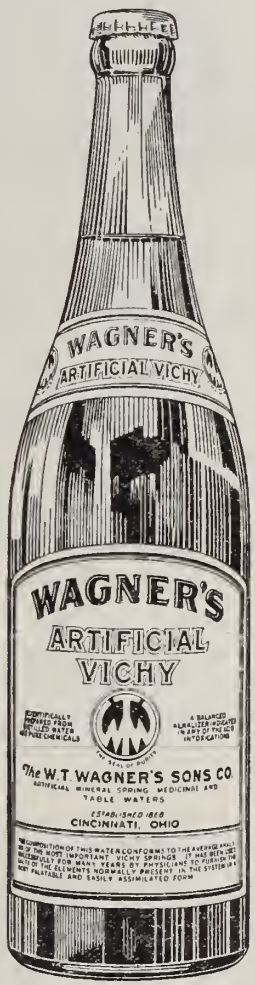
CHICAGO 1056 Merchandise Mart
NEW YORK 330 Fifth Avenue
LONDON 252 Regent St. W.



A Time Tried Alkalizer

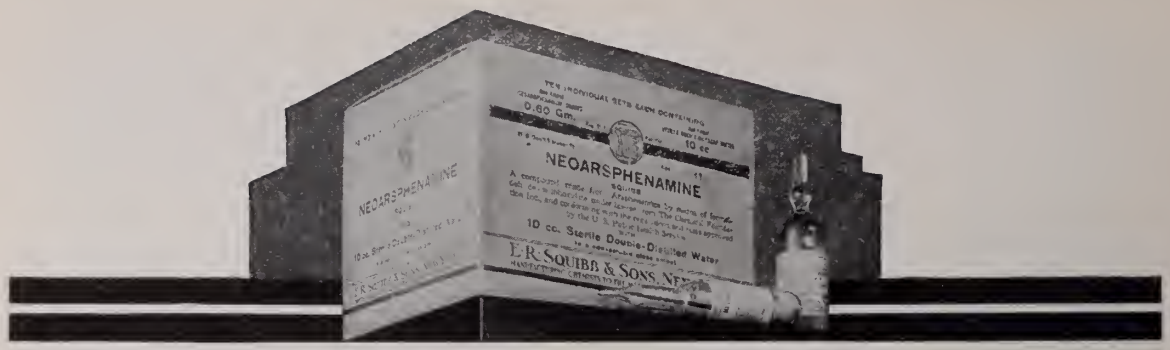
Wagner's is the only laboratory Vichy that conforms exactly to the average analysis of the most important French Vichy Springs, including Celestins. This statement has been repeatedly substantiated by disinterested chemists who have analyzed Wagner's Vichy.

It is because Wagner's Vichy alone contains all these elements in exact and unvarying amounts, that it has been consistently used for more than 40 years as a dependable and effective alkalizer in the treatment of acid intoxications.



The W. T. Wagner's Sons Company
In CINCINNATI, OHIO, Since 1868

WAGNER'S VICHY
(artificial)



"Low toxicity."

sometimes these are dangerous words

Authorities on syphilology are emphasizing the fact that laying too much stress upon the flash solubility and low toxicity and too little upon the curative activity in the manufacture of Neoarsphenamine is a very dangerous thing in the treatment of luetic cases.

One writer believes that a high incidence of tertiary syphilis will be observed in later years because of the lack of spirocheticidal activity in some brands of Neoarsphenamine.

The production of Neoarsphenamine Squibb Improved is rigidly controlled to yield a product of high therapeutic (spirocheticidal) activity and at the same time to provide an ample margin of safety from the standpoint of toxicity. Neoarsphenamine Squibb Improved is prepared solely from the therapeutic viewpoint. Of course it is readily soluble, but its uniformity and parasiticidal activity plus a wide margin of safety are the features of greatest interest to the physician.

Neoarsphenamine Squibb Improved is distributed in ampuls containing 0.15, 0.3, 0.45, 0.6, 0.75, 0.9, 3.0, and 4.5 Gm.

For an interesting booklet giving complete information about Neoarsphenamine Squibb Improved, write to the Professional Service Dept., 745 Fifth Avenue, New York City.

E·R·SQUIBB & SONS, NEW YORK

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

With infinite care . . .



A photograph of one of the Digalen manufacturing laboratories in the attractive new home of Roche . . . . . at Nutley, New Jersey . . . . . Where the ampuls are filled.

IN this immaculate dust-proof room the filling of Digalen Ampuls is carried out under rigid guard against contamination. Highly skilled workers only are selected for this exacting task. May we add that they have a thorough appreciation of the importance of the infinite care which should be exercised in the production of a life-saving drug . . . . . .

DIGALEN

is recognized as a digitalis preparation of signal value by cardiologists in every country and is in use in hospitals everywhere; for clinical results have demonstrated that Digalen insures prompt action whenever the heart can respond to digitalis. . . . . .

PACKAGES:
Vials, 15 cc.; ampuls 1.1 cc., cartons of 6 and 12, special cartons of 100 for hospital use; oral tablets (=½cc liquid), vials of 25; hypodermic tablets (=1 cc. liquid), tubes of 15 . . . .

Carry Digalen Ampuls in your bag

COUNCIL ACCEPTED

Hoffmann-La Roche, Inc.
Makers of Medicines of Rare Quality
NUTLEY NEW JERSEY

A complimentary trial vial of Digalen or a carton of ampuls will be sent physicians on request . . . . . .

GASTRON

The Entire Soluble Constituents of the fresh gastric mucosa, including the pyloric

The amino acids, colloidal proteins, known activated enzymes, associated nitrogenous extractives, organic and inorganic cell principles—these are all contained in Gastron.

GASTRON is an aqueous-acid-glycerin extract, 0.25% HCl.

It is significant of the degree in which Gastron represents a gastric-gland concentrate that I. C.C is capable of converting 200 grams of coagulated egg albumen under the official test; the high protein content is shown by the copious precipitate with strong alcohol, ammonium sulphate, etc.

GASTRON, the true stomach-gland extract, gland tissue juice of constantly increasing repute in symptoms and disturbances with attribution of gastric deficiency.

GASTRON is agreeable and stomachic.

Fairchild Bros. & Foster

NEW YORK

Makers of original products suggested by the progress of science in medicine.

PUBLIC HEALTH — SOCIAL WELFARE MEDICAL ECONOMICS and ORGANIZATION PROBLEMS

With Editorial Comment by D.K.M.

The Ohio Legislature In Session

Eighty-ninth session of the Ohio General Assembly, which promises to be one of the most important and complicated legislative gatherings in the history of the state, got under way on January 5 and is already in high gear.

On January 12, one week following the convening of the 160 members of the Legislature, the new governor and other state officers elected at the last general election were inaugurated at appropriate ceremonies held at the Capitol.

A large portion of the time of the first few meetings of the General Assembly was devoted to the organization of both houses and the selection of the various committees to review and pass on bills introduced.

In the Senate, Senator Earl R. Lewis, St. Clairsville, of the 20th-22nd District (Belmont, Harrison, Jefferson and Columbiana Counties) was elected president pro tem (majority floor leader). Senator David H. DeArmond, Hamilton, of the 2nd-4th District (Butler, Warren, Clermont and Brown Counties) was selected floor leader of the minority delegation.

Among the important committees selected by the Senate was one on Public Health, which will undoubtedly be assigned to pass on many measures relative to public health, scientific medicine, medical practice, etc., which may come before the upper house.

The Senate Public Health Committee as it now stands consists of Senator Finefrock, Canal Fulton, 21st District (Stark and Carroll Counties), chairman; Senator Lowery, New Concord, 15th-16th District (Licking, Delaware, Muskingum and Perry Counties), Senator Whittemore, Akron, 24th-26th District (Ashtabula, Lake, Geauga and Summit Counties), Senator Clark, Urbana, 11th-12th District (Darke, Miami, Shelby, Champaign, Clark and Madison Counties), Senator Spangler, Tarlton, 10th District (Franklin and Pickaway Counties), Senator Eberle, Nelsonville, 9th-14th District, (Fairfield, Hocking, Athens, Morgan and Washington Counties), and Senator Dunipace, Bowling Green, 33rd District (Fulton, Henry, Putnam, Wood and Hancock Counties).

The House organized by electing Representative Arthur Hamilton, Warren County, Speaker, and Representative Lester J. Abele, Cuyahoga County, speaker pro tem, (majority floor leader). Representative J. Freer Bittinger, Ashland County, is the leader of the minority delegation in the House.

Speaker Hamilton appointed as the House Health Committee the following Representatives: R. D. Smith, Columbiana County, chairman; P. H. Rogers, Lorain County; Lawrence A. Kane, Hamilton County; John S. Pettit, Logan County; James C. Foster, Cuyahoga County; R. A. Pollock, Stark County; D. W. Galehouse, Wayne County; Mrs. Sarah E. Hyre, Cuyahoga County; Ortha O. Barr, Allen County; S. I. Gruner, Defiance County; Jacob Woehrle, Franklin County; Herman Brandewie, Auglaize County; S. Peyton Baker, Summit County, and John Caren, Franklin County.

Early indications bear out the forecasts of political observers that the present session of the Legislature will outrank most previous conventions of the state's law-making body in the matter of important state-wide questions and controversial issues to be considered and in the matter of political hostility and maneuvering, largely because of the almost equal strength mustered by the majority and minority parties.

Already a large number of bills of unusual public interest and dealing with questions on which there is widespread difference of opinion have been introduced.

Among these "early birds" are several seeking to revise and change in various ways the present laws relative to allocation and distribution of the revenue from the state gasoline tax; a drivers' license bill and a drivers' responsibility measure, both of which are sponsored by the Ohio State Automobile Association and introduced by initiated petition; a resolution submitting a con-

ARE YOU DELINQUENT?

As the February issue of The Journal goes to press, there are several hundred members of the Ohio State Medical Association for whom 1931 dues have not yet been certified to the State Association headquarters through the secretary-treasurers of the county medical societies and academies. If you have not received your 1931 membership card, you probably have neglected to pay your membership dues for the current year which, as you know, were due on or before January 1. In case this memorandum applies to you will you please get in touch with the secretary-treasurer of your county society as soon as possible?

stitutional amendment, to the voters at the November, 1931, election, providing for the repeal of Section 9 of Article 15 of the Constitution of Ohio which section prohibits the "sale and manufacture for sale of intoxicating liquors as a beverage," etc.; a bill—192 typewritten pages in length—providing for the revision of the Probate Code of Ohio as recommended by the Ohio State Bar Association, and a measure seeking to amend sections of the Medical Practice Act regulating the practice of osteopathy.

The osteopathic bill, introduced by Representative Bing, Erie County, is similar to the objectionable measures that have been sponsored by osteopaths and introduced in past sessions of the Legislature.

One newspaper in commenting on the osteopathic proposal stated that under it the "educational requirements for osteopaths would be made more strict".

That is exactly what the osteopaths desire the members of the Legislature and the public generally to believe. The measure is worded in such a way that it does leave this impression at first glance.

On the other hand, the educational provision of the bill is but one feature of the proposal, the several other features being almost duplicates of provisions which have made previous osteopathic proposals objectionable, destructive, misleading and deceptive.

The measure, on its face, would require osteopathic applicants for license to have two or more years of preliminary education or its equivalent, in addition to graduation from "a reputable college of osteopathy". Of course, there can be no objection to this provision.

The principal bad and objectionable features of the bill are found in those sections which provide (1) that osteopaths now in practice may administer drugs and do everything and anything a regular physician can do by merely passing an examination in "materia medica and therapeutics of the osteopathic school, given by a member of the osteopathic examining committee licensed in materia medica and therapeutics" and (2) that the ostensible higher educational requirements outlined in the measure would *not* apply to students matriculated in osteopathic colleges at the time of the passage of the act.

In other words, the proposal is just another effort on the part of osteopaths to legislate themselves into the general practice of medicine and to obtain all the rights and privileges of regular physicians without meeting the same stringent requirements demanded of medical school graduates before they are granted a license to practice medicine and surgery. The measure would establish a double standard of medical practice and if enacted would serve as a vehicle for carrying osteopaths into the complete practice of medicine without requiring them to prove their scientific knowledge and skill by passing examinations in medical subjects under the State Medical Board which has long since been legally recognized as the one competent authority to judge and pass on the qualifications and competency of all seeking licenses to practice medicine and surgery.

The early rush to get measures into the legislative hopper may forecast the introduction of an unprecedented number of bills at this session of the Legislature. It will be remembered that approximately 780 bills were introduced at the session of the 88th General Assembly two years ago, and that, of this total, approximately one-fifth related directly or indirectly to matters of public health, public welfare, medical practice, and kindred questions.

Whether the General Assembly will heed the sound advice of Speaker Hamilton in his opening address to the members of the House that "only necessary legislation be enacted and that as speedily as possible" and that there "be no hasty and inconsiderate legislation" remains to be seen. Obviously, the success of a legislative session cannot and should not be determined by the volume of laws enacted but must be determined by the constructiveness and value of the measures enacted and by the wise and judicious attitude of the members of the assembly in their consideration of the hundreds of proposals presented to them.

It is highly probable that a greater number of bills in which the medical profession is directly concerned will come before the present General Assembly than any of the past ten or fifteen years. The year 1931 appears to have been declared "open season" for all the various groups and cults seeking "special privilege"; individuals and cliques who are avowed enemies of scientific medicine and public health safeguards; and cranks, faddists and theorists who seek to extend the functions of government, create more bureaus for this or that unnecessary purpose, and supplant established and sound American ideas with paternalistic, socialistic and communistic theories, either of their own concoction or similar to the hobbies of those sponsoring syndicated legislation throughout the nation generally.

Representatives of the cultists and faddists have been much in evidence at all sessions of the General Assembly to date and it is no secret that they have already obtained the promises of too many members of the Legislature to support the vicious and destructive proposals that they hope to have enacted. On the opening day of the General Assembly, the halls of both houses were circularized by the anti-vaccinationists and anti-vivisectionists with their usual type of false, ignorant and destructive propaganda literature. Followed later by propaganda by chiropractors, christian scientists and other cults.

The selfish and ill-advised demands of these

groups are certain to add to the confusion and pressure of the present session of the law-making body, which is already confronted with the important task of studying and enacting into law an unusually large number of vital, necessary and constructive measures.

The present session of the General Assembly challenges the alertness and active interest of the medical profession and organized medicine of Ohio.

Of course, the Policy Committee and the state headquarters of the State Association, as in the past, will closely watch all legislation and will communicate developments and suggestions to the legislative chairman in each county medical society and academy.

However, hearty cooperation and active interest on the part of legislative committeemen, the officers, and entire membership of each county medical society will be most necessary in emphasizing to the members of the 89th General Assembly that the present safeguards of public health, scientific medicine and medical practice must be retained and not weakened in any way, and that only sane, conservative and constructive legislation pertaining to these important questions, and others of vital public interest, should be given consideration.

It is the duty of each individual physician to keep himself informed on the legislative developments and take an active and cooperative interest in the important missionary work that must be done in the home communities of the members of the Assembly.

Annual Meeting Plans Under Way

Preliminary plans and arrangements for the Eighty-Fifth Annual Meeting of the Ohio State Medical Association, to be held May 12 and 13 at Toledo, are rapidly being completed.

Under the general direction of the Council Committee on Arrangements, composed of Dr. D. J. Slosser, Defiance, chairman; Dr. C. L. Cummer, Cleveland, and Dr. D. W. Stevenson, Akron, details incidental to the annual gathering are being worked out and much of the preliminary work has already been finished.

Arrangements have been made by the Toledo Academy of Medicine for holding the 1931 meeting at the Secor and Commodore Perry hotels. The Secor will be the headquarters hotel and will be the meeting place for most of the general sessions, the sectional meetings, the exhibits and registration headquarters. Meetings not scheduled for the Secor will be held at the Commodore Perry Hotel, across the street from the Secor.

Excellent accommodations for all sessions of the annual gathering and for all delegates and visiting physicians have been arranged by the officers and various committees of the Toledo Academy. Chairmen of the various Toledo committees working out details for the meeting are: Reception Committee, Dr. H. E. Smead; Committee on Entertainment, Dr. E. J. McCormick; Committee on Stereopticon Machines, Dr. C. E. Hufford; Committee on Exhibits, Dr. E. I. McKesson; Committee on Clinics, Dr. L. F. Smead.

An interesting program of clinics at the various Toledo hospitals and medical centers is in the making, as well as a program of unofficial entertainment for those who attend the meeting. The Ohio State Medical Golfers' Association has already launched plans for the annual tournament on the day preceding the annual meeting and a record-breaking field of physician golfers is anticipated.

Although the 1931 annual meeting will last but two days instead of three as in previous years, a scientific program equal in every way to those of past annual meetings is promised. Many months of hard work have been spent by the Council Committee on Annual Meeting Program, composed of Dr. D. C. Houser, Urbana, chairman, Dr. D. J. Slosser, Defiance, and Dr. S. J. Goodman, Columbus, secretary, in drafting the programs for the various general and scientific sessions in conjunction with the officers of the various sections.

Officers of the scientific sections have completed preliminary details for the sectional programs which promise to be unusually interesting and informative for both general practitioners and specialists. Plans for addresses by several nationally-known physicians on subjects of general, vital interest to all members of the medical profession have been completed.

Details on all phases of the Toledo meeting will be furnished in later issues of *The Journal* when members also will be supplied with data on the Toledo hotels—their location, rates, etc.

Members of the State Association are urged at this time to begin making arrangements now for attending the 85th annual meeting. This splendid opportunity for adding to his scientific knowledge by hearing and discussing some of the newest phases of scientific medicine, renewing old friendships and taking part in discussion of some of the many important and vital angles of medico-social questions and problems of medical practice and public health should be taken advantage of by all members who can possibly arrange to be in attendance.

A State Experiment With Chronic Diseases

In a contribution to the Committee on the Costs of Medical Care, Dr. George H. Bigelow, commissioner of public health of Massachusetts, reviews and analyzes that state's cancer program which has been in effect for the past five years.

Some interesting data regarding the Massachusetts program are

presented by Dr. Bigelow.

The conclusions drawn by Dr. Bigelow are enlightening or startling or both.

"There was a very insistent demand on the part of the people as expressed through the Legislature that service for cancer be extended by the State," Dr. Bigelow writes. "Apparently this demand has been met for the present. From certain figures that are available it appears that the adequacy and extent of the service have improved, although quality is very difficult to judge. It must be borne in mind, of course, that interest may flag as the subject becomes a commonplace. The Department now feels that cancer is far from the most important of the chronic diseases, whether considered economically and socially or medically. It appears inevitable that as the volume of chronic diseases increases with the increasing average age of the population, the demand for service for the other diseases will be felt. Whether this demand for service will be met in a similar way is a matter for very grave consideration. Certainly to offer hospital care alone would seem economically short-sighted, since wholesale hospitalization, particularly of advanced cases, is the most expensive solution of any sickness problem today."

As Dr. Bigelow intimates, Massachusetts, after five years of experience in the cancer field, admits that cancer is but one of the important chronic diseases, all of which must be considered of equal importance socially, economically and medically. That state has discovered, it would seem, that none of these chronic ailments can be considered separately and apart from the others, at least in the matter of providing care and treatment.

It is apparent that Massachusetts has discovered that ultra-extensive and paternalistic projects for dealing with a particular phase of the public health question is likely to whet the public's appetite for similar "free, governmental service" in all other phases and for all types of disabilities.

As Dr. Bigelow points out, whether the demand for state-subsidized services for all chronic diseases will be met in the same way that Massachusetts has tried to meet the cancer situation, "is a matter for very grave consideration".

That it is the duty of the State to take a deep interest in health education and disease prevention is readily admitted. However, whether that interest shall be extended to include state-supported hospitals and clinics, rather than be restricted to public education and organized studies and research, is another matter.

The experiment of Massachusetts and similar programs in other states will be watched with much interest.

Psychiatry vs. Accidents

New evidence that psychiatry is gaining a well established place in the industrial and commercial life of the world is continually being revealed.

The popular opinion has been for years that psychiatry is concerned chiefly with institutional care of the mentally deficient and with court procedure in dealing with the criminal element of society. Now, however, psychiatry is being used to distinct advantage in the many fields of industry and commerce and has come to be regarded as one of the indispensable services in keeping many lines of endeavor apace with the rapid changes in the social and economic conditions of the age.

The part psychiatry may and does play in the accident prevention phase of industrial life of America was analyzed in a recent issue of the *National Safety News* by Dr. Harold S. Hulbert who detailed some of the underlying mental causes of carelessness and thoughtlessness which lead to accidents.

"Ninety per cent of accidents are known to be of mental origin", declared Dr. Hulbert. "They result not from insanity or continuous mental incompetency, but from thoughtlessness and carelessness. Psychiatry can try to throw some light on the predisposing causes of this so-called carelessness, which is really abstraction of mind from the work in hand.

"At the time he causes an accident a man is not happily thinking of his work; he is thinking of himself, and of himself emotionally. A man who is comfortable in mind and body and at ease with himself, adjusted to his work, to his environment and to his home life, and whose work record is good, shows that he is not sick, perplexed, fatigued, misplaced, inadequate, or discontented. Such a man is not predisposed to become a causative factor in an accident.

"Psychiatry is competent and pleased to be of service to American industrial life, especially in indicating certain mental patterns in individuals whch have a relation to accidents."

Employers must retain competent observers to study the men they hire and watch others while at work to determine those who are causative factors in accidents, Dr. Hulbert declared.

According to his research on the question, respect and self respect, character, anxiety, happiness, anger, surprise, fatigue, criticism, forgetfulness, fear, fascination, comparisons, discipline, obedience, phantasy and worry play important parts in the mental mechanics which lead to or prevent accidents.

Accidents and Sequelae in the Intravenous Use of Arsenicals

CLYDE L. CUMMER, M.D., Cleveland

IN recent years there has been a great increase in the intravenous use of various arsenicals, especially arsphenamine, neoarsphenamine, and tryparsamide. Many more cases of latent syphilis are recognized through the almost universal employment of the Wassermann reaction. Proficiency in intravenous technique is possessed by a constantly increasing number of physicians, and the public is educated to the intravenous method of therapy. Furthermore, the arsenicals are used in conditions other than syphilis, such as Vincent's angina, anemia, etc. The physician must be on the alert to meet the more sudden emergencies and to recognize the early symptoms of the delayed untoward results. If the early signs are noted and further use of arsenicals is withheld, more serious developments usually may be prevented; and when proper treatment is started early, the course of many complications may be materially shortened.

IMMEDIATE RESULTS

Technical Difficulties. Considering first the accidents which may occur during the course of the injection, we have the technical difficulties, such as the introduction of the solution into the tissues around the vein, due to failure to enter its lumen, or to only partial penetration of the wall by the needle-point. The patient complains of pain. This complaint should be harkened to since there should be no pain at the puncture after the needle-prick. With a swelling under the skin the injection should be stopped immediately, after which there is usually no further difficulty except for a slightly painful sensation lasting for a few hours or less. If fluid is forced into the subcutaneous or muscular tissues, however, the pain becomes excruciating, the resultant tumor persists for a time and eventually becomes necrotic. A slough results and healing is very slow, sometimes requiring weeks or months, depending upon the size of the area involved. I have seen cases where there was not only a very disfiguring and telltale scar, but even actual deformity, due to fibrous contractures about the elbow.

Arsephenamine or neoarsphenamine once introduced into the tissues cannot be removed, so the treatment must be palliative in nature, often resolving itself into the care of a slough. Prevention is the answer. A practical point which cannot be emphasized too strongly is the necessity for an absolutely sharp needle, which makes a clean puncture of the vein much easier.

At times there is the complaint of pain running up the course of the vein after a portion of the fluid has been introduced without any discomfort. This may come when the vein has been entered properly. In my own experience, this has happened only during the injection of arsphenamine. It has been explained by over-alkalinization of the solution. Subsequent injections have been free from difficulty when properly alkalinized solutions have been used.

Gastro-intestinal Symptoms. Complaints of nausea during the course of injection are not infrequent. Nausea is often the result of a nervous or over-anxious state, but it may be caused by the taste and odor noted by almost all patients immediately after the drug flows into the blood stream. In exceptional cases, vomiting occurs during the course of the injection. Usually nausea is mild; vomiting is quite infrequent, and ordinarily neither symptom is bothersome enough to interfere with completing the injection.

There is less trouble when the drug is well diluted than when given in concentrated form. For this reason, the gravity method is to be preferred to the syringe for larger doses. The inhalation of aromatic spirits of ammonia aids in disguising the odor and so reduces the frequency of nausea. The patient should prepare for the treatment by taking only a light breakfast when the injection is given in the morning, and that at least two hours before. If the treatment is given in the afternoon, luncheon should be omitted.

Respiratory Tract. Aside from the manifestations of a "nitritoid crisis," little is seen referable to the respiratory tract except occasionally sneezing. One patient always had sneezing and a watery discharge similar to that of an allergic rhinitis during the injection and for a few minutes afterward.

Skin. An erythema or an urticarial eruption may appear as part of a "nitritoid crisis," but I have seen urticaria develop with great regularity during or immediately after the injection in a patient who had no other untoward manifestation. This always passed off within a half hour after the treatment.

"Nitritoid Crisis." The "nitritoid crisis" is marked by symptoms resembling those which follow the inhalation of amyl nitrite. They are occasionally of most alarming nature. Injection of the conjunctiva, dilatation of the pupils, or flushing of the face are noted. The patient may cough, gasp for breath, or complain of a feeling of "goneness" in the "pit of the stomach" or of excrutiating pain in the small of the back. There may be great difficulty in breathing and a complaint of suffocation. Some attacks comprise only

Read before the Medical Section, Ohio State Medical Association at the 84th Annual Meeting, Columbus, May 13-15, 1930.

these milder symptoms, but if the injection is continued, and sometimes even when it has been stopped, the face becomes suffused, and there is great restlessness and alarm. The pulse, which is at first full and bounding, becomes imperceptible; there may be unconsciousness, pallor and sweating. As Kolmer says, "the patient feels that he is going to die, certainly looks as if he may, but rarely does."

The reaction is attributed to the arsenic itself, which seems to cause a vasodilatation, affecting chiefly the splanchnic vessels. It is infrequent during the first injection, sometimes appearing after many injections have been given without unfavorable incident.

Personally, I am very loath to give further injections to a patient who has had such a crisis, because when I have done so a repetition of the reaction has occurred, which makes it seem probable that sensitization to the drug is established, and that the reaction is in the nature of an allergic phenomenon.

By way of prophylaxis, subcutaneous injections of atropine sulphate, 1/50 grain, may be given prior to the use of the arsphenamine solution. When a crisis comes, the treatment should be stopped at once, the patient should be kept in the prone position, the clothing loosened, and a dram of the aromatic spirits of ammonia given in a glass of water. Kolmer also gives an injection of atropine sulphate. Adrenalin hydrochlorid solution (1:1000 dilution) should always be at hand and an injection of 1 c.c. made into the muscles.

Fortunately, recovery is the rule in the great majority of cases and the patients are able to leave the office in half an hour or so none the worse for the experience except for feeling somewhat shaken. However, most of us have had close calls, when we had visions of a lethal termination and had to work over the patient for an hour or so.

Effect of Acid Solutions. It is well known that when arsphenamine is dissolved in water, the highly acid solution requires neutralization with sodium hydrate. The majority of manufacturers mark the ampoules containing arsphenamine in some striking way to prevent confusion with neoarsphenamine, which does not require neutralization. An operator administering arsphenamine must be ever watchful of his technique so that there be no omission of neutralization.

Disastrous mistakes have been made. Acid solutions produce intravascular reactions consisting of agglutination, hemolysis and precipitation. The symptoms, which develop almost immediately, are those of embolism and infarction, the patient manifesting fear of approaching death, with anxious expression, hiccough, pain in the thorax, spasmodic cough and a sense of suffocation. The pulse is at first rapid and full but soon becomes irregular and very weak. Convulsions or coma follow. In some cases death results within an hour or two but occasionally it has been delayed for twenty-four hours. In a few instances, when the injections have been interrupted upon discovery of the mistake, the patient has survived the acute reaction, only to succumb later from broncho-pneumonia consequent upon pulmonary embolism. In the exceptionally fortunate cases there has been no trouble where the error has been noted and injection stopped after giving only a few cubic centimeters of the acid mixture.

THE LATER RESULTS

Gastro-intestinal Tract. After going home, there is occasionally nausea, headache, vomiting, thirst, diarrhoea, and sometimes chills. The patient almost always volunteers the statement that the vomitus was yellow, the same color as the injected solution. These symptoms may persist through the night, occasionally even longer. Mild reactions of this type are among the most common sequelae. Their frequency is reduced by allowing two hours to elapse between the last meal and the injection. With more severe headache, diarrhoea, and vomiting it is well to give an intramuscular injection of 8 minims of 1:1000 dilution of adrenalin hydrochlorid. Individuals showing these gastro-intestinal after-symptoms seem to be no more subject to "nitritoid crisis" than those who have never had such difficulty.

Jaundice is a possibility, although rare in my experience. Stokes and Reudemann observed seventy instances among 5200 cases during a four-year period, an incidence of 1.3 per cent. However, 90 per cent of the number came during the latter two years of the period, suggesting the possibility of coincidental infections of the biliary tract.

Even when jaundice occurs in a syphilitic under arsenical treatment, it cannot be attributed to the drug until several other possibilities have been excluded. It may be due to syphilitic disease of duodenum or liver, producing pressure on the bile ducts, or even to an acute yellow atrophy of the liver. In the later stages of syphilis, jaundice may result from a diffuse or localized hepatitis or to chronic perihepatitis. On the other hand, it may have no relation either to the specific infection or to the drug used for its treatment, resulting instead from some intercurrent disease, such as catarrhal jaundice, cholecystitis, cholelithiasis, etc. However, arsenic may produce fatty degeneration, hepatitis, cholangitis, or gastroenteritis with obstructive jaundice. It should be remembered that arsenic has a tendency to accumulate in the liver. Still another possibility is the production of the symptom by the combined action of arsenic and syphilis, as with a hepatic Jarisch-Herxheimer reaction.

Obviously, the determination of the cause of jaundice coming during arsenical treatment is an urgent problem. When it results from syphilitic disease of the liver, as is quite possible in a

patient with early syphilis, specific therapy should be pushed, but if it is due to arsenic, it is very imperative to discontinue that drug and accelerate its elimination. When the symptom is part of a Jarisch-Herxheimer reaction, the dose of arsenic should be decreased or its use altogether discontinued and bismuth substituted. McCrae and Caven felt that arsenical preparations are absolutely contra-indicated in the great majority of cases of syphilis of the liver.

The general treatment of jaundice should include rest in bed, mild saline laxatives, bland carbohydrate diet, and alkaline waters. Sodium thiosulphate should be employed; the technique will be discussed later.

Skin. Before starting a course of treatment, the patient should be impressed with the importance of reporting any unusual appearance of the skin. If this were done, the frequency of skin sequelae could be reduced. Often slight and transitory erythemas are not reported by the patient so that another injection is given and as a consequence, a severe dermatitis results.

The skin manifestations may be divided into three general groups. First, there are the milder ones, such as transitory erythema, urticaria, herpes simplex, herpes zoster, pruritus, or flare-ups of existing syphilitic rashes (Jarisch-Herxheimer reactions). Then there are instances of fixed dermatitis, limited to localized areas, or arsenical pigmentation. Finally there are the more severe skin lesions, consisting of the scarlatiniform rashes followed by desquamation, erythema multiforme, and acute exfoliative dermatitis. Purpura, either simplex or hemorrhagic, may occur.

The mild transitory eruptions usually require little attention, but they should serve as danger-signals, calling for caution in continuing arsenical therapy. The eruptions of the second class, the localized type, are sometimes similar to those produced by other drugs, such as those of the coal-tar group. One of my patients developed discolored areas about the size of the palm of the hand. These were distributed asymmetrically on the trunk and face. At first the lesions were bright red and slightly elevated, resembling giant urticarial wheals. Then the swelling subsided and the areas became blue-red about the color of an absorbing ecchymosis. Some persisted for months, and on the face a dark brown stain is still present after a lapse of three years.

Other patients present patches of acute dermatitis, showing erythema and vesiculation, localized to certain areas of the body. In still others, vesiculation is either inconspicuous or absent, the color is not so bright, being rather red-brown, and there is considerable scaling, with definite fixity in the appearance and location of the lesions. These lesions are usually resistant to all the forms of treatment commonly employed for so-called eczema, and unless the true nature is ascertained and proper treatment started, they persist for a long time. It is my experience that they respond well to sodium thiosulphate.

The generalized eruptions sometimes cause the greatest anxiety. Within a few hours or days after the intravenous arsenical injection, the patient notices that the skin is bright red, the eruption usually appearing on the chest first and spreading rapidly over the entire body. It is follicular in character, the tiny scarlet papules appearing to surround the follicular openings. The vivid color suggests scarlet fever. The conjunctivae are deeply injected, as are the mucous membranes of the mouth and throat. Oedema appears early; it is very noticeable about the face, the eyes being almost or entirely closed by the oedematous eyelids. Itching is intense. There is an elevation of temperature to 101° or even as high as 103° F. and the patient is greatly annoyed with chilly sensations, often insisting on being covered with blankets and surrounded with hot-water bottles in mid-summer. Vesiculation and bulla formation appear and exudation follows. Soon the entire surface of the skin begins to exfoliate and we have to deal with *dermatitis exfoliativa*.

Unless proper treatment is started at once, the condition lasts weeks and months, and is marked by such complications as broncho-pneumonia and arthritis. Such was the course in the early days of arsphenamine. Fortunately, the introduction of sodium thiosulphate has altered the picture.

The patient should be put to bed. Usually hospitalization and the most assiduous nursing care are required. The patients are very ill and uncomfortable, and most depressed, irritable, and exacting. They must be kept warm and the skin treated with local applications to relieve itching. I have found no standard local treatment; it is a matter of individualization. It is well to start with potassium permanganate, not only because it often relieves itching, but because its antiseptic qualities aid in preventing a secondary infectious dermatitis. Further, it has a drying effect on exudative areas. A 1:5000 solution may be used two or three times daily in the form of a pack, the patient being covered with a sheet moistened with the solution, or the patient may be put in a tub filled with water at body temperature in which a cupful of permanganate crystals has been dissolved. Occasionally, this is not beneficial, even causing irritation, because of increasing the already dry and consequently pruritic condition of the skin. In such cases, an emollient ointment may be substituted, such as boracic acid, one-half dram to the ounce of unguentum aquae rosae. Occasionally zinc oxide ointment is found more acceptable than anything else. In the later stages when there is no further exudation, thorough inunction with olive oil or cold cream is desirable.

General treatment should consist of supportive measures, an easily digested diet, free use of

water, careful attention to the heart and kidneys, and hypnotics and sedatives as required. The specific treatment consists in the use of sodium thiosulphate. The crystals are obtained in hermetically sealed ampoules, and one gram is dissolved in 5 c.c. of freshly distilled water. The solution should be injected immediately into the vein because it is unstable. For the same reason, the solution furnished in ampoules is not so efficient. Injections are given daily for the first week or ten days, or until improvement is noted, when they may be given every other day. I gained the impression from reading certain standard texts that after three or four treatments had been given, further injections should be made cautiously at two or three day intervals and that two or three would suffice. It was found, however, that injections must be pushed and that no harm resulted from doing so. Meanwhile, the drug is given by mouth in the form of salol-coated pills of 7.5 grs. each, twice or three times daily.

Dermatitis exfoliativa is a serious sequel, and while most patients recover with appropriate treatment when started early, there are others who do not do so well, and fatalities are reported. Naturally, the course is much more severe when the condition is not recognized at once so that arsenic may be discontinued.

Blood-forming Organs. Arsenic should be given cautiously in the presence of anemia. Foucar and Stokes stressed the importance of taking all precautions to prevent reactions in such cases, for accidents which might be only disagreeable in otherwise healthy subjects may assume dangerous proportions in those in already grave condition. They found in six patients a drop in hemoglobin of from 10 to 20 per cent and a decrease of about 500,000 erythrocytes during arsphenamine therapy. In one of my patients with a severe anemia, apparently of syphilitic nature, there was a drop of about 500,000 red cells and about 24 points in the hemoglobin percentage after an intravenous injection of 0.6 gm. of neoarsphenamine.

An aplastic condition of the bone marrow has been produced by arsphenamine treatment. The clinical picture is one of variable anemia, a marked decrease in the leukocytes, especially those of the granulocytic series, with bleeding from the gums or mucous membranes. Earlier reports were by Gorke, Labbé and Langlois, Moore and Foley, Moore and Keidel, and Anwyl-Davies. Dodd and Wilkinson recently collected reports of twenty-four cases, of which fourteen terminated fatally. The similarity to the effect of benzol has been commented upon. The need for caution in the use of so powerful an agent is obvious, particularly when the number of erythrocytes is near the margin of safety.

Nervous System

Hemorrhagic Encephalitis. During the course of injections, there may be dilatation of the capillaries with serous exudation, resulting in "nitritoid crises," already described. It is felt that the meningeal and cerebral congestion so produced explains the feeling of fullness in the head complained of by many patients. This congestion may come on several days later, producing more serious symptoms, the "serous apoplexy" of Milian. The pressure of the spinal fluid is greatly increased and in some instances there are minute hemorrhages in the brain substance and coverings. Milder cases may show only headache, fever and vomiting of transitory nature, clearing up with no especial treatment. However, the symptoms may be much more alarming, including severe headache, vomiting, epileptiform convulsions and generalized twitchings, with cyanosis, shallow breathing, and later coma. The more severe cases result fatally.

This complication has been treated successfully by repeated spinal punctures to relieve pressure combined with intramuscular injections of adrenalin. It is worth-while also to use intravenous injections of sodium thiosulphate.

Parasthesias. At times patients receiving intravenous injections of arsenicals complain of numbness of fingers and soles. Not infrequently these symptoms precede the development of a dermatitis and are sometimes associated with itching of the skin, especially of the hands. They should always be a signal for discontinuing arsenical treatment. Later the injections may be resumed, but Kolmer advocates using a different compound.

Polyneuritis. Severe cases of polyneuritis have occurred, the lesions and signs being the same as those produced by the inorganic arsenical compounds. The appearance of numbness with pains in soles and calves should cause immediate discontinuance of arsenical treatment.

Toxic Ambylopia. The optic and auditory nerves fortunately are not affected by the arsenic in the trivalent compounds, arsphenamine and neoarsphenamine, but the pentavalent compounds, atoxyl and tryparsamide, appear especially likely to cause retrobulbar neuritis. Indeed, it was for this reason that atoxyl was given up more or less generally many years ago. The number of such accidents following tryparsamide does not seem to be especially high, the disturbance is usually transitory, and does not occur so frequently when the smaller doses such as 1 gm. are given. However, the drug must be employed with caution, after careful examination of the eye-grounds, and only when results cannot be obtained with other arsenicals.

Neurorecurrences. Neurorecurrences are attributable not to the drug itself but rather to insufficient treatment. They are due to the fact that foci of spirochetes have escaped destruction to reawaken later to renewed activity, the host having failed to develop resistance against these surviving spirochetes. An intense lymphoid reaction is

set up along the nerve sheaths. Such neurorecurrences are especially likely in insufficiently treated cases of early syphilis. The cranial nerves, particularly the auditory and facial nerves, seem particularly prone to involvement.

Treatment of this incident consists in the thorough use of mercury or bismuth.

2417 PROSPECT AVE.

BIBLIOGRAPHY

Cummer, C. L.: Anemia and Other Blood Changes in Syphilis. J.A.M.A., 91:689-695, 1928.

Dodd, Katherine, and Wilkinson, S. J.: Severe Granulocytic Aplasia of the Bone Marrow. J.A.M.A., 90:663-665, 1928.

Gorke, Hans: Munchen. med. Wchnschr. *67*:1226-1227, 1920.

Kolmer, John A.: Chemotherapy; with Special Reference to the Treatment of Syphilis. Saunders, Phila., 1926.

Labbé, M. and Langlois, S.: Bull. et mem. Soc. med. d. hop. de Paris, 43:229, 1929.

McCrae, T. and Caven, W. R.: Tertiary Syphilis of the Liver. Am. J. M. Sc. *127*:781-796, 1926.

Moore, J. E. and Foley, F. E. B.: Serious Reactions from the Salvarsan and Diarsenol Brands of Arsphenamin. Arch. Dermat. & Syph. *1*:25, 1920.

Moore, J. E. and Keidel, Albert: Stomatitis and Aplastic Anemia Due to Neoarsphenamin. Arch. Dermat. & Syph. *4*:169, 1921.

DISCUSSION

H. J. PARKHURST, *M.D., Toledo*—These accidents are often of serious import to the patient, because they may deprive him of future use of the drug and thus form a great handicap to treatment. Therefore it seems important to consider their commonest causes and means for their possible prevention.

The reactions of various types, which I have seen, have appeared to be due usually either to an inferior brand of drug, too high dosage, too rapid administration, or administration after the appearance of toxic symptoms. It is generally felt that certain brands are much more likely to produce reactions than others, and such brands should be avoided. Schamberg, of Philadelphia, and other prominent syphilologists, both here and abroad, feel that the maximum dosage for body weight should ordinarily not be employed, since excellent results may be obtained with moderate (not minimum) dosage. The drug should never be administered until the patient has been asked whether he has noticed any reaction, especially itching, after previous treatments. It seems advisable to try to eliminate foci of infection before the course of treatment is begun, but this should never be done while toxic sequelae are present as a result of treatment.

The books of Stokes and Kolmer contain excellent advice on the avoidance of reactions, and they should be consulted.

Intradermal and percutaneous tests are being tried out for their possible value as an aid in determining sensitivity to the drug. Dr. Levison, of Toledo, has recently reported positive intradermal reactions in patients who had recovered from exfoliative dermatitis of arsenical origin. Following this test, in one of his cases, a generalized exfoliative dermatitis appeared, which persisted for two weeks and seemed to indicate that an intravenous therapeutic injection of the drug probably would have proved fatal.

Chronic Ulcerative Colitis: Surgical Treatment of Refractory Cases

ELMER R. ARN, M.D., F.A.C.S., Dayton

THE past five years have witnessed a remarkable revival of interest in chronic ulcerative colitis, largely as the result of the stimulus provided by the investigations of Bargen, of the Mayo Clinic. In 1924, Bargen[1] suggested that a diplostreptococcus possessing definite morphologic, cultural and biologic properties is the causative factor in certain cases of chronic ulcerative colitis. Later studies[2] lent confirmation to this thesis. Bargen isolated the diplococcus in 189 cases of chronic ulcerative colitis, approximately 80 per cent of the entire number of cases seen at the Mayo Clinic over a period of several years. The recovered strains were injected intravenously into 459 healthy rabbits; some evidence of colitis, varying from marked diarrhea to extensive hemorrhages and severe ulceration of the colon developed in 268 of these animals. Twenty-one of twenty-five dogs given similar injections developed colonic lesions. These promising studies stimulated other investigators to search for Bargen's diplostreptococcus. During the past three years, Torrey[3], Jones[4], Soper[5], MacNaughton[6], Santee[7], Portis[8], Chisholm[9], Horgan, E., and Horgan, J.[10], have reported the isolation of a similar diplococcus in cases of chronic ulcerative colitis. Bargen and Crohn[11] isolated the organism from the blood of certain patients suffering from chronic ulcerative colitis.

Paulson[12], Smithies[13], Bassler[14], Thorlakson[15], and others are not convinced that Bargen's organism is an important etiologic agent in chronic ulcerative colitis. Paulson expressed the belief that Bargen's animal experiments have been inadequately controlled. Other workers have succeeded in isolating this organism in only a small proportion of cases, and have arrived at the conclusion that the diplostreptococcus of Bargen is by no means the usual cause of chronic ulcerative colitis.

Bargen has reported considerable success with specific vaccine and serum therapy. The autogenous diplostreptococcus vaccine treatment appeared to be of greatest benefit in the chronic cases, with little or no fever and moderate secondary anemia. In seven cases of acute fulminating ulcerative colitis, Bargen[16] obtained clinical cures in two cases and improvement in five cases,

Read before the Surgical Section, Ohio State Medical Association, at its 84th Annual Meeting, Columbus, May 13-15, 1930. From the Surgical Division of the Dayton Clinic, Dayton, Ohio.

after the intramuscular injection of immune equine antiserum. Bargen states that the institution of these specific therapeutic measures has yielded far better results than any form of treatment previously suggested; of the patients treated with vaccines, bacterial filtrates and immune serums, 70 per cent have returned to normal useful lives.

Paulson and Fansler[17] regard any favorable response from the vaccine treatment to be due to a nonspecific foreign protein reaction, occurring in a disease characterized by self-limited exacerbations and remissions.

Whatever the light of future investigative work may cast upon this difficult problem, Bargen deserves the highest praise for the earnestness with which he has pursued his studies and for the stimulus which he has provided for further investigations.

DIAGNOSIS

The symptomatology of chronic ulcerative colitis at the outset or during one of the exacerbations of the disease is quite characteristic. The essential clinical features of the disease are: 1. Repeated rectal discharges, varying from four to twenty stools a day, made up of soft fecal material containing blood, pus, mucus and undigested food remnants in varying amounts, depending upon the extent and the location of the ulcerative process; 2. Pain, varying in intensity from mild griping sensations to severe colicky pains, usually most marked along the course of the involved colon; 3. Fever, prostration, dehydration, loss of weight and secondary anemia. The process usually originates in the rectum and extends upward.

The diagnosis may be established by proctoscopic or sigmoidoscopic examination and by roentgenographic studies made after barium enema. After repeated warm water enemata the proctoscope is gently introduced because of the presence of rectal tenesmus and the danger of perforation. In the granular, edematous, hyperemic mucous membrane, which bleeds with the slightest trauma, may be seen small whitish abscesses or irregular ulcers, with islands of more or less intact mucous membrane intervening, often forming pseudo-polypoid masses.

It is wise to obtain cultures from the abscesses or ulcers at the time of the proctoscopic examination. Sterile cotton swabs or a small Pasteur pipet may be introduced through the proctoscope for this purpose.

X-ray films characteristically reveal a disappearance of haustration in the ulcerated areas of the colon, together with a diminution in the diameter of the lumen and a typical smooth, rigid, "gas-pipe like" appearance.

TREATMENT

All cases of chronic ulcerative colitis should be subjected to thorough medical treatment before any surgical procedure upon the colon is contemplated. These measures include the detection and eradication of possible primary foci of infection, the employment of an autogenous vaccine, bacterial filtrate, or specific antiserum in those cases in which there is reason to suspect the diplostreptococcus (Bargen) as an etiologic factor, and the judicious use of iodin, potassium permanganate, acriflavin or gentian violet solutions for irrigation or direct application through the proctoscope or sigmoidoscope.

If these measures are of no avail, as is usually the situation in about one-fourth of the cases, surgical measures offer additional hope of alleviation or cure, if the condition of the patient justifies such intervention.

It is the purpose of this paper to describe a surgical procedure which has proved to be successful in five cases of chronic ulcerative colitis that were refractory to all of the usual forms of medical treatment.

SURGICAL TECHNIQUE

The abdomen is explored through a long left pararectus incision (Fig. 1), the lower end of the incision ending about one inch above the spine of the pubic bone. Careful exploration is made of all abdominal viscera for active foci of infection, which are removed if the condition of the patient justifies the procedure. The colon is then explored with as little handling as possible in order to prevent any recurrence of bleeding. If the previous proctoscopic examination has revealed only a grade I or grade II ulceration of the rectum and if the caliber of the sigmoid colon near its junction with the rectum is sufficiently large, and the bowel is freely movable, a lateral anastomosis is made between the terminal ileum and the sigmoid colon (Fig. 2). The ileum is prepared for the anastomosis by clamping it (Fig. 3) with two crushing forceps eight inches from the cecum and inverting the ends with two purse-string sutures of silk. The distal end of the ileum is brought out through a stab opening at McBurney's point and is attached to the skin for future irrigations (Fig. 4). It is not opened, however, for 72 hours, in order that the peritoneum may become sealed about the opening.

We prefer making the lateral anastomosis with a Rankin clamp in order to avoid opening the large bowel. The technique of suturing is that advocated by Rankin for the aseptic resection and anastomosis of the large intestine.

The presence of grade I or grade II ulceration in the rectum is not a contra-indication to the ileosigmoid anastomosis. The alkalin content of the small intestine pouring into the rectum seems to encourage healing. In the more severe types of rectal ulceration (grades III and IV) it is probably better to institute complete physiologic inactivity of the entire large bowel by bringing both ends of the small bowel through the wound

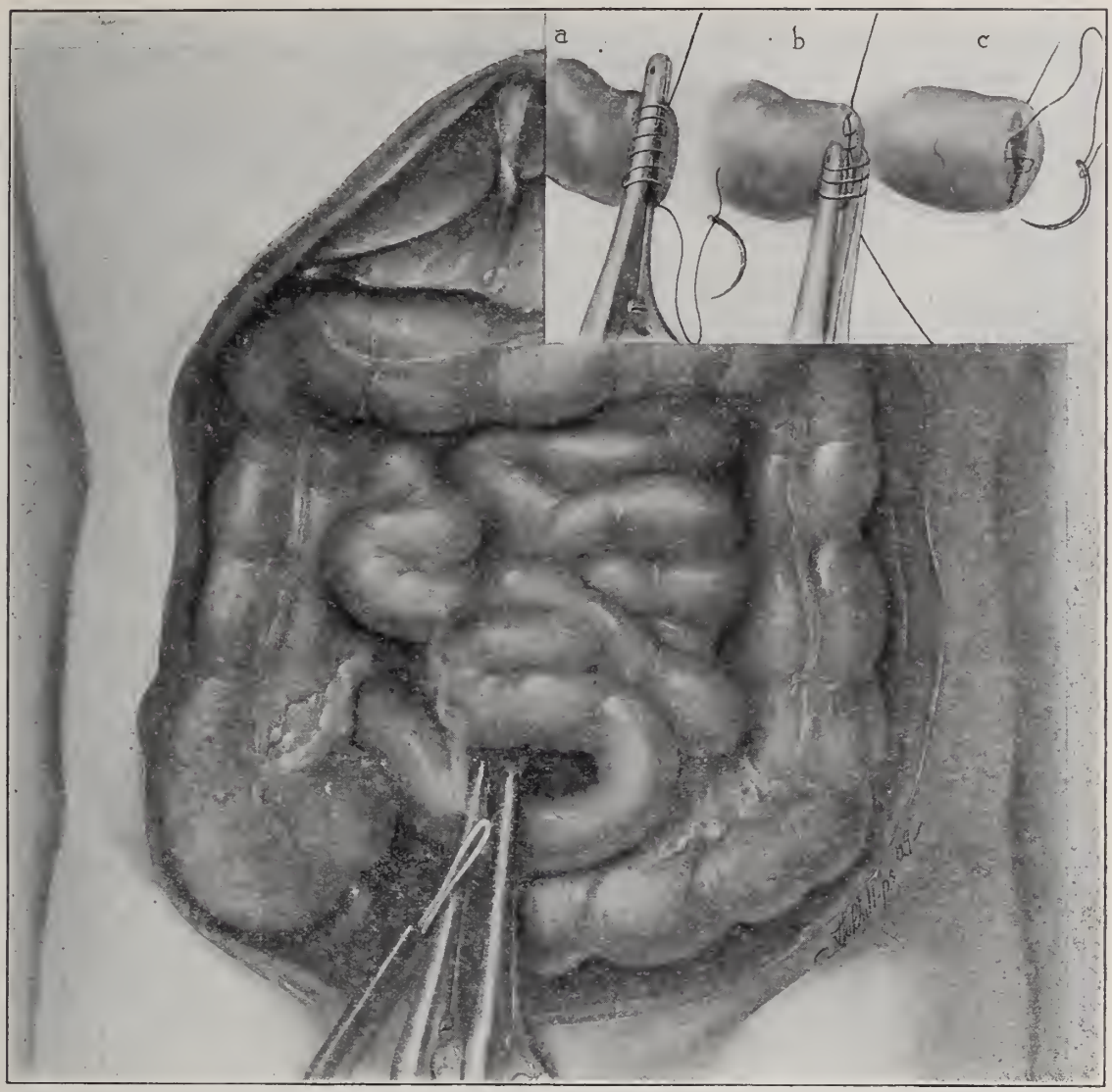


Fig. 1. Division of ileum four inches from the iseocecel valve. Insert: Closure of ends of the gut.

and allowing the clamps to remain in place for forty-eight to sixty hours. The clamps are then removed after the wound edges are sealed around the intestines. At the time of removing the clamps, a large "bulbous end" catheter may be inserted into the proximal end for another seven days so as to further guard against wound infection. Additional surgical procedures will be necessary in this small group of cases.

The postoperative care is primarily that of any abdominal operation. Irrigations of the large bowel are begun at the end of two weeks. During the period of hospitalization, a solution of 1:5000 acriflavin is used. A catheter is inserted into the enterostomy opening and a rectal tube is placed in the rectum. Two liters or more of the acriflavin solution are required for each irrigation. The patient is taught to irrigate the colon before leaving the hospital, and ultimately the rectal tube is omitted, the patient being instructed to sit on a commode or toilet-seat. Normal saline solution is substituted for acriflavin after the patient leaves the hospital. The patient is urged to carry out the irrigations once each day for an indefinite period.

The enterostomy opening is not closed. There is very little discharge; a small piece of gauze will usually suffice as a daily dressing.

The improvement is ordinarily quite rapid, the irrigations usually being free of mucus and blood by the end of the fourth week.

In one case (IV), the process was controlled for three months, when the patient had an extension of the ulcerative process along the ascending colon, with abscess formation and multiple perforations, requiring resection of the ascending, transverse and the upper third of the descending colon. This patient is now free from symptoms.

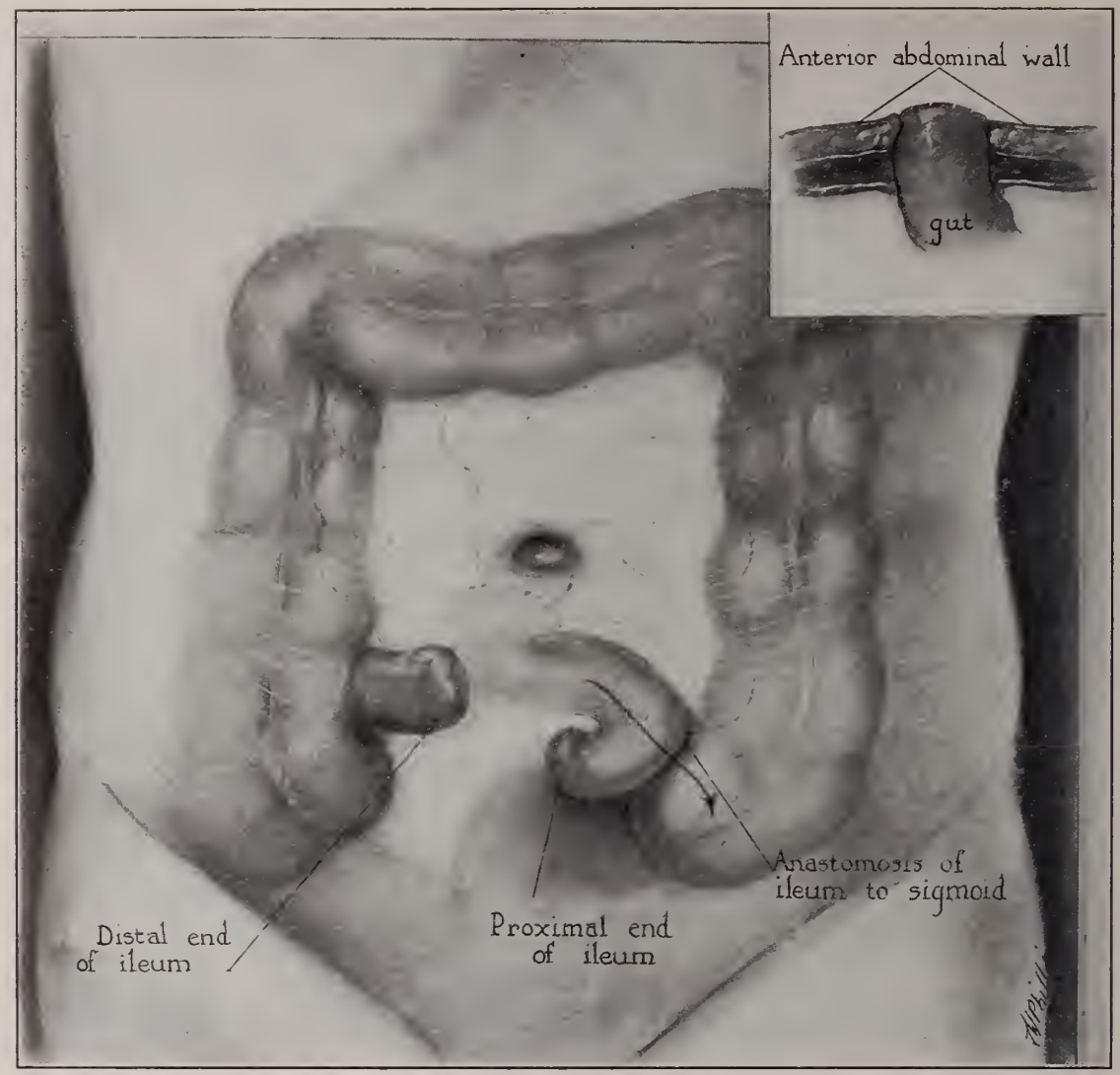


Fig. 2. Closure of the proximal end of the gut and lateral anastomosis of the distal portion of the gut to the mid portion of the sigmoid. Insert: Proximal end of gut brought through anterior abdominal wall.

The other patients are free from symptoms, have regained their normal weight and are able to pursue their former occupations. One patient (Case III) was subsequently delivered of a normal infant by Caesarean section.

CASE REPORTS

Case I—Mr. G., age 36, was first seen by the writer on February 14, 1925. Since his discharge from the army in 1920, the patient experienced periods of frequent bowel evacuations, containing much blood mucus. During the previous five years he became progressively weaker and anemic. Dietary treatment and repeated colonic irrigations gave temporary relief following each exacerbation of the colitis. The present illness began six months previously, since which time the patient experienced frequent bowel movements varying from five to twenty per day; the rectal discharge contained considerable mucus, blood and pus. During the preceding six months the patient lost fifty pounds in weight, experienced repeated night sweats and was more or less prostrated by his illness. Early in the course of his illness appendectomy had been performed, with no beneficial results. The patient acquired gonorrhea in 1918.

The physical examination revealed an emaciated white adult male. The general physical examination revealed little of importance. The proctoscopic examination revealed the characteristic lesions of chronic ulcerative colitis. Cultures made from the rectal abscesses and ulcers yielded a rich growth of a diplostreptococcus similar to that described by Bargen. An autogenous vaccine was prepared and the vaccine treatment was carried out for three months, without appreciable benefit.

X-ray studies revealed the typical "gas-pipe colon", with complete absence of haustration of the entire ascending and transverse colon. Repeated stool cultures failed to reveal any amebae or organisms of the dysenteriae group. During three months of continuous hospitalization, the colon was irrigated daily with normal saline solution.

The blood Wassermann reaction was negative. The average of several blood counts was 3,100,000

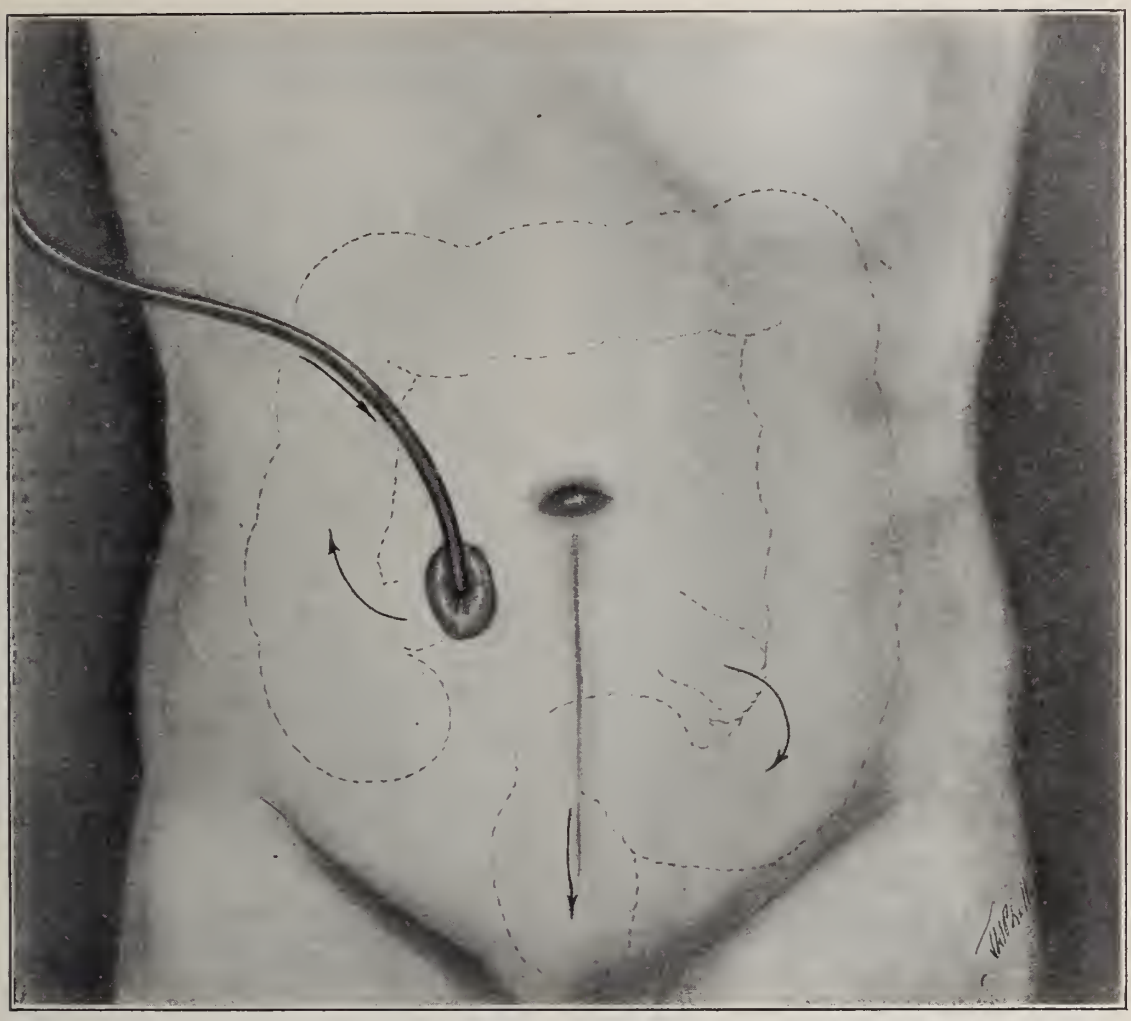


Fig. 3. Showing completed operation with opening of the end of the closed gut and insertion of rubber tube for irrigation.

red blood cells, 12,6000 white blood cells, with a normal proportion of the various white cell elements. Repeated blood cultures yielded no growth.

In view of the history of repeated exacerbations of the disease over a period of five years and the failure to respond to the usual medical procedures during the three months hospitalization period, it was decided to perform an ileosigmoidostomy. The operative procedure employed was that described previously. Colonic irrigations of normal saline solution were begun two weeks following the operation. Four months after the operation the blood and mucus had entirely disappeared from the stools and the patient had regained twenty pounds in weight and returned to his work.

When examined on April 20, 1930, the patient appeared to be in fine physical condition. He had regained thirty pounds and had been employed continuously at his usual occupation during the five years which had intervened since the time of operation. The patient has continued to employ daily saline irrigations.

Case II—Mr. R. A. W., a 32 year old white farmer, presented himself on October 7, 1927, complaining of alternating periods of diarrhea and constipation during the previous three years. The periods of diarrhea would last for several weeks or months, during which time he would pass long shreds of mucus mixed with blood, pus and incompletedly digested food material. He complained also of general abdominal soreness, most marked during the exacerbations of the colitis. He had been unable to work for several months because of marked weakness. He had received all of the usual medical treatments during the three years of his illness, without appreciable benefit.

Proctoscopic examination showed multiple irregular deep ulcers of the rectal mucosa with marked edema and hyperemia of the intervening areas of intact mucous membrane.

Laboratory studies of several fecal specimens showed large amounts of blood, pus and mucus; no amebae were found in the stools. Attempts to recover the diplostreptococcus of Bargen were unavailing.

The blood Wassermann and Kahn reactions were negative. The urinalyses were essentially negative. Repeated blood counts showed an average of 3,200,000 red blood cells and 11,500 white blood cells, with a normal differential count.

The patient was hospitalized for two months, during which time various medical procedures, including daily colonic irrigations, were carried out. On December 3, 1927, the patient was subjected

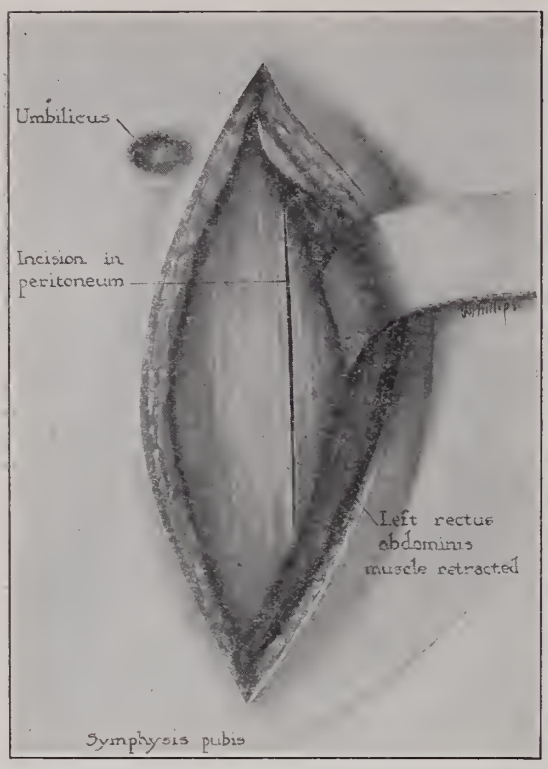


Fig. 4. Illustrating retraction of left rectus muscle so as to cover line of peritoneal incision with muscle.

to ileosigmoidostomy. The postoperative course was uneventful. Daily colonic irrigations were instituted two weeks following the operation. Within a month the blood, mucus and pus had disappeared from the colonic discharges. On April 14, 1928, the patient had regained twenty-three pounds in weight and was doing full-time duty at his former occupation. When examined on April 1, 1930, the patient was found to have regained his normal weight and to have been able to pursue his usual work during the past two years. At one time he failed to continue his daily saline solution irrigations and experienced slight pain along the course of the colon, which disappeared immediately upon the re-institution of daily irrigations.

Case III—Mrs. E., a 20 year old housewife, presented herself on September 5, 1927, complaining of repeated loose bowel movements (eight to twelve per day) for the previous three and one-half months. The rectal discharges contained an abundance of fresh blood, pus and mucus. She had experienced severe rectal tenesmus and daily elevations of temperature to 100-101° F. The patient had been treated at home with repeated colonic irrigations, and large amounts of bismuth and Fuller's earth. She was admitted to the hospital during this time for transfusion and vaccine therapy. The process increased in intensity throughout the period of medical treatment.

The physical examination revealed a pale, emaciated, dehydrated woman with marked air hunger, a pulse rate of 120 and temperature of 100° F. The general physical examination was essentially negative except for marked tenderness along the course of the colon. Proctoscopic examination revealed multiple scattered irregular ulcers and pinpoint to millet seed size whitish abscesses. Cultures made from the abscesses and ulcers yielded a rich growth of an organism resembling the diplostreptococcus of Bargen, together with streptococci occurring in short chains. An autogenous vaccine was prepared from these cultures.

The blood Wassermann and Kahn reactions were negative. The red blood cell count was 2,220,000; the white blood cell count was 14,400, with a normal differential count. Repeated urinalyses and blood cultures were negative. No amebae were found in several stool specimens.

Medical treatment, including vaccine therapy, was carried out for another month in the hospital, during which time the patient became progressively worse. On October 8, 1927, ileosigmoidostomy was done. The entire large bowel showed marked thickening of the wall with absence of haustration. There were many greatly enlarged mesenteric lymphnodes. The postoperative convalescence was uneventful.

Saline solution irrigations were commenced twelve days following the operation. The patient had made a complete recovery at the end of eight weeks.

On December 24, 1929, it was necessary to perform a Caesarean section upon this patient. A normal baby girl was delivered without difficulty. At the time of the laparotomy a careful exploration was made of the entire colon. There was no evidence of colitis at this time. The patient has continued to use daily irrigations of normal saline solution.

Case IV—Mrs. M., a 44 year old housewife, was first seen by the writer on March 16, 1929. She experienced her first attack of colitis five years previously, at which time she was incapacitated for several weeks by an illness characterized by repeated rectal discharges containing considerable mucus and blood. This illness responded to medical treatment and the patient made a slow recovery. There was no recurrence of the colitis until four months prior to the present admission, at which time she experienced griping pains in the abdomen, most marked along the course of the colon, particularly the ascending colon. Since that time she passed several soft stools daily containing dark blood, pus, and mucus. Some degree of fever was present almost constantly, varying from 100 to 101° F. She experienced increasing weakness and nervousness. The colitis did not respond to medical treatment during this time.

The general physical examination was essentially negative, except for marked tenderness and muscle spasm along the course of the colon, most marked in the right lower abdominal quadrant. The proctoscopic examination showed a markedly edematous and congested mucous membrane but no evidence of ulceration or abscesses.

X-ray studies of the gall bladder (Graham test), stomach, and small intestine were negative. The entire colon filled readily with a barium enema. The ascending colon and the right half of the transverse colon showed the typical smooth, rigid, "gas-pipe like" appearance of chronic ulcerative colitis.

Repeated examinations of warm stool specimens revealed considerable blood, pus, and mucus. Smears and cultures revealed many gram-negative bacilli; no amebae were present.

The blood Wassermann and Kahn reactions were negative. The red blood cell counts averaged 4,100,000; white blood cell counts, 12,500, with a normal differential count. Repeated urinalyses were essentially negative.

Because of the possibility of the existence of a

carcinoma of the ascending colon, exploratory laparotomy was done on March 21, 1929. There was no evidence of malignancy, but the entire cecum, ascending colon and right half of the transverse colon presented the typical appearance of chronic ulcerative colitis. Ileosigmoidostomy was done according to the technique described previously. Colonic irrigations were commenced on the twelfth postoperative day. The patient continued the saline solution irrigations daily and enjoyed complete relief from symptoms until June 15, 1929, when an abscess developed in the right lower quadrant about 2 cm. from the enterostomy opening; this abscess burrowed through the skin and formed a draining fistula. On October 15, a similar abscess developed about one and one-half inches below the right costal margin in the upper right abdominal quadrant; this abscess also developed into a fistulous opening. When irrigation of the colon was carried out practically all of the solution escaped through the two fistulous openings.

On November 5, 1929, the abdomen was explored through a long right pararectus incision. The sigmoidostomy opening was found to be widely patent. The transverse colon was clamped three inches from the splenic flexure with two Poya clamps and severed with the cautery. Following the ligation of the colonic vessels, the transverse and descending colon was removed down to the fecal fistulas. The proximal end of the ileum which had previously been brought through the abdominal wound was then freed on the outer side, following which the remainder of the ascending colon, including the cecum with its fecal fistulas was removed by cautery excision.

The gross and microscopic appearance of the excised colon was that of typical chronic ulcerative colitis.

The patient made an uneventful recovery except for mild infection of the operative wound which persisted for a few days.

When examined on March 15, 1930, the patient had regained her former weight and was entirely free from symptoms of colitis. During the past three months the patient has had two or three bowel movements each day.

Case V—Miss H. S., age 30, was admitted on April 17, 1929, complaining of frequent bowel movements, containing large quantities of mucus and blood, for the past two years. During this time she had experienced griping pains in the region of the large intestine. For the past two months she had passed as many as fifteen to twenty stools each day. During the present illness she had lost some twenty pounds in weight. Twelve weeks previously, cultures of an organism, resembling the diplostreptococcus of Bargen, were recovered from the rectal ulcers after proctoscopic examination. An autogenous vaccine was administered and the patient was placed upon a strict dietary regime and given repeated colonic irrigations, with no benefit. The proctoscopic examination done by the writer revealed multiple small irregular ulcers and many pinhead to pea size abscesses.

Repeated urinalyses were essentially negative. Hematologic studies revealed 2,900,000 red blood cells, hemoglobin 64 per cent, white blood cells 12,500, with a normal differential count. The blood Wassermann and Kahn reactions were negative. Repeated examinations of warm stool specimens showed large amounts of blood, pus and mucus, with no amebae.

In view of the fact that the ulcerative colitis was progressing despite thorough medical treatment, it was decided to perform an ileosigmoidostomy. The operation was done on April 19, 1929. The postoperative course was entirely uneventful. Irrigations were commenced twelve days after the operation and have been employed daily since that time. Within two weeks the blood, mucus and pus disappeared from the colonic discharges and when examined on March 20, 1930, the patient had regained her normal weight and regarded herself as entirely recovered.

SUMMARY AND CONCLUSIONS

1. The majority of patients with chronic ulcerative colitis will respond favorably to medical treatment. Surgical intervention should not be contemplated until medical treatment has been given a thorough trial.

2. In five cases of advanced chronic ulcerative colitis, which were refractory to the usual forms of medical treatment, clinical cures were obtained by ileosigmoidostomy, followed by daily colonic irrigations.

BIBLIOGRAPHY

1. Bargen, J. A.: Experimental Studies of the Etiology of Chronic Ulcerative Colitis. J.A.M.A., 1924, *83*, 332-336; Bargen, J. A. and Logan, A. H.: The Etiology of Chronic Ulcerative Colitis. Arch. Int. Med., 1925, *36*, 818-829.

2. Bargen, J. A.: The Treatment of Chronic Ulcerative Colitis. Minn. Med., 1927, *10*, 689-694; The Medical Management of Chronic Ulcerative Colitis. Tr. Am. Gastro-Enterol. A., 1927, pp. 145-149; Changing Conceptions of Chronic Ulcerative Colitis. J.A.M.A., 1928, *91*, 1176-1181; Complications and Sequelae of Chronic Ulcerative Colitis. Ann. Int. Med., 1929, *3*, 335-352.

3. Torrey, J. C.: Bacteriology of the Human Colon, with Particular Reference to Ulcerative Colitis. Tr. Am. Gastro-Enterol. A., 1927, pp. 129-135.

4. Jones, N. W.: Discussion of paper by D. F. Jones. The Surgical Treatment of Chronic Ulcerative Colitis. Tr. Am. Gastro-Enterol. A., 1927, p. 177.

5. Soper, H. W.: Chronic Ulcerative Colitis. Ann. Int. Med., 1927, *1*, 313-350.

6. MacNaughton, E.: Bacteriologic Studies in Chronic Ulcerative Colitis. Canad. M.A.J., 1928, *18*, 568.

7. Santee, H. E.: Ulcerative Colitis. Ann. Surg., 1928, *87*, 704-710.

8. Portis, S. A.: The Diagnosis and Treatment of Non-Specific Ulcerative Colitis. Ill. M.J., 1927, *51*, 11-15.

9. Chisholm, A. J.: Symptomatology and Treatment in Chronic Ulcerative Colitis. Colorado Med., 1928, *25*, 28-31.

10. Horgan, E. and Horgan, J.: Chronic Ulcerative Colitis; Results of Treatment with Vaccine in Five Cases. J.A.M.A., 1929, *93*, 263-266.

11. Crohn, B. B.: Cited by Bargen, J. A., J.A.M.A., 1928, *91*, 1177.

12. Paulson, M.: Chronic Ulcerative Colitis with Reference to a Bacterial Etiology. Arch. Int. Med., 1928, *41*, 75-96.

13. Smithies, F.: Discussion of paper by Bargen, J. A. J.A.M.A., 1928, *91*, 1180.

14. Bassler, A.: Some New Points in the Treatment of Ulcerative Colitis. Med. J. and Rec., 1929, *129*, 320-321.

15. Thorlakson, P. H. T.: Ulcerative Colitis. Canad. M.A.J., 1928, *19*, 656-659.

16. Bargen, J. A.: Specific Serum Treatment in Chronic Ulcerative Colitis. Arch. Int. Med., 1929, *43*, 50-60.

17. Fansler, W. A.: Chronic Ulcerative Colitis. Med. J. and Rec., 1927, *126*, 427-430.

BOOKS RECEIVED

The State Health Department of Massachusetts, Michigan and Ohio, by James Wallace, M.D., C.P.H. An analytical and comparative study of the organization and activity of three of the stronger state departments of health. (The Commonwealth Fund, Division of Publications, New York City).

The Treatment of Chronic Running Ears, or Chronic Suppurative Otitis Media

GEORGE MORRISON COATES, A.B., M.D., Philadelphia

AN adequate discussion of the treatment of chronic running ears demands a chapter in a text-book rather than a paper with the necessary time limitation that this program calls for, and it is, therefore, evident that many details of treatment, therapeutic or surgical, must be passed by. The writer has, however, definite ideas about the relative value of conservative and operative procedures dependent upon the pathology and symptoms present and will undertake to demonstrate an orderly method of consideration for the treatment of this undeniably obstinate, troublesome and often dangerous condition. Most of the running ears of the chronic class that come to us have been diseased for long periods of time without other than local symptoms and we have therefore usually time enough at our disposal, the patient being willing to submit to this orderly procedure, for careful study and trial of various more conservative agencies before resorting to those most radical. The one condition calling for urgency is the development of symptoms of labyrinthine or intracranial invasion, in which instance, all conservative efforts must be abandoned without trial and radical operation undertaken as a life saving measure.

Not many years ago it was common otological opinion that *all* chronic running ears were a grave menace to life, calling for little temporizing before radical surgical intervention, even the intermittent type, with long periods of dryness, being denounced for giving the patient but a false sense of security and thereby increasing his danger. The pendulum has swung somewhat in more recent years, as pendulums will, and the general opinion now is that conservative measures will secure dry and reasonably normal ears in a large proportion of cases, and that, with the patient under fairly close observation and instruction, the development of disturbing or dangerous symptoms is gradual enough to give ample time for proper radical intervention.

A proper study of the case calls for:

1—A careful history of the local condition, its etiology, onset, complications, course, previous treatment, duration, intermittency, acute exacerbations, nose and throat history, previous operations, general health and previous attacks of illness; home, personal, and school hygiene, swimming habits, diet, etc.

2—A complete hearing test both qualitative and quantitative, by voice, whisper, forks, Galton whistle, etc., and an audiometer record if possible.

3—A study of the function of the static labyrinth by turning methods and at times, guardedly, by the caloric test, with especial attention to the test for labyrinthine fistula.

4—As definite a pathological diagnosis of the local condition as possible, probing for carious bone, examination of the pus, note as to odor and consistency, portion of middle ear from which it apparently comes, amount of drum membrane remaining, location of perforation, culture to determine probable offending organisms, always multiple.

5—A thorough general physical examination by a competent internist, including blood studies, tests for syphilis, tuberculosis, sugar tolerance, anaemias, cardio-renal function, endocrine dysfunction, etc.

6—A comprehensive nose and throat examination, noting any abnormality that might act to prolong the ear infection or contribute to its recurrence. Septal irregularities, unless gross, are not usually considered definite etiological factors, but infection of the accessory sinuses, whether hyperplastic or suppurative, is so considered, and a deviated septum may well be the underlying cause of the sinus infection.

Acute recurrent coryzas may be allergic in origin or may be due to foci of infection in the sinuses, but whatever the cause, they play a definite part in the prolongation of middle ear suppuration. Tonsils and adenoids should be studied and remnants searched for even in the face of a history of removal. Particularly should Rossenmullers fossae be investigated for remnants of adenoid tissue or for adhesions; hypertrophy of the posterior tips of the inferior turbinals be looked for with the mirror as well as the nasopharyngoscope, and finally the patency of the eustachian tube determined by inflation or bouginage.

7—An *X*-ray study of the mastoids will give some information in regard to the type of cell development, the amount of sclerosis, and at times the presence of a large cholesteatomous cavitation or the erosion produced by necrosis without cholesteatoma, but in the presence of a very sclerotic cortex expert interpretation is called for if surgical procedure is to be determined by the report.

What is a *chronic* running ear? Chronicity means extension of the disease beyond a period when it can no longer be called acute, but the length of this period is arbitrarily set differently by individual observers. Roughly speaking, a

Read before the Eye, Ear, Nose and Throat Section, Ohio State Medical Association, at its 84th Annual Meeting, Columbus, May 13-15, 1930.

Professor of Otology, Graduate School of Medicine, University of Pennsylvania.

running ear passes out of the acute or sub-acute class when the discharge continues unabated after all acute symptoms have subsided and in spite of all the remedies usually applied to acute conditions. Many cases classed as early chronic will, however, clear up with a little more persistence and care in the original treatment or the removal of some complicating factor.

Having obtained the information called for above, before expecting to obtain a rapid cure of the case by either conservative or radical treatment, certain measures are definitely indicated, and if these are neglected, cessation of discharge, if secured, will rarely be permanent, nor will the ultimate radical operation be a success. Preliminary treatment, then, calls for:

1—Putting the individual in the best general physical condition obtainable by eradication or control of any general abnormalities, attention to living conditions, exercise, fresh air, sunlight, clothing, food (including a properly balanced diet).

2—Removal or cure of any contributing factor in the nose and throat. This means removal of tonsils and adenoids or their remnants, drainage of sinuses, or removal by radical operation of hyperplastic lining mucosa; correction of gross contributing septal deformities and hypertrophied posterior turbinal tips, as well as attention to atrophic rhinitis with crusting.

The advent of symptoms indicating beginning extension to the labyrinth or to the intracranial structures, the presence of a definite, large cavitation in the mastoid when it can be diagnosed by *X*-ray or otherwise, and the development of an acute exacerbation in the mastoid process usually calls for radical intervention at once and a cessation of conservative effort if already undertaken.

After steps have been taken to put the patient in the best physical condition and the best hygienic surroundings obtainable, advice as to nose blowing and bathing is in order. It is well established that certain cases of chronic suppurations are maintained by improper, forcible blowing of infective secretion through the eustachian tube. Blowing with one or both nostrils open will eliminate this source of trouble, and a small proportion of cases will need no further treatment. Water entering either the actively or latent suppurating middle ear, through the eustachian tube or a perforation in the membrana tympani, is badly tolerated by the irritated and inflamed mucosa and is a frequent cause of chronicity and recurrences. The water need not necessarily be infected since the average nose normally contains infective organisms, and it may come from a garden hose, a shower or tub bath, or from swimming with the head under water, diving or jumping in feet foremost. The prevention of water entering the ear through a patulous eustachian tube is only possible by keeping the nose and mouth out of water, but a proper ear protector, bathing cap with suction ear piece, or oily wool or cotton ear plug will prevent the entrance of water through the external canal and perforation. Elimination of this source of irritation or infection will obtain a few more dry ears.

With these two sources of infection ruled out an orderly procedure calls for:

1—Local cleansing, drying and medication by the patient at home.
2—Local cleansing at frequent intervals by the otologist.
3—The administration of vaccines, stock or autogenous.
4—The removal of obstructions to drainage from the middle ear.
5—The removal of osseous necrosis.
6—The treatment of inflammed and infected mucosa.
7—The use by instillation or insufflation of various remedial agents.
8—The employment of electricity.
9—The operative closure of the eustachian tube to prevent reinfection.
10—Ossiculectomy.
11—The modified radical mastoid operation.
12—The radical mastoid operation.
13—Labyrinthine drainage where there is a complicating suppurative labyrinthitis.

Each of these successive steps will obtain some dry ears, leaving in the end, if the various procedures have been conscientiously carried out, but a few cases where the more radical procedures will be called for. There will always be a small residue of cases, however, where radical operation is the final resort, all else having failed and where the small residuum of hearing is not worth considering.

Let us consider in more detail these various steps, each one of which may be expected to arrest some cases, depending upon the amount and type of pathology present. Obviously an external and middle ear full of granulations and polypi cannot be expected to yield to the more simple remedies since in no way can these remedies be expected to reach the diseased parts until the obstructions are removed.

1—*Home treatment.* Instruct the patient how to cleanse and dry the ear with cotton. Some patients can readily be taught to do a complete and safe job, while others cannot be trusted to do more than cleanse the meatus. The cleaner the ear is made, the more result can be expected to follow from medication. After cleansing, instruct the patient to instill alcohol and boracic acid, beginning with 25 per cent alcohol and advancing to 90 per cent. The middle ear and external canal is filled to the meatus and the solution pumped in by pressure on the tragus, the patient lying on the opposite side. This posture should be maintained until the ear is dry, or for at least ten minutes. Instead of the alcohol-boracic acid solution, pure anesthetic ether may be used in the same way. Ether boils at body temperature or less, the boiling tending to loosen up inspisated pus and epithelial debris with cholesteatoma, and as ether is a lipoid solvent it penetrates more

readily than the alcohol, a coagulant, into remote diseased recesses. Neither of these remedies is without pain but both can be borne by determined patients and even children soon tolerate the smell of the ether. Instead of boracic acid, bichloride of mercury can be added to the alcohol, often with good effect, making a 1-5000 solution, provided the eustachian tube is not patulous. The dyes such as mercurochrome, acriflavine and others can be tried but are objectionable because of their staining properties, and the same objection holds good for weak silver nitrate solutions which are, nevertheless, at times efficacious.

2—*Office treatment.* The more pains the otologist takes in the local treatment of these ears, the better his results will be. Daily treatment may be necessary over a long period of time, gradually increasing the intervals between visits, but the office treatments must be thoroughly and painstakingly carried out. Wagers' conclusions in studying a series of cases in the Veterans Bureau, were that the thorough cleansing was more important than the type of medication introduced subsequently. This also explains, in a measure, the greater success obtained in private practice over the results reported from the dispensaries, where attendance is irregular and congestion limits the time and attention that can be given each individual.

When full of thick secretion and crusts, the ear is best cleansed by the instillation of hydrogen peroxide and washed with warm boracic acid solution. Peroxide of hydrogen is often objected to as being a dangerous solution for use in the middle ear, but the writer does not share this opinion, and it is commonly employed by many British and American otologists. It is undoubtedly a good cleansing agent. The attic should be cleansed with an attic syringe. The ear is now further cleansed by massive suction or, better still, negative pressure applied through a small silver canula with a tip of soft rubber tubing; the eustachian tube is cleaned by gentle inflation to remove infectious secretion from the tympanic tube mouth, and the ear gently dried with cotton. If little secretion is present the suction and drying should be proceeded with without resort to the washing. The drying is most important. Further drying can be obtained by blowing cold air into the external auditory canal, or better still, heated air can be used. With the ear cleansed and dried, still further dryness can be obtained by instilling alcohol followed by ether as described above. These measures alone will dry up many an ear. For the more obstinate ones, this treatment is followed by the instillation of Calot's Solution, given by Tobey and Beck as follows:

Guiacol	mm. 15
Creasote	mm. 75
Sulphuric ether	drams 8
Iodoform	drams 2.5
Olive oil	17.5

(do not filter)

This solution can also be given to the patient for home treatment.

In place of this solution, after drying the ear, a light insufflation of boracic acid is of value, but it may be dangerous because of its tendency to cake and obstruct drainage. The days are long past when the middle ear and external canal were tamped full of boracic acid powder, although "cures" undoubtedly did result in some cases, as reported by W. S. Bryant.

Recently a powder of iodized anhydrous boracic acid has been employed with what seems to be great sucess. This powder is patented under the name of "Iodine Dusting Powder" (according to Joseph C. Beck), devised by Dr. N. Sulzberger, and is also known as Iodobor. It is claimed for this remedy, used in the way described above, that a very large percentage of chronic ear suppurations, even with extensive granulations, necrosis of the ossicles and cholesteatoma, will be cured or at least arrested.

Where polypi are present the first step in treatment should be their careful removal with the snare. More sessile granulations are cauterized with silver solutions or carefully with liquid trichloracetic acid; never with silver, chromic acid or trichloracetic acid beads or crystals whose action cannot be controlled. The actual cautery should never be used.

3—*Vaccines.* While vaccine therapy cannot be relied upon to cure chronic ear suppurations without the help of other measures, both general and local, and while its use is, of course, distinctly limited where extensive necrosis or cholesteatoma is present in the mastoid cells, beyond doubt this form of treatment has a definite place of usefulness in the management of such cases. Ersner and the writer, years ago, proved that in unselected cases either stock or autogenous vaccines would produce dry ears in a very respectable number of cases, the best results being obtained by the use of autogenous preparations. The bacterial flora in chronic suppurating ears is practically always mixed and multiple, and it also changes from time to time. Vaccine should, as a rule, therefore be composed of all probably pathogenic organisms found on culture, grown separately and later combined in definite percentages for administration. Dosage should be so regulated as to avoid, if possible, excessive reaction either local, general or focal, and spaced at such intervals as to avoid the so-called negative phase, a point much stressed by Kolmer. Failure with one preparation should not lead to abandonment of this method; another culture should be made and tried, and even a third or fourth. Furthermore, improvement may take place to a certain point with one preparation, and still further improvement or cure result from a second or third culture and growth. Failure may easily result from improper or careless methods of culture taking or vaccine preparation, which may be corrected at a

second trial. The culture must be taken by an otologist, working with a definite technique. The procedure found most successful by us was to cleanse the external canal and middle ear as thoroughly as possible by the usual methods, dry out with 70-90 per cent alcohol, inflate the eustachian tube and apply suction at the external meatus, take the culture with a sterile platinum loop through a sterile speculum.

The subtitle, *removal of obstruction to drainage,* may call for the enlargement of a too small existing perforation or the making of a new one in a more dependent position; freeing of adhesions and thereby draining infected pockets; removal of polypi and granulation tissue, or ossiculectomy—removal of diseased or non-necrotic ossicles—to further improve drainage, thus preventing the formation of pockets and adhesions particularly in the attic. Small areas of necrosis may be satisfactorily removed, with covering granulations, by small, angular sharp or semisharp curettes, but the presence of such small necrotic spots, while it prolongs suppuration, does not necessarily prevent ultimate dryness.

Electricity may be employed and in certain forms is reported by many observers to have given favorable results. The *X*-ray will not directly affect the suppurative process in the middle ear, but roentgen-ray treatment does reduce the lymphatic tissue in the vault of the pharynx, around the pharyngeal orifice of the eustachian tube and in the tube itself, thus favoring drainage and, to a certain extent, eliminating the primary focus and the constant danger of reinfection. Ionization, either with zinc or iodine, is a favorite method of treatment with some otologists but in the writer's experience has been less successful than was hoped for. Either or both of these remedial measures may easily be tried in particularly obstinate cases, with hope of improvement or cure in a certain number of instances, but the *X*-ray must be administered by a roentgenologist of experience, and the solution used in the process of ionization must reach all the diseased areas if success is to be obtained.

The measures indicated above, some or all, may be expected to dry up a large proportion of running ears if carried out conscientiously. For instance, according to Wagers, painstaking cleanliness alone will give from 30 to 40 per cent. Vaccines alone will possibly give the same proportion. These two combined increase the ratio. Attention to general health and elimination of other foci of infection brings the total higher. Home treatment, minor surgical measures, local applications, *X*-ray and ionization bring more sluggish cases into line, so that, without resorting to more extensive or radical surgery, we have hopes of drying up from 60 to 85 per cent of all cases. For those that remain without enough definite improvement to warrant longer trial of such remedies, or where it is obvious after the first thorough examination that such measures will probably fail, or where time is an important factor, the hearing being definitely bad, recourse is had first to intratympanic surgery, and secondly to mastoid surgery.

Intratympanic Surgery. The simpliest type of intratympanic operation, other than the removal of granulations and adhesions, is the attempt to close the eustachian tube by the Yankauer technique. It is done with local anesthesia through the external meatus and canal, and through the existing perforation if in a favorable position. If not, an additional perforation is made, the eustachian tube washed through a catheter, cocanized by applicators introduced through the nose and the mucoperiosteum curetted upwards, with the special Yankauer instruments, from the isthmus to the tympanic orifice. A favorable result is closure of the tube at and above the isthmus eliminating any further reinfection from that source. Closure is not always or easily secured and many cases will need repeated curettements before the tube is finally sealed off. The perforation in the membrana tympani will never close if the lumen of the tube is destroyed and this procedure alone will give some dry ears. A bead of silver on the end of an applicator introduced well up the tube from the pharyngeal opening is also said by Pierce to cause complete stenosis. It must often be augmented, however, by freeing adhesions, draining infected pockets in the atrium and attic and by ossiculectomy, once a favorite otological operation, then long neglected, but now occupying a most useful place in otologic surgery.

Ossiculectomy will dry many obstinate suppurations, especially if combined with tube closure, and with Tobey's more radical improvement of removal of the external wall of the attic (the "scutum" of Leidy) and the external wall of the additus thus giving some measure of antral access and drainage. Ossiculectomy may be done with either local or general anesthesia, the main difficulties encountered being bleeding, obscuring the limited field of operation; a contracted external canal and the discovery and removal of small remnants of necrotic ossicles, especially the incus, which is often the more extensively diseased of all. Needless to say the stapes is never included in this removal, but drum remnants and granulation tissue always should be.

The dangers are not great in careful hands and where the operator knows his anatomy and understands the pathology likely to be present. After removal of the ossicles and general debris, Tobey proceeds with a small, strong punch of the Kerrison type, to remove the external wall of the attic and additus including skin and periosteum, until the antrum is opened up. This increases the danger somewhat but also increases the chances of success. It is not necessary in cases where the pathology is limited to the middle ear. The cholesteatomous matrix, an ingrowth of epiderm,

should not be removed when present, as it forms a satisfactory lining of the now freely drained cavity. Cure (a dry ear) is most surely obtained when all the diseased spaces are covered with epidermis ingrown from the external auditory canal. If these measures fail the radical operation can still be resorted to for the purpose of eliminating deep seated mastoid infection. In such cases the tympanic part of the complete radical mastoid operation has already been done. If ossiculectomy has been done, however, the modified radical operation of Heath, Jansen, Ballenger, Blackwell, and others is no longer feasible.

The modified radical operation is called for in those carefully selected cases where the main pathological process is in the mastoid cells, where the middle ear structures are not seriously damaged and where the hearing is good, especially when bad upon the opposite side. It is an attempt, often successful, to save or improve the hearing while at the same time obtaining a dry ear. The operation lies midway between the simple and radical operations on the mastoid process. The most modern and most successful technique is that of Blackwell and consists in the thorough clearing out of the mastoid process, removal of the posterior bony wall of the external auditory canal, leaving the annulus, membrane and ossicles intact, as taught by Heath, but in addition the external wall of the attic and additus is removed, as done by Tobey, only in this instance it is not done through the external meatus. The attic is carefully cleansed but the tympanic membrane and ossicles are not disturbed. They thus maintain their sound conducting properties. A plastic is done on the post-meatal wall and the cavity treated through the enlarged meatus.

Almost the last resort for the cure of the chronically discharging ear is the radical mastoid operation and, except as before noted, it should not be performed until more conservative measures have been tried without success. There are several apparently good reasons for this statement. Under the most propitious circumstances the radical operation does not necessarily assure a perfectly or permanently dry ear, although in the vast majority of cases it does remove from the patient the danger of intracranial complications. It is a capital operation and therefore the patient should not lightly be subjected to it. There is some danger, not great in skillful hands, to the facial nerve, labyrinth or intracranial structures, and there is less chance of improvement of the hearing following its performance. Indeed the possession of fair to good hearing in the diseased ear is in the nature of a contra-indication to radical surgery, unless called for by serious complications.

Finally, it is the belief of the writer that the radical operation is not indicated when it is reasonably certain that the mastoid process is sclerosed throughout, containing no cavities of necrotic bone or advancing erosion and bony absorption from the pressure of cholesteatomatous masses. To make this negative diagnosis the aid of the *X*-ray is invaluable although not infallible. Where the mastoid process and cells are definitely not involved, where they never were involved or where spontaneous cure and obliteration has taken place through replacement of the pneumatic spaces and diploetic bone by sclerotic bone, all that the radical undertakes to do can be done equally well and with better end results, especially as to hearing, by less extensive surgery. To chisel out a cavity, where no cavity exists already, from the hard, ivory-like bone of a sclerotic mastoid process, merely to make an approach for cleaning up the tympanum has always seemed to the writer to be unnecessary when the work can be done equally well through the external meatus, leaving the mastoid intact.

In spite of all this, the radical mastoid operation has very definite indications for its performance. If signs of a peri-labyrinthitis or a circumscribed labyrinthitis develop, it is absolutely necessary. If a positive fistula sign is present it is called for. If the labyrinth on that side is dead, with a history of an attack of diffuse suppurative labyrinthitis, it should be performed. If an acute exacerbation of a chronic mastoiditis develops, a radical operation is the safest procedure. A fistulous opening through the cortex, or through the posterior canal wall, calls for radical operation. And finally, while a small cholesteatomatous mass in the attic and antrum may be handled through the meatus, extension of the cholesteatoma beyond the normal confines of the antrum cannot be so handled, nor any other necrotic process involving the walls of the antrum or other mastoid cells. With poor hearing and much middle ear pathology, even a modified radical is, in these circumstances, contraindicated.

Now it is not always possible to accurately diagnose the condition of the mastoid prior to operation, but the ultimate type of surgery to be employed, can at times be left until the mastoid process is opened. One may start out to do a modified radical and possibly find such pathology present that nothing but a radical will suffice; or starting to do a radical, the amount and situation of the pathology discovered may convince the operator that a modified operation offers the best chance of success. If a facial paralysis develops during the course of a chronic suppurative otitis media, a radical operation must be done at once in an endeavor to locate and remove the source of trouble, although that source may be in the middle ear. It must never be forgotten that the radical mastoid operation is often a life saving procedure and it must be employed without hesitation when serious symptoms develop, as well as in those cases where every other means has been employed unsuccessfully to eliminate the discharge. In such cases it is common experience to

find much greater bone involvement in the mastoid process than *X*-ray and other examinations had lead the operator to suspect, which is an additional reason, in obstinate cases, for not waiting indefinitely.

If epidermatization of the entire radical cavity can be obtained either with or without the employment of skin grafts, and if at the same time the eustachian tube can be entirely closed, a permanent cure is secured. But even then, as well as in the case of epidermatization of the tympanic cavity after intratympanic surgery, the ear will need attention from time to time, for the removal of collections of desquamated epidermis and cerumen, which, if neglected, may cause further trouble.

Finally, when in a case of chronic suppurating ear with a dead labyrinth, which has resisted all other methods of treatment and which has come to radical operation, pus is discovered coming from a fistula in a semicircular canal or the promontary, or from one of the windows, a labyrinth drainage operation is definitely indicated in addition to the radical mastoid operation. Neglect to do this most radical procedure will not only leave the patient in danger of life but will fail to terminate the middle ear discharge.

There is one more point which should properly have been made much earlier in this discussion and that is the use of the simple mastoid operation. Many acutely suppurating middle ears can be prevented from falling into the chronic class by the timely drainage of the mastoid and middle ear by this operation. The only question that arises in this connection is the length of time that the acute suppuration should be allowed to continue before intervention is called for. In a noteworthy discussion of this question in 1917 before one of our national societies, the opinion was vigorously maintained that an unchecked discharge of longer than three to seven days was an indication for post-auricular drainage. In at least one Army camp during the winter of 1917-18 this rule was in effect, resulting in the performance of many unnecessary mastoid operations. If done at a reasonable date after acute symptoms have subsided but with a continuing discharge, chronicity may usually, or even certainly, be prevented.

Even with chronicity established, a simple mastoid drainage will be successful in a fair proportion of cases and is often the operation of choice in children under ten years of age. The hearing function is not damaged by this operation and may even be much improved, provided it is successful in stopping the aural discharge and it does not in any way interfere with any of the other methods of treatment outlined above, either at the time or at a much later period. Even in ears diseased for two or more years, occasional cures will result. Dench calls it the operation of choice in children, to be followed by the radical operation, if necessary, after full development of the mastoid is obtained.

SUMMARY

Since this paper is in itself but a summary of the various procedures in common use for combating the malady under discussion, further summarization would seem to be not only needless but a repetition of the already brief outline given. The point may be stressed, however, that no one therapeutical or surgical procedure will cause a preponderating number of suppurating middle ears to become dry, although each one will create a certain number of cures, the percentage differing under different conditions and when carried out by different individuals. Since no one procedure will cure all cases and since every procedure will cure some cases, and since we have a great many remedial measures at our disposal, it is good logic to assume that the great majority of these sufferers can be relieved, if treatment is based on rational principles applied according to the pathology present in the individual ear under study, and when persistently and carefully followed.

The word "cure" has been frequently used as a convenient expression but, as in other diseases, notably cancer, syphilis, tuberculosis, etc. "arrest" is the better term, since any chronic running ear that has become or has been made "dry" may be reinfected, with renewal of the active suppurating process. This renewal may be caused by traumatism, an acute or chronic general condition accompanied by lowered resistance, the entrance of water into the ear and other factors. Again a "cure" does not mean, ever, complete restoration of hearing although improvement is at times obtained; the hearing in the dry ear may be much worse than when the ear was discharging. And finally, an ear which has at times a little moisture, usually mucoid in character, most commonly from the tubal membrane or from an unreachable tubal cell, when such discharge is without odor, and when there are no other evidences of extension of the suppurative or necrotic process, may be considered to be in a satisfactory condition. Logan Turner and J. S. Fraser admit that such a residual discharge is encountered after radical mastoid operations in a definite percentage of cases, and such cases, they say, must be placed in the class of satisfactory end results.

1721 PINE STREET.

NEW BOOKS

Abdomino-Pelvic Diagnosis in Women. By Arthur John Walscheid, M.D., Director of Obstetrical and Gynecological Department of Broad Street Hospital; Director of Obstetrical and Gynecological Department of Pan-American Medical Center and Clinics, New York City, etc. With 397 illustrations and one color plate. The C. V. Mosby Company, St. Louis.

Renal Rickets

A. GRAEME MITCHELL, M.D., and GEORGE M. GUEST, M.D., Cincinnati

IN another publication (Mitchell, A. G.—to be published) there will be reviewed at some length the subject of nephrosclerosis (chronic interstitial nephritis) in childhood. In that review 76 cases of renal rickets are analyzed and their reports abstracted. This number does not include certain cases mentioned by Ashcroft[2] and Parsons[19] in which no descriptions are given. Because of the detail with which this will be done it does not seem necessary to duplicate here all of that material. Here will be reported two personally observed cases of renal rickets, with a discussion of the possible etiology of the disease. A complete acknowledgement of the many contributions to the subject cannot be attempted in the present place. Most of the recorded cases of renal rickets have appeared in the British medical literature and it would seem that this can be accounted for because of an awareness of the condition rather than because of any local etiologic factor which is absent elsewhere.

The term renal rickets is as satisfactory as any other and may be employed to describe the bone changes which occur in the condition. To distinguish it from true infantile rickets the term pseudo-rickets has occasionally been substituted.

Lucas[16] in 1883 noted the association of late rickets with albuminuria. He reported five cases of "rickets of adolescence" and stated that the association of late rickets and albuminuria were too frequently connected to be matters of chance. No necropsies were performed on his cases and it would appear that he did not appreciate the seriousness of the underlying kidney disease. Following the publication by Lucas there were six reports in which are described children who suffered from nephrosclerosis (chronic interstitial nephritis) and who also had bone changes, but in the author's description of these it does not seem that they placed particular stress on any etiologic connection between the two conditions (Davis-Colley[7]), (Goodhart[10]), (Hellendall[3]), Sequeira[23]), (Sawyer[22]) and (Nettleship[18]). In the year 1911 Fletcher[9] clearly recognized that the bone changes were dependent upon the chronic kidney disease. The fact that nephrosclerosis was accompanied by stunting of growth and infantilism (renal dwarfism or renal infantilism) was known to Barlow[5] in 1874 and it was mentioned by a number of other authors. Of reviews which contain, in addition to cases of renal infantilism, summaries of the literature on renal rickets there should be mentioned those of Hunt[14] and of György[12]. Both of these authors failed to discover all of the reported cases of renal rickets and, no doubt, there are some which have escaped our own observation.

It will later be shown that nephrosclerosis, or, as it has variously been called, chronic interstitial nephritis, chronic diffuse nephritis, granular contracted kidney, schrumpfniere, renal arteriosclerosis and renal arteriolosclerosis, is the most frequent pathologic condition found in the kidney in those patients who have late rickets. Because of this it will not be out of place to state certain facts in regard to the etiology and pathogenesis of chronic kidney disease. These have been gathered partly from personal observation but largely from a rather extensive review of the medical literature as it relates to the several phases of the subject and they may be summarized as follows:

(a) There is a familial and an hereditary predisposition to nephrosclerosis.

(b) Intrauterine nephritis or nephritis in very early life may occur. It is possible that in some instances the end results of this may become manifest in later childhood. That is to say, the damage is not sufficient to cause death at once and enough functioning tissue remains to carry on until such time as greater demands are made upon the kidney by various factors. Some of these are increased body growth, the increased demand for excretion of waste products formed during infections as the end-result of tissue destruction by bacterial toxins, or the necessity for elimination of various endogenous and exogenous toxins and poisons other than bacterial which add their load to kidney function.

(c) It has taken the advent of the Wassermann reaction to prove that syphilis is an etiologic factor in few, if any, cases of chronic interstitial nephritis and renal rickets. Congenital syphilis can attack the kidney and cause damage, but it must be seldom that this injury carries over into chronic interstitial nephritis.

(d) Acute bacterial infections, especially of a streptococcic nature, may in some cases injure the kidney and cause chronic as well as acute nephritis. Influencing this may be an hereditary predisposition to kidney disease. There remain cases in which chronic kidney disease may be due to causes other than bacterial. Among the most interesting of these is the group of cases, occurring in early childhood or infancy, of congenital anomalies of the kidneys or ureters, cystic kidney, obstruction, and hydronephrosis. In some instances in the cases of renal rickets it seems evident that an acute infection merely precipitated or aggravated symptoms or added to the load which previously the diseased kidneys had carried without much difficulty.

Read before the Section on Obstetrics and Pediatrics, Ohio State Medical Association, at its 84th Annual Meeting, Columbus, May 13-15, 1930.

From the Pediatric Research Foundation of the Children's Hospital and the B. K. Rachford Department of Pediatrics, College of Medicine, University of Cincinnati.

(e) Lead, alcohol, gout and other exogenous and endogenous poisons and toxins are seldom etiologic factors in nephrosclerosis in childhood.

The marked nutritional disturbance, the dwarfism and the infantilism which accompany nephrosclerosis in childhood may be explained, perhaps not too explicitly, as effects of the chronic nephritis on a young growing organism.

The pathogenesis of the bone changes which occur in nephrosclerosis have been discussed by several authors among whom should especially be noted Shipley, Park, McCollum and Simmonds[24], Parsons[19] and György[12]. The bone changes which occur in cases of chronic interstitial nephritis in early life resemble clinically those of the usual infantile rickets. Enlargement of epiphyses of the wrist and costo-chondral junction, pigeon-shaped chest, bossing of the frontal and parietal bones and deformities of the extremities may occur. With peculiar frequency genu valgum is present. By roentgenologic and histologic study these changes appear somewhat different from those found in infantile rickets and the shafts of the long bones and the flat bones have greater translucency and a more spongy appearance than usually seen in ordinary rickets. It becomes evident, too, that contrary to the case in infantile rickets, the antirachitic factor or substance (as contained in cod liver oil and irradiated ergosterol) and ultraviolet light do not influence renal rickets favorably—in fact the reverse of this is almost always true.

When a group of reported cases of children who were suffering from nephrosclerosis but who had no bone changes was compared with a group who had clinical and roentgenologic evidence of renal rickets, there could be discovered no particular difference between the two groups in sex incidence, age of onset of symptoms, age at death or any other factor which seemed to be of significance.

Most of the speculation directed towards an understanding of the fundamental problems in renal rickets has had to do with the chemical changes in the blood, and special stress has been laid on the relative concentrations of the inorganic phosphorus and calcium. These chemical alterations are in the range of values ordinarily found in nephrosclerosis in which, with progressive sclerotic lesions, there is loss of functioning renal tissue with demonstrable diminished power to excrete waste products from the body and inability to concentrate the urine. There is a tendency to moderate azotemia, the inorganic phosphorus of the blood is usually at the upper limit of normal and the serum calcium at the lower limit. These changes are exaggerated in any incidental infection and in slight bacterial intoxications during which the patient may go rather quickly into a state of severe acidosis with reduced blood bicarbonate, very high blood urea and non-protein nitrogen, the blood inorganic phosphorus being elevated to from 6.0 to 10.0 mg. per cent or even higher, the serum calcium in many cases being very low. Even though the serum calcium may be very low, however, the inorganic phosphorus is sufficiently high that their product is in nearly all cases well above 40. Accordingly, the theory of "undersaturation" or "diminished supersaturation" of the serum with calcium phosphate, so commonly accepted as the state existing in infantile rickets, is presumably not here applicable for explanation of the failure of calcium deposition.

One of us (G.M.G.) has carefully studied a number of publications which deal with the calcium and phosphorus metabolism and the various factors affecting it in chronic nephritis, infantile rickets and renal rickets. (Full acknowledgement of the work of the several investigators has been made in the review by A.G.M.) From this has evolved a view of the etiology of renal rickets which may be summarized briefly as follows:

In a type of nephritis characterized by a relative or absolute inability of the kidneys to excrete the waste endogenous phosphates from the body, there exists considerable evidence that such waste phosphates may be excreted through the intestinal mucosa instead of from the kidneys. It has been repeatedly demonstrated that an increased concentration of phosphates in the food—that is, in the intestinal contents—may interfere with the absorption of calcium, presumably through the formation of insoluble calcium phosphates. An hypothesis is offered that in renal rickets there is a shift of the excretion of waste endogenous phosphorus to the intestines, and that the concentration of phosphorus in the intestine thus increased so blocks the absorption of calcium from the food that the child suffers a true calcium starvation.

In necropsies performed upon children who have had renal rickets it is usually found that the heart is hypertrophied and frequently that arterio-sclerotic changes are present in the aorta and other blood vessels. In the majority of instances the kidneys are macroscopically and microscopically typical of nephrosclerosis or chronic interstitial nephritis.

In three of the reported cases renal calculi were found at necropsy. From a study of the clinical history and the pathologic picture it is evident that urinary calculi may cause kidney destruction which leads to a functional insufficiency and symptoms similar to those produced by chronic interstitial nephritis. In some of these cases there are actually found in addition to the calculi the microscopic changes of interstitial overgrowth.

From the necropsy and clinical records it seems to be evident that obstruction of the urinary tract interferes with excretion of urine and the metabolites contained in it. It has been present in some of the patients in whom symptoms similar to those of chronic interstitial nephritis developed.

It may be stated that dilatation of the urinary passages is found in chronic infections of them and that destructive changes and overgrowth of interstitial tissue occur in the kidneys in such cases. Such chronic infection may occur without demonstrable obstruction of the urinary tract as well as when this is present. The relation of cause and effect is not clear, but it may be that in some instances the infection is the primary factor and that an "ascending nephritis" is the result of it.

Congenital cystic kidney is a condition which can give rise to functional disturbances and symptoms similar to chronic interstitial nephritis. It is perhaps of some importance to state that of ten instances in which cystic changes or greatly dilated tubules were found in the kidneys at necropsy there were nine in which clinical or roentgenologic evidence of bone changes had occurred. That this may be linked up to some particular disturbance of function which the tubules control is at least worthy of speculation.

Other kidney abnormalities are occasionally found such as horseshoe kidney with cystic changes, defective development and cortical chondromata.

Changes in the suprarenal bodies have been described but there is no conclusive evidence that these are concerned in any way in the pathogenesis of the bone changes in renal rickets.

The symptomatology of renal rickets, with the exception of the bone changes, is largely that of nephrosclerosis somewhat modified by the youth of the patients. That is to say, some symptoms are present which might not occur in older persons. The average age of onset of symptoms which might be attributed to nephrosclerosis in 30 patients with renal rickets in whose records the age was mentioned, was 5 years and 2 months. This varied widely, however, and in some instances dated from early infancy. Of 74 patients whose sex was stated 39 were males and 35 females. No reports were found of negro children with renal rickets. This probably had no significance and is explicable on the basis that in the countries where the condition is present and recognized negroes constitute a very small proportion of the population. Retardation in growth is brought out by history and physicial examination in practically all patients. From statements in the literature it is evident that opposing views are held in regard to mental development. On the one hand it is believed that children with renal rickets are exceptionally mentally alert, on the other that the mental development is less than the average for age. No actual standards have been employed to study this matter.

In those children who lived past the usual age for puberty there was almost invariably evidence of delayed sexual development. Polyuria and polydipsia were often early and persistent symptoms and the same may be said of headache and vomiting. Uremia was a frequent terminal manifestation. Convulsions, uremic in nature, were also terminal symptoms in many patients. Carpopedal spasm alone or accompanying generalized convulsions occurred seldom. The lack of frequency of this symptom in spite of the low blood calcium may be explained by the fact that the accompanying acidosis makes for better ionization and utilization of the calcium. Edema was infrequent and when present was usually of only slight degree. A hemorrhagic tendency was present in several patients and was made manifest by nose-bleed, hemoptysis, melena, bleeding from mucous membranes, purpura or ecchymosis of the skin. No particular discussion was found in the literature concerning the cause of the hemorrhages. The marked anemia and the high blood pressure usually present are factors to be considered in this connection as are also the sclerotic changes frequently found in the blood-vessels, also the low blood calcium. No evidence is given that the number of blood platelets is diminished. Albuminuric retinitis was frequently found when the eye-grounds were examined. Anemia was an almost constant symptom. A most interesting physical finding is pigmentation of the skin which occurred in a number of the patients. It was variously described as a brownish, yellowish, grayish-yellow or grayish-green discoloration; a dirty sallow complexion; a bronzing or an earthy pallor. Inelasticity, dryness and coarseness of the skin and lack of perspiration were also noted in some cases. The pigmentation may be more marked in axillary folds and groins or on the flanks and abdomen; it does not involve mucous membranes (Guthrie[11]). The sclera is not involved in the discoloration. Dyspnea and palpitation were rather infrequently noted.

Enlargement of the heart was found on physical examination in a number of patients. The cardiac hypertrophy was an efficient one in most instances, at least there was seldom marked failure of compensation and death was due to uremia and not to cardiac failure. Arteriosclerosis was suspected in a number of patients by the palpably hard, tense and rigid superficial blood-vessels. Marked increase in blood-pressure was frequently found when it was determined. The urine examination was almost invariably of significance. The specific gravity was low; albumin, usually in small amounts, was found but not always on every examination; white blood cells and red blood cells were present almost as frequently as casts. Kidney function tests, when performed, were helpful in demonstrating the renal insufficiency. The blood non-protein nitrogenous constituents were elevated. Mention has been made previously of the bone changes. Specific mention should be made here, however, of genu valgum. This occurred in 33 patients. The average age of onset of genu valgum was 9 years in the 26 pa-

tients in whose histories this fact was mentioned. Three patients developed genu valgum before 2 years of age; 4 between 2 and 5 years; 8 between 5 and 10 years; 7 between 10 and 15 years; and 4 between 15 and 20 years. It may be the first symptom which calls attention to the underlying condition. The youngest age at which it developed was about 6 months (Zanoli[28]), and the oldest 17 years and 6 months. In some cases the deformity came on quickly. Barber[4] especially called attention to this. One of his patients when about 16 years of age, was sick in bed with an attack of influenza, following which genu valgum developed. Lathrop[15] and Parsons[19] also mentioned the sudden onset. Just why genu valgum should be so frequent is not clear. The act of weight-bearing undoubtedly plays a part, but does not in itself account for the wide difference in the ages at which it develops. Apert[1] stated that in the more severe cases there is a subluxation at the lower epiphysis of the femur.

The prognosis of renal rickets is serious. The age at death of 28 patients was as follows: None under 2 years; 8 between 2 and 5 years; 5 between 5 and 10 years; 8 between 10 and 15 years; 7 between 15 and 20 years. As a rule the earlier the symptom developed, the more serious was the prognosis and the younger the age at death. Some authors have attempted to relate prognosis to the onset of genu valgum because of the belief that death occurred in a year or thereabouts after its development. Study of the case reports does not warrant this conclusion as quite a few patients had this deformity for several years. No doubt, however, it indicates a serious kidney insufficiency. The development of retinitis, very high blood-pressure, marked nitrogen retention in the blood are all bad prognostic signs.

There is little to say concerning the treatment of renal rickets. One should remember that infection of the urinary tract and calculi in it may be potential sources of destruction of the kidney. It might be possible, too, in an occasional case to relieve obstruction before much kidney damage has occurred. The treatment of symptoms of nephrosclerosis differs in no way from that in adult life and, therefore, need not be discussed here. The danger of giving an anesthetic to these children and operating on genu valgum is obvious and death has occurred under these conditions as reported by Barber[3], Naish[17], Cameron[6] and Paterson[20]. On the other hand, Roth[21], Evans[8], Watson-Wemyss[25] and Zanoli[26] described patients on whom double supracondylar osteotomy was performed with no untoward results.

CASE REPORTS

R. P., a white male was admitted to the Children's Hospital of Cincinnati on March 11, 1929, when he was 18 months of age. The family history had no bearing on the case, the father and mother being alive and well as were two brothers and there was no history in the family of neoplastic, tuberculous, syphilitic, renal or cardiac disease. The patient had been born at full-term by an instrumental delivery, following which he was cyanotic for a short time. He had been entirely breast-fed for 9 months and practically so for 17 months. Orange juice had been given from 6 months of age and practically nothing else added to the diet until cereals and green vegetables were offered at one year of age. Little cow's milk had been given until 17 months of age and cod liver oil not at all. The first tooth erupted at 7 months of age and the child walked at one year. Since birth he had had varying degrees of abdominal distension and constipation somewhat relieved by cathartics. For several months he had vomited at frequent intervals. For an indefinite time, but for at least 5 months, it had been noticed that he had marked thirst and frequent urination. He had had no acute infections.

On the day before admission he had been irritable and seemed to have fever and had had a generalized convulsion accompanied by carpopedal spasm lasting for about 5 minutes.

On admission it was found that the boy was apparently well nourished but undersized (17 pounds, 14 ounces), his temperature was 98° F., his pulse rate 122 and respiratory rate 22. He appeared ill and cried frequently. Carpo-pedal spasm was present; Chvostek's facialis symptom was marked and all reflexes were hyperactive. The anterior fontanelle was closed; there was slight enlargement of the costo-chondral junctions and also of the wrists. The abdomen was markedly distended making palpation difficult but no masses could be felt by external or rectal examination. The liver was about one centimeter below the costal margin and the spleen could not be palpated. The eye-grounds were normal. The skin was not pigmented. There was no genu valgum. The rest of the physical examination revealed nothing abnormal.

It was found that the Wassermann and tuberculin tests were negative. A moderate secondary anemia was present without abnormality of red or white cells. In a large number of urine examinations it was noted that the specific gravity was always low (1002-1004), that albumin was occasionally present in small amounts, and that at times a large number of pus cells and a few red blood cells would appear. Large amounts of urine were passed, often more than 2,000 c.c. a day, and the fluid intake was correspondingly great. The child would drink, if permitted, as much as 20 ounces or more within 10 minutes. On one occasion when put on a metabolism frame and the fluid intake restricted he became quite toxic and his temperature rose sharply—all symptoms disappearing when water was again freely given. The phenolsulphonephthalein excretion by the kidney was low, in one estimation about 15 per cent being eliminated in 2 hours and even less than this in another. The blood-pressure was always elevated, ranging between 125 and 135 systolic and 95 to 105 diastolic. The blood chemistry is sufficiently important to be given in some detail.

In the roentgenograms of the bones there was marked evidence of rickets with cupping of the epiphyseal lines. Interestingly enough a cystogram of the bladder was apparently normal and no filling of the ureters by the sodium bromide solution was seen in the roentgenograms. It was not thought justifiable to give this patient a general anesthetic for the purpose of ureteral catheterization.

The patient remained in the hospital for 3

Date	Plasma Inorganic P Mg. %	Serum Ca. Mg. %	Urea Mg. %	Non-Prot. Nitrogen Mg. %	Protein Gm. %	Plasma Co_2 Combining Power; Vol. %
3/13/29	4.6	5.9		54	9.42 (Plasma)	
3/19/29	6.6	6.4			8.55 (Serum)	
3/29/29	7.2	6.7				
4/4/29	6.8	6.8				
5/8/29	6.4	7.5			8.40 (Serum)	
5/9/29	6.8	7.5				
5/22/29	6.1			76	8.80 (Serum)	
6/6/29			33.3 Creatinin 1.5			
6/18/29	5.2	7.3				
10/1/29 (18 hrs. before death.)			138			22 19.7

months from the admission March 11, 1929. The abdominal distension was constant and masses were never palpated. Polydipsia, and polyuria were constant symptoms. The course was afebrile except for the one occasion already mentioned. The general condition seemed quite good and the child was alert mentally, and was as intelligent and as advanced in talking as the average child of his age (intelligence quotient not determined). Carpopedal spasm or convulsions did not not return although the Chvostek's facialis symptom could always be elicited and constriction of the arm would be followed by the typical spasm of the hand. The diagnosis was renal rickets and renal infantilism. After discharge from the hospital the boy was apparently in reasonably good health until about 3 days before readmission when he contracted a mild upper respiratory infection and his urinary output diminished. Twelve hours before admission he became drowsy and several hours later began to have convulsions. At his entrance into the hospital he was in a typical uremic state to which he succumbed about 24 hours later (age 25 months). At the necropsy there was found hydronephrosis of both kidneys with dilatation of all the remaining tubular structures. The ureters were enormously dilated and the bladder hypertrophied and dilated. There was fibrous change in the interstitial tissue of the kidney. Chronic inflammatory changes were present with increase of connective tissue of the submucosa of the membraneous urethra, prostatic urethra and bladder. There was chronic inflammation of the submucosa of the ureters.

M. G., a white boy of 11 years of age was admitted to the Children's Hospital of Cincinnati November 11, 1928. His family history was negative. When 3 years of age he had had pertussis and about the same time mumps; when 9 years of age he had had measles. Four months before admission he had a paronychia. He had been quite well and active until about 3 months before admission when he began to vomit; 3 weeks before admission he had complained of headache and had 5 generalized convulsions in a period of 2½ hours. Following this he had nasal hemorrhage, tarry stools and purpuric skin manifestations and a suppurative otitis media later developed. A week before admission he began to have edema of the scrotum and feet. On examination he appeared drowsy; was poorly nourished; his color was pale and petechiae were present over his body; there was a discharge from both ears; there was no edema except for slight puffiness under his eyes; there was definite cardiac enlargement and accentuation of the second aortic sound; there was no definite external clinical evidence of rickets but in the roentgenograms there was found sufficient evidence of bone change to classify the condition as renal rickets; several of his teeth were carious; his systolic blood-pressure varied from 175 to 200 and his diastolic from 140 to 160; there was an albuminuric retinitis present; his bleeding and clotting time and the fragility of his red cells were normal and he had a secondary anemia; his urine contained a cloud of albumin and many hyaline and granular casts and a few red and white blood cells, its specific gravity varied from 1006 to 1008, the daily quantity was as great as 1560 c.c. and there was fixation of specific gravity; the blood urea nitrogen varied from 12.5 to 75.0 mg. per cent; the Wassermann test was negative. The patient continued to vomit; he had no convulsions; he died about a month after admission. At necropsy the kidneys were found to have advanced chronic arteriolar and arterial nephrosclerosis, there was some hydronephrosis on the right side and both ureters and the bladder were hypertrophied and chronically inflammed. The left ventricle of the heart was hypertrophied, the aorta and coronary arteries showed no change. The suprarenals were normal.

REFERENCES

1. Apert, E.: Presse med. 36: 577 (May 9), 1928.
2. Ashcroft, G. V.: J. Bone and Joint Surg. 8:279, (April), 1926.
3. Barber, H.: Brit. M. J. 2: 1204 (Nov. 8), 1913.
4. Barber, H.: Lancet 1: 18 (Jan. 3), 1920.
5. Barlow, W. H.: Lancet 2: 151 (Aug. 1), and 190 (Aug. 8), 1874.
6. Cameron, H. C.: Brit. J. Child. Dis. 15: 44 (Jan.-

March), 1918, and Proc. Roy. Soc. Med., Sect. Study Dis. Child. 11: 22, 1917-1918.
7. Davis-Colley, N.: Tr. Path. Soc. London 35: 285, 1883-1884.
8. Evans, G.: Quart. J. Med. 16: 33 (Oct.), 1922.
9. Fletcher, H. M.: Proc. Roy. Soc. Med., Sect. Study Dis. Child. 4: 95, 1910-1911.
10. Goodhart, J. F.: Cyclopedia of Diseases of Children (Keating) Vol. 3: 532, 1890.
11. Guthrie, L.: Lancet 1: 585 (Feb. 27) and 728 (March 13) 1897.
12. Gregory, P.: Jahr. f. Kinderh. 120: 266 (July), 1928.
13. Hellendall, H.: Arch. f. Kinderh. 22: 61, 1897.
14. Hunt, F. C.: Am. J. Dis. Child 34: 234 (Aug.), 1927.
15. Lathrop, F. W.: Arch. Int. Med. 38: 612 (Nov.), 1926.
16. Lucas, R. C.: Lancet 1: 993 (June 9), 1883.
17. Naish, A. E.: Brit. J. Child. Dis. 9: 337 (Aug.), 1912.
18. Nettleship, E.: Roy. London Ophth. Hosp. Rep. 15: 320 (Oct.), 1903, Part IV.
19. Parsons, L. G.: Arch. Dis. Childhood 2: 1 and 198, 1927.
20. Paterson, D. H.: Proc. Roy. Soc. Med., Sect. Study Dis. Child. 13: 107, 1919-1920.
21. Roth, P. B.: Proc. Roy. Soc. Med., Sect. Orthopedics 16: 45, 1922-1923.
22. Sawyer, J. E. H.: Birmingham M. Rev. 54; 511 and 549, 1903.
23. Sequeira, J. H.: Rep. Soc. Study Dis. Child. 1: 17, 1901.
24. Shipley, P. G., Park, E. A., McCollum, E. V. and Simmonds, Nina: Am. J. Dis. Child. 23: 91 (Feb.), 1922.
25. Watson-Wemyss, H. L.: Edinburgh, M. J., N. S., 29: 300 (Dec.), 1922.
26. Zanoli, R.: La Chirurgia degli Organi di Movimento 14: 539 (March), 1930.

DISCUSSION

C. CLARKSON PAYNE, M.D., Dayton: This paper by Doctors Mitchell and Guest, has been most enlightening for it has summarized the work that has been done, and is now being done, on renal rickets.

In 1883, Lucas was the first man to notice that the two conditions, latent rickets on the one hand, and chronic albuminuria on the other, were too often associated together to be by chance alone, hence he propounded the theory that they were the same and identical entities. It took later investigators in England and also in America to further bring out evidence that Lucas was still right. Barber described renal rickets as a condition of stunted development, with an accompanying condition of the bones (intense enough to cause deformity) existing along with a chronic interstitial nephritis.

The early part of the work on renal rickets was done in England, and the British workers, thought that there might be a disturbance of the blood calcium-phospherus ratio, because bone deformities were always evident. Blood chemistry was resorted to and they found that the blood calcium-phosphorus ratio was not constant, but very much altered. Renal rickets is a low calcium rickets, while the ordinary infantile rickets is a low phosphorus rickets.

Now rachitic infant fed upon cow's milk absorbs very little of the calcium within that milk, even though there is an abundance of the calcium element in the whole milk. This non-absorption is evident because the calcium can be obtained from the stools of the infant—in other words the calcium of the milk goes through the intestinal tract of that infant practically unmolested. If a little, and a proper amount of dilute hydrochloric acid is added to the diet, the calcium of the milk then is a little better absorbed, for the calcium can be detected in the urine instead of in the feces. Now what does that mean? It means that hypoacidity predisposes of rickets.

In all cases of a stunted development of a child from 5 to 18 years of age, where there are clinical symptoms of thirst, polyuria—and where the bony system shows a beginning latent rickets, and the urine shows albumin, the chances are that the entire entity that you are dealing with is that of renal rickets.

Changes in the Course of General Paralysis of the Insane Under Malarial Therapy

LORNE W. YULE, M.D., Wooster

AT the present time the prognosis in general paralysis of the insane is a subject of much speculation. Until about twenty years ago when the diagnosis was established the patient was given a duration of life of from two to five years and in most instances commitment to an institution for the insane was made very promptly and a progressive mental deterioration and physical decline followed. A remission of symptoms, regardless of any treatment took place in about five per cent of cases and in rare instances the patient continued in one of these remissions for years. About the time just mentioned, twenty years ago, the parenchymatous invasion of the nervous system by the spirocheta pallida became a settled issue as far as the cause of general paresis was concerned and as the world had been given salvarsan as a specific, just about this time, great hope was entertained as to results in the treatment of paresis. The ordinary intravenous treatment, however, gave no other results than a shortening of the terminal stage and following the use of salvarsan we did not find so many bedridden cases in the institutions, patients who lingered in the terminal stage for months and months. There are still a few of these, but only a few comparatively speaking. In a short time intraspinous medication by some such method as the Swift-Ellis or Gennerich seemed to offer more hope. We occasionally find someone who received intraspinous treatment and experienced a remission of symptoms continuing for ten or fifteen years.

The greatest change, however, in the course of the disease has followed the introduction of malarial therapy. There is probably no other disease in which we find such a diversity of treatment but it is now generally accepted that malarial inoculation with the use of arsenicals and mercury during the convalescent period is

Read before the Section on Nervous and Mental Diseases, Ohio State Medical Association, at the 84th Annual Meeting, Columbus, May 13-15, 1930.

the best form of treatment. A survey of reports published covering the results shows such a wide range that many of the profession who are not in position to follow the course of the disease in different cases, have become quite perplexed. Different statisticians tell us that from five to fifteen of syphilitic persons develop paresis. It is this group which is causing the greatest concern. Many of the reports published have included all cases of neuro-syphilis. Naturally improvement will be found in a larger percentage of cases when statistics include all types. In looking over the literature we find a complete remission of symptoms reported in from thirty to sixty per cent of cases.

Directing our attention specifically to definitely established paresis we find that the physician at the present time is being placed in a rather delicate situation. On account of the publicity given malarial treatment by the lay press the public has become more or less educated along this line and when the diagnosis of general paresis is made known the physician is asked for a definite expression of opinion as to the outlook.

This request is made not only by the relatives and friends of the patient but also by industrial organizations, insurance companies and judicial bodies. Many important issues depend upon the course of the disease. During a remission of symptoms some are being discharged as recovered. Many leave the hospitals but are not entirely able to return to their former occupations. These may do some work. Some may be cared for at home, are harmless but unable to contribute to their own support. Many show little or no benefit from treatment and therefore remain in hospitals. Many leave the hospitals in good condition only to be returned sooner or later. It is the recurrence of symptoms in patients who have been discharged as recovered that has brought about the present problem in prognosis.

Most of the reports published cover the results observed in all types of neuro-syphilis. Many of such cases have never shown mental changes or at least were in the incipient stage. This short article is intended to set forth the results as found in one hundred consecutive cases of paresis treated with malaria and complemental arsenical and mercurial therapy during the malarial convalescence. These are not selected cases but taken in routine manner and all had definite diagnostic signs of fully established paresis. Conclusions are more satisfactory and reliable when based upon a complete series of cases than from isolated observations taken at random. These of course were not run concurrently, consequently seventy of them are a few months over five years and the remainder a few under. The treatment of course was not definitely standardized as individual adjustment is necessary but every patient received a full course and was allowed to have from twelve to twenty paroxysms and the arsenical and mercury given for a period of from three to six months following convalescence from malaria.

No patient of this series died during the treatment or within the three months following. Forty-three have since died, five during the first year, eleven during the second, seventeen during the third, six during the fourth and four during the fifth. Forty-one are still inmates of the hospital. Of the other sixteen, seven still show a complete remission of symptoms and are still able to follow their former occupations, seven are with friends or relatives and able to do a limited amount of work and a portion of the time are able to contribute in part to their support, two have left the district and become lost from record. A good remission of symptoms was observed in forty-six cases and a partial remission in twenty-four others. These seventy patients were allowed to leave the institution and remained absent for varying periods, sixteen as already stated are still absent. Nineteen of the forty-three patients who have died were absent for a time on trial visit. Six of these appeared to be in a complete remission when leaving the hospital and four of the six remained clear for over a year. In all of these six when a recurrence of symptoms took place the change was a very rapid one, and with three the recurrence came with a paretic seizure coming on without warning while the patient seemed perfectly clear.

By way of contrast, taking one hundred successive admissions from the records of over ten years ago, all cases giving definite paretic symptoms, we find that after a lapse of five years with no non-specific therapy, ninety-one had died, three had left the institution and were lost from record, and six were still inmates of the hospital.

The present generally accepted treatment therefore leaves forty-one in the hospital as permanent State charges in contrast with six of the first series. Analyzing the subject further, of the forty-one of the last series still within the hospital only nine are mentally able to contribute to their own support. Of the other thirty-four, thirteen have been bed-fast, with loss of the organic reflexes for months; seven are out of bed but require constant supervision; the other fourteen appear to be quite strong physically but are deteriorated to the degree that they are unable to take any part in the hospital activities.

In the Cleveland district malarial therapy came into general use during the year 1924. During the years 1924, 1926 and 1927 there was a very marked falling off in the number of cases of paresis committed. During 1928 and 1929 the number began to gradually rise. Now it is unusual to receive a case of paresis which has not been treated with some non-specific therapy such as malaria, typhoid, etc. Practically all of the paretics admitted under such conditions are quite deteriorated and no improvement takes place.

In a series of thirty-five of such cases where malarial inoculation was repeated after a lapse of six months following the first course, no benefit could be observed. Nineteen of the thirty-five appeared to have complete immunity to the malaria and no reaction followed intra-venous inoculation. Of the other sixteen only three had more than two paroxysms and in all of these the malaria stopped spontaneously.

Although the combined non-specific and anti-syphilitic treatment is giving the best results it is still being administered in a hap-hazard manner as far as the selecton of cases is concerned. There does not seem to be any way to even guess what the result may be when the treatment is instituted. The degree of severity of symptoms does not furnish any index. It is true that a higher percentage of remissions is obtained in early cases but many of the early cases show no response. Until we have some more definite clue as to the manner in which the treatment acts we will be helpless in giving a prognosis. Some observers seem to think that the best results obtain when the fever is very high during the paroxysms. In the series of cases quoted two of the patients still in remission never had an elevation of more than four degrees F., while in seven of the cases showing little or no improvement an elevation of over seven degrees F. was observed in many of the paroxysms. The treatment of paresis by therapeutic fever, induced by different means such as by drugs acting upon the heat centers, by diathermy and different electrical appliances, gives some benefit but the results do not equal those by the Wagner-Jauregg method. Among the agencies other than malaria we find typhoid, sodoku and some tropical fevers tried in combination with anti-syphilitic therapy. These always give better results than obtained from fever induced by mechanical means alone.

We have as yet no means to determine what changes in lipoid metabolism may be induced by omnicellular hyperactivity during this treatment. The spirochete appears to be weakened by some agencies during the malaria so that the anti-syphilitic drugs are more spirocheticidal. A negative Wassermann and Kahn reaction was found in several of the cases quoted after the combined treatment had been administered and these cases had remained Wassermann fast before, even after intensive treatment with arsenicals, mercury and bismuth. In the routine examination of hundreds of cases of paresis where the disease is observed developing in many of the same type as to racial characteristics and mode of living one cannot fail to note the great variety of forms of reactions in the different individuals. This is especially interesting when we learn the changes first noted in the patient by other members of the family and by intimate associates. There does not seem to be any other disease in which we find such variations during the prodromal stage. Childhood diseases may play an important and necessary part in building up the individual's defensive forces for adult life. At any rate the different forms of onset in paresis, the unusual variations in the course of the disease, the peculiar reaction to treatment or failure to react at all, and the occurrence of remissions often of years' duration independent of any treatment all show conclusively that there are either many unknown forces acting in these cases or there are different strains of the spirochete which produce different clinical manifestations.

I would like to very briefly outline the history of one paretic:

This patient as an attorney was committed to a New York State Hospital at the age of thirty-four. At this time he was euphoric and had delusions of greatness pertaining to his ability as an attorney and an orator. In sixteen months a remission of symptoms took place and he was released. At this time he moved to Wisconsin and engaged in the practice of his profession there. At the end of seven years he was committed to a Wisconsin hospital, diagnosed as a paretic of the disturbed and agitated type. In the meantime he had married and by this marriage had been born two daughters. He became clearer in about ten months but the hospital staff did not yet recommend his release. He escaped soon afterwards and went to the Pacific coast where he accepted a position as a book-keeper with a business concern in Seattle. Within five years he was committed to a Washington institution, again diagnosed paresis and in this attack was violent and destructive for several months. When he became clear he made himself known and gave to the institution officials the name and address of his wife but she refused to remove him promptly upon his request. Later he refused to correspond with his wife and succeeded in again making his escape. He next took up residence in Indiana and here resumed the practice of law, but after about four years was committed to an Indiana hospital where he spent the rest of his life the last three years being a typical terminal paretic finish. When admitted to the Indiana hospital he had all the classical mental and physical signs of paresis and his special feature at that time was the invention of a system of pneumatic tubes for the rapid transit of passengers. By this system he thought he could send a passenger from New York to Los Angeles in five seconds. This patient's two daughters grew up to be perfectly healthy and normal young women. The patient denied all knowledge of any luetic infection and as far as could be ascertained never received any anti-luetic treatment. While this phase of the subject is being mentioned it might be well to call attention to the very large number of paretics who do not seem to be able to recall ever having observed any secondary symptoms.

CONCLUSIONS

When we pause to think over such clinical histories and note the peculiar remissions found—and when we remember that the very first cases were treated by malarial therapy in 1917 it is scarcely time yet to positively change the prognosis completely in general paralysis of the insane and list it with the curable conditions, especially since a very noticeable change of personality is observed even in the best remissions.

Health Hazards In Chromium Plating

JACKSON BLAIR, M.D., Cleveland

CHROMIUM compounds have been used in industry for many years and injuries caused by various of the compounds have been noted early in their use, and constitute an interesting chapter in the history of industrial hazards.

Prior to the recent perfection of the process of chromium plating of metals by the electro-deposition of chromium from chromic acid baths, most of the injuries due to chromium were sustained in the manufacture of the various salts of chromic acid and the use of these salts.

The earliest cases occurred especially in the manufacture of the bichromates of potassium and sodium as these substances required elaborate processes of boiling, evaporation, roasting and grinding, during which time the workers were often exposed to irritant solutions, fumes and dusts of chromium compounds.

The strong color of certain of the chrome salts resulted in their early use for the production of pigments for paints and dyestuffs. In addition to their use as dyes they were found to be of use as mordants for cotton yarn, calico, and wool dyeing when used in weak dilution. Potassium bichromate was used in carbon prints in photography and as an emulsion on copper plates in photo-engraving. Extensive use followed in the manufacture of colored glass and in the manufacture of anilin and coal-tar dyes and in numerous other industries.

It is interesting to note that practically all the earlier reports of chrome injuries were by European authors and dealt more with those sustained in the manufacture of the chromium salts. Relatively few writers in this country except the authors of standard text books on Toxicology have described the lesions of chrome poisoning, although occasional outbreaks have been described. Ducatel noted the presence of chrome sores in chemical workers in Baltimore factories where potassium bichromate was made and confirmed the earlier observations of Gmelin and Christison that the sores do not extend laterally, but go deeper and deeper. Da Costa, Jones and Rosenberger[1] in 1916 reported a series of 44 cases, of which five worked in dye houses, four handled chromium hides, two were chemical workers, one handled dyed cloth and the balance were tanners. Because of the preponderance of their cases among tanners they described the cutaneous lesions under the title of Tanner's ulcer—chrome sores—chrome holes or acid bites.

Comparatively recently a method of chromium plating by electrolysis has come into widespread use for the purpose of producing a rust-proof, non-tarnishing and exceedingly hard finish for metal parts especially automobile parts, such as headlights, radiator shells, door-handles and fixtures of various kinds. The immediate recognition of the advantages of chromium plate created an enormous demand for this kind of plating and incidentally created a new exposure to chromium compounds.

Chromium plating is essentially the electro-deposition of chromium from chromic acid baths upon various metals. The chromium plating baths contain in solution a high percentage of chromic acid and in the process a fine spray of chromic acid is given off over the tank. During the passage of the electric current there is an evolution of oxygen at the anode and more hydrogen at the cathode. As these gases rise to the top of the solution the bubbles are covered with a thin film of the chromic acid solution and pass on into the air above the tanks as a fine brownish mist. It is obvious that contact of this mist with body surfaces would lead to the deposition of a small amount of chromic acid on the tissues and it is this chromic acid which is the injurious agent in chrome plating.

In addition to the mist given off over the tanks, the workers often come into direct contact with the solution in the tanks in removing plated parts from the tanks and contract cutaneous lesions.

In 1928 I reported twelve cases of chrome ulcers in workers in chromium plating[2] and suggested certain prophylactic measures which we had found efficient in limiting the incidence of these cases. Eight of these patients had been engaged in removing plated parts from the tanks and presented ulcerative lesions of the hands and fingers, the so-called chrome holes or chrome ulcers. Four of the patients had been working over the tanks and had inhaled the fine spray with resulting nasal symptoms of coryza sneezing, watery discharge from the eyes and nose, and itching and burning of the nose; these symptoms being much more marked when the workmen left the plant and came in contact with cold outdoor air. In addition to these nasal symptoms two of these patients presented marked congestion of the nasal musoca with hyperemia, swelling and mucoid discharge and with very small ulcers; another had a large ulcer on the right side of the septum and the fourth had already developed a perforation of the septum, in the cartilaginous portion of the nose.

Several months after this, Bloomfield and Blum[3], chemists in the U. S. Public Health Service and the U. S. Bureau of Standards, respectively, published studies conducted among 100 per-

Read before the Section on Public Health and Industrial Medicine, Ohio State Medical Association, at its 84th Annual Meeting, Columbus, May 13-15, 1930.

sons in six plants engaged in chromium plating with especial attention to the kind and degree of ventilation above the plating tanks and made certain recommendations and conclusions which stand today as practical and authoritative as when reported. For a complete list of these recommendations one may refer to the Public Health Reports and the reprint issued by the U. S. Public Health Service from which I have taken the liberty of quoting the following conclusions which I believe to be of most importance and which I wish to emphasize:

1. Natural ventilation is seldom, if ever, adequate to remove the chromic acid spray produced during chromium plating.

2. Vertical ventilation, such as is commonly used in chemical hoods, is ineffective because it draws the chromic acid spray past the face of the operator who is working over the tanks.

3. The most efficient method of ventilation is to draw the air laterally across the top of the plating tanks into ducts from 1 to 2 inches wide and extending fully along one or more sides of the tank.

4. To be effective, the duct should not be required to draw the air a lateral distance of more than 18 inches. For wider tanks there should be ducts on both sides, or else two ducts in the center.

5. The level of the plating solution should be at least 8 inches below the top of the tank and the duct should be at the top of the tank.

6. For effective ventilation it is necessary to have an air velocity at the duct of about 2,000 feet per minute.

7. A hood surrounding one or more sides of the tank may be advantageous in protecting against disturbances by other air currents, such as those from open windows or from other fans.

8. Rubber boots, gloves and aprons should be used when feasible to prevent contact of chromic acid with any abraided skin.

9. If gloves are not used, the hands should be washed frequently with water, and all cuts or abrasions greased with a mixture of three parts petrolatum and one part lanolin.

In addition Bloomfield and Blum recommended the prompt treatment of skin and nose affections by the washing of the parts with bisulphite, ammonium polysulphide or thiosulphate solution to neutralize the chromic acid or to convert it into less actively irritant chromium compounds.

The cutaneous lesions of chromic acid injury are for the most part similar to the earlier reported chrome holes or chrome ulcers, but when produced by the acid in chromium plating they are usually much less severe than the very large penetrating and mutilating ulcers produced in the early days by the chromium salts when little attention was paid to the worker and he was allowed to continue in contact with the irritant substance and with practically no treatment. The large mutilating ulcers of earlier days are inexcusable and the result of negligence some where and some place.

The appearance of the present type of ulcers, although varying in severity and degree, are fairly characteristic. They are due to the escharotic action of chromic acid and arise in excoriations. For many years it has been known that if the hands are free from abrasions, they can be put in vats freely, but the slightest break will lead to ulcer and the ulcer does not extend laterally, but deeper into the tissue. After an ulcer begins to form it quickly indurates and in a few days either a spongy, soft slough forms if the tissues are moist, or a very dry and hard slough forms if the tissues are kept dry. These sloughs separate very slowly by peripheral ulceration and after the core or slough is separated there is a clear ulcer, the margins of which are slightly indurated and elevated. They have a punched out appearance similar to certain syphilitic ulcers or to chronic varicose ulcers, but because of their size, shape, location and occupation of their possessor, a differential diagnosis is readily made. Once the core or central slough is removed, healing does not necessarily commence immediately. Often the floor of the ulcer is covered with a small amount of necrotic tissue which has not completely separated and healing will not begin until all of this necrotic tissue separates and leaves a clean base. In general it may be said that a clean granulating surface with a more or less pink or reddish base is necessary for healing and that a base covered with a grayish or white surface will not heal readily until the necrotic tissue giving rise to this appearance has been removed. This white or grayish floor of a chrome ulcer may be said to be characteristic of an early chrome ulcer and the slowness of complete separation of the necrotic tissue to be responsible for the indolent character of the lesion as noted by the early writers.

I have found that the complete separation of the slough may be facilitated by the use of an ointment dressing and hindered by a dry dressing and that the relief of the burning or biting pain may be relieved by the incorporation of a local anesthetic, such as phenol in the ointment base in a very small amount. After a clean ulcer base is obtained, healing is fairly rapid and may be facilitated by dry dressings.

When a necrotic area of skin has been produced by chromic acid it is usual for the necrosis not to proceed laterally, but to extend through all the layers of the skin. This is responsible for the depth of the ulcer and the characteristic punched-out appearance.

NASAL SYMPTOMS

The nasal symptoms in chromium plating are due to the chromic acid spray given off directly over the tanks and the deposit of small amounts of chromic acid on the nasal mucosa by direct deposition of the spray or by inhalation. Usually there are slight symptoms of nasal irritation while the men are at work over the tanks, but when the workmen leave the plant and come into contact with the outdoor air the irritation is more

marked and the symptoms of a more or less severe coryza with itching and burning of the nose and a watery nasal discharge may immediately develop. On examination the mucosa shows marked congestion and hyperemia with a more or less amount of mucoid discharge. If the same working conditions persist there are sooner or later one or more small yellowish gray spots of ulceration. The favorite site of the ulceration is just inside the nose on the cartilaginous portion of the septum, possibly because more of the chromic acid may be deposited here, but more probably due to the fact that this portion of the septum is more susceptible to abrasion and irritation from the use of the handkerchief in caring for the excess of nasal secretion, and ulceration by chromic acid here as elsewhere is much more likely to attack the abraided or excoriated tissues. After the mucosa has been penetrated by the ulcer the cartilaginous septum falls an easy victim to the acid and a perforation quickly results. This is much more rapid, however, if simultaneous ulcers occur on both sides of the septum. The process of nasal septum perforation is practically painless and the victim is often unaware that he has a nasal perforation. Aside from their clinical interest the nasal perforations are not disabling, cause no symptoms and are of little practical importance.

PREVENTION AND TREATMENT

The prevention of chromic acid injury in chromium plating may be briefly summed up in two measures. First, the establishment of an efficient ventilating system; and second, the prevention of the contact of chromic acid with any abraided skin by means of protective garments or dressings. Prompt attention to small abrasions of the skin will usually prevent ulceration. After ulceration has developed the complete separation of the slough may be facilitated by the use of an ointment dressing and delayed by a dry dressing and the relief of the burning or biting pain may be relieved by the incorporation of a local anesthetic, such as phenol in the ointment base. After a clean ulcer base is obtained healing may be hastened by dry dressings.

There is very little in the literature about systemic poisoning from chromium derivatives and what references are made to systemic poisoning show that this usually has occurred from the chromates where the chromate dusts are inhaled continuously for long periods. Brundage[4] mentions toxic symptoms due to chromates as pain in the stomach, colic, cramps in the legs, vomiting, purging, dilatation of the pupils and collapse.

SUMMARY

There is no evidence, from the literature or otherwise, that any injury arising from contact with chromic acid solution or spray in chromium plating develops into a constitutional disease. The ulceration and perforation of the nasal septum as well as the formation of chrome holes on other parts of the body are only local in their action; they are not in themselves of grave consequence and do not lead to permanent disability and are seldom severe enough to necessitate absence from work.

With the recognition of the hazard, prevention and treatment should be easy.

7405 DETROIT AVE.

REFERENCES

1. Da Costa, J. C. Jones, J.F.X., and Rosenberger, R. C.: Tanner's Ulcer (Chrome Sores—Chrome Holes—Acid Bites). Annals Surg. 1916, p. 155.

2. Blair, Jackson. Chrome Ulcers. Report of Cases. J.A.M.A., June 16, 1926. Vol. 90, p. 1927.

3. Bloomfield, J. J., and Blum, Wm.: Health Hazards in Chromium Plating. Public Health Reports, Sept. 7, 1928. p. 2330.

4. Brundage, A. H.: Manual of Toxicology. D. Appleton & Co., 1926.

DISCUSSION

DONALD M. GLOVER, M.D., Cleveland: Since its discovery in 1797, chromium and its products have been used extensively in industry, and since early in the nineteenth century its hazards to health have been recognized.

Used first in various chemical industries, then in tanning, dyeing, in ceramics, manufacture of safety matches, photography, photogravure, and now in chromium plating, its destructive properties to skin and mucous membranes have been successively recognized only to be forgotten as mechanical operations replaced hand operations. Here again in the plating industry, as has been so well brought out by Dr. Blair, we are confronted with the need for mechanical improvements which will eliminate the hazards entirely, and these doubtless will be forthcoming as soon as the need for them is understood.

The chrome ulcers of the skin and mucous membranes were well described a century ago, and their treatment has improved little in the interim. Whether or not "chrome holes" will develop in the skin without a preexisting abrasion is still a moot point. The work of McCord, Higgenbotham and McGuire would indicate that a chromium dermatitis may develop without previous skin injury, and it is quite possible that some of the papules so formed might be the starting point for "chrome holes". It is certain that the worker about the plating tank should have the protection of rubber gloves, apron and boots. If these are not available, he must give particular attention to trivial abrasions. The colored plates depicting typical "chrome holes" in the article by Dr. John Chalmers DaCosta, referred to by Dr. Blair, are excellent, but they represent a much more severe type of lesion than those ordinarily met with in chromium plating. The usual lesions resemble more a small electric burn, or small deep spatter burn from molten metal than anything else with which I am familiar.

As to the treatment, it is probable that avoiding further exposure and observing ordinary asepsis will clear up the lesions in time. When the deep, central slough has begun to separate, it may sometimes be reamed out with a sharp-pointed scalpel, to advantage. For the quickest healing, however, and shortest disability, the method of my colleague, Dr. D. C. Bell, will be found very satisfactory in the uninfected cases. This method consists in completely excising the lesion and approximating the skin edges loosely with one or two sutures. Whether or not this method is applicable to the ulcers of the nose, I

am not in a position to state. It would seem that early excision of the damaged mucous membrane might prevent extension and minimize the hole in the cartilaginous septum.

There is certainly very little evidence in the literature that there are any dangerous toxic effects from chromic acid or the chromates.

EMERY R. HAYHURST, M.D., Columbus: Begining in June, 1929, we started our experiments with platers' rashes, using a newly discovered colloidal type of sulphur, known as "Thylox" sulphur, from the name of the process of which it is a by-product in the purification of manufactured gas. The chemists with the Koppers Research Laboratories, Mellon Institute, Pittsburgh, who devised the process had observed that workmen were using this apparently useless "Thylox" sulphur for scrubbing up purposes. For our purpose it was made into a soap containing 25 per cent of the sulphur with a castile soap base. In a plant in Columbus doing considerable plating, workers, both men and women, who suffered from both cyanide and chrome dermatitis, declared the soap had an immediate beneficial effect. Samples of the soap were put out to two other companies doing plating, one on an extensive scale, with similar results. It is barely possible that the sulphur contained in the soap brings relief to the skin through a chemical reaction by which the irritant KCN is changed to KCNS and the chromate radical into a sulfo-chromate, both of which are undoubtedly very bland, non-irritating substances. A very satisfactory experiment was also had with this same form of by-product sulphur, also made up as a soap, in a large plant making roller bearings where machinists' boils were a constant feature. Within three months the plant, which often averaged from 25 to 50 cases of this affliction, had been cleared up entirely. It is possible here that the sulphur is not the only beneficial feature but that the fact the workers are encouraged to clean up their skins more often through the use of a soap which appeals to them, is an important factor.

American Board of Obstetrics and Gynecology Plans Examinations

The first examination to be given by the recently organized American Board of Obstetrics and Gynecology to grant certificates indicating proficiency and specialization in obstetrics and gynecology, or both, to those who comply with its requirements, will be held March 14, 1931, simultaneously in 19 different cities of the United States and Canada.

This Board, which has been in the process of organization since 1927, is composed of nine members and examiners elected by the American Association of Obstetricians, Gynecologists and Abdominal Surgeons, The American Gynecological Society, and the Section on Obstetrics, Gynecology and Abdominal Surgery of the American Medical Association.

The purposes of the Board in the holding of examinations and the granting of certificates are set forth in the following statement issued at the time of the announcement of the date for the forthcoming examination:

"It (the Board) puts into action a determined effort on the part of these three national organizations to improve the standards of practice of obstetrics and gynecology. It expects to accomplish this by various activities, such as the investigation and encouragement of graduate extension study facilities and active clinical assistantships for men desiring to specialize in these branches, and it will endeavor by regular examinations to determine the competence of specialists in obstetrics and gynecology who apply for the certificate. Certain outstanding specialists will be granted certificates on the basis of their attainments alone, but only by a vote of the entire Board after recommendation by the Committee on Requirements.

"A second group is asked to undergo a practical clinical examination whereas a third and younger group has both written and clinical examinations and must submit records of a group of cases in order to qualify.

"The national obstetrical and gynecological organizations, which have participated in the formation of the Board and are sponsoring its activities, as well as other societies, attach considerable importance to its certificate. It is expected that both the medical and the lay public, including hospital directors, will soon come to utilize the certificate from this Board as a means of discriminating between those who are well grounded as specialists in obstetrics and gynecology and those who are not.

"The Board does not intend in any way to interfere with or limit the professional activities of any duly licensed physician, but it does aim toward standardized qualifications for specialists in obstetrics and gynecology. Any well qualified obstetrician and gynecologist should have no difficulty in obtaining a certificate and the Board is desirous of receiving applications from those to whom this applies."

The written examination which must be taken on March 14 by all applicants classified in the third group described above will be held in the following cities: New York, Chicago, Philadelphia, Toronto, Canada, Indianapolis, Portland, Ore., Rochester, Minn., Iowa City, St. Louis, Boston, Ann Arbor, Mich., Baltimore, Raleigh, N. C., Atlanta, Cincinnati, San Francisco, Grand Forks, N. D., Denver and Galveston.

The practical, or oral, clinical and laboratory examination will be held in Philadelphia on June 6, the Saturday preceding the annual meeting of the American Medical Association.

Physicians desiring to take the written examination are being requested to communicate on or before February 21 with Dr. Paul Titus, 1015 Highland Building, Pittsburgh, secretary of the Board, to obtain detailed information on the examinations and how to proceed.

The President's Page

A Personal Communication to the Membership from
C. W. WAGGONER, M.D., Toledo

Vigorous and persistent agitation by small groups of serious-minded, but misguided, misinformed and emotional individuals in various parts of the country for curtailment, if not eventual suppression, of animal experimentation in the medical sciences has been a serious question confronting the medical profession for years.

Until the present time, these little groups of obstructionists who have been seeking to eliminate, at least hamper seriously, that particular branch of scientific research which has had more to do with bringing about the Modern Age in scientific medicine and the mighty victories of man over disease than any other one thing, have registered little success in their hysterical and fanatical campaigns.

Repeated appeals to Congress and the legislatures of the various states to enact legislation restricting the use of animals for scientific purposes thus far have fallen on deaf ears. Legislators have properly refused to be swayed by emotionalism and illogical thinking, choosing rather to be guided by proven facts and by obvious examples and benefits of scientific animal experimentation.

Unfortunately, many physicians have grown to regard rather lightly the sporadic attacks of antivivisectionists and have for the past few years assumed a passive attitude toward the groups and individuals sponsoring proposals which, if put into effect, would tend to relegate medical science to the dark ages and seriously hamper attempts to conquer the many diseases and ailments that are still taking a tremendous toll in human life.

Present-day developments are a distinct challenge to the medical profession, individually and collectively.

By their constant and persistent efforts and emotional propaganda, a small but influential group has succeeded in having a committee in the national House of Representatives report out, with a recommendation for favorable action, a bill designed to prevent the use of dogs for scientific experimentation in the District of Columbia. This has established a precedent and naturally will be widely exploited by sponsors of such measures as an indication of an apparent trend against the use of animals in scientific research. Obviously, whatever success they have gained or are able to achieve at Washington will be utilized by the antivivisectionists as an entering wedge for the introduction and enactment of similar legislation throughout the states.

This is something for every physician to think about. Medicine is a progressive science and knows not the meaning of stagnation. We must either advance or retreat. Hindering and hampering obstacles in the paths of advancement can result in but one thing—retreat, with its detrimental effect on the health of mankind.

There are certain moral principles relating to animal experimentation. John Dewey, one of America's foremost philosophers, lists the two most important of these as follows:

"(1) Scientific men are under definite obligation to experiment upon animals so far as that is the alternative to random and possibly harmful experimentation upon human beings, and so far as such experimentation is a means of saving human life and of increasing human vigor and efficiency.

"(2) The community at large is under definite obligations to see to it that physicians and scientific men are not needlessly hampered in carrying on the inquiries necessary for an adequate performance of their important social office of sustaining human life and vigor."

In analyzing these two propositions, Dewey makes some pertinent observations and deductions. For example he says:

"To prefer the claims of the physical sensations of animals to the prevention of death and the cure of disease—probably the greatest source of poverty, distress and inefficiency and certainly the greatest source of moral suffering—does not rise even to the level of sentimentalism.

"It is accordingly the duty of scientific men to use animal experimentation as an instrument in the promotion of social well-being; and it is the duty of the general public to protect these men from attacks that hamper their work. It is the duty of the general public to sustain them in their endeavors. For physicians and scientific men, though having their individual failings and fallibilities like the rest of us, are in this matter acting as ministers and ambassadors of the public good."

Commenting specifically on the duty of the community regarding antivivisection legislation, Dr. Dewey declares:

"That it is the duty of the state to pass general laws against cruelty to animals is a fact recognized by well-nigh all civilized states. But opponents of animal experimentation are not content with such general legislation; they demand what is in effect, if not legally, class legislation, putting scientific men under peculiar surveillance

and limitation. Men in slaughter-houses, truck drivers, hostlers, cattle and horse owners, farmers and stable keepers, may be taken care of by general legislation; but educated men, devoted to scientific research, and physicians, devoted to the relief of suffering humanity, need some special supervision and regulation! * * *

"Agitation for new laws is not so much intended to prevent specific instances of cruelty to animals as to subject scientific inquiry to hampering restrictions. The moral issue changes to this question: What ought to be the moral attitude of the public toward the proposal to put scientific inquiry under restrictive conditions? No one who really asks himself this question—without mixing it up with the other question of cruelty to animals that is taken care of by existing laws—can, I imagine, be in doubt as to its answer. Nevertheless, one consideration should be emphasized. *Scientific inquiry has been the chief instrumentality in bringing man from barbarism to civilization, from darkness to light, while it has incurred, at every step, determined opposition from the powers of ignorance, misunderstanding and jealousy.* * * *

"The point at issue in the subjection of animal experimenters to special supervision and legislation is thus deeper than at first sight appears. In principle it involves the revival of the animosity to discovery and to the application to life of fruits of discovery which, upon the whole, has been the chief foe of human progress. It behooves every thoughtful individual to be constantly on the alert against every revival of this spirit, in whatever guise it presents itself. * * *

"Surely, until it is finally decided that the taking of animal life for human food is wrong, there is something morally unsound in any agitation which questions the right to take animal life in the interests of the life and health of men, women and children, especially when infinitely more precautions are used to avoid animal suffering in the latter case than in the former."

It is not the intent of the writer to discredit the sincerity and honesty of some of those sponsoring proposals to restrict animal experimentation. Some of them are men and women of high social and moral standing and with an education far surpassing the average. However, there can be but little doubt that they have permitted sentiment and emotion to rule reason. They have refused to be logical or to accept unimpeachable facts.

Naturally, it is difficult for anyone who has any knowledge whatsoever of medical science to fathom how these persons can for one minute ignore medical records which show that our knowledge of the action of the heart, blood pressure and digestive glands; that the present methods of resuscitation from drowning and electric shock; that the technique of operations on the brain, intestines and chest; that our understanding of the causes of and cure for rickets; that the whole story of diabetes and insulin and the history of pernicious anemia and feeding of liver; that much of what little we know concerning cancer, and score after score of other scientific facts, all have been the result of animal experimentation, especially from experiments on dogs.

The public, if it does not already know—apparently a portion of it does not—should be informed of these life-saving contributions which our friends of the animal world have made to the world. Herein lies a serious and distinct duty for members of the medical profession.

That some needless animal experimentation under the guise of scientific research is being performed must be admitted. Unfortunately, there is an instance now and then of neglect or carelessness during experiments. These instances, however, amount to only a fraction of a per cent of the numerous experiments conducted with no pain or discomfort to the animals used. The medical profession always has severely condemned and protested inhumane methods in research work and has been largely responsible for the adoption of strict regulations and rules governing animal experimentation in medical schools and biological laboratories.

Cruel and needless animal experimentation should and does meet the disapproval of the medical profession generally and should be abolished. On the other hand, the medical profession cannot stand by and witness with inactivity, agitation for the enactment of legislation which would place a ban on the use of animals in medical and scientific research in accredited institutions under proper restrictions.

Personal attacks and heated replies should be avoided by members of the profession in arguing or discussing phases of this issue either in private or in public. The facts speak for themselves and will be largely instrumental in offsetting the emotional and sentimental contentions of the anti-vivisectionists providing they are properly and judiciously presented to the public and to members of legislative bodies.

An educational campaign, conducted quietly and in a dignified manner by each physician during his contact with the public, in which the true facts about animal experimentation and its great benefits are accurately described, will go far toward defeating the vicious attacks now being made on scientific medicine, and incidentally on the health and happiness of the public at large.

Court Procedure and Expert Testimony Covered in Report by National Crime Commission

An extensive and thorough study relative to the medical aspects of crime, with special reference to the problems of medical expert testimony in criminal cases in which the sanity of the defendants is questioned, has been completed by a sub-committee of the National Crime Commission.

In its report of its findings, the sub-committee makes the following recommendations:

1. That all states adopt a law providing for

impartial and routine mental examination under state authority of persons held on criminal charges.

2. That all states establish institutions for various types of offenders, to bring about a greater degree of classification.

3. That the larger courts be encouraged to set up their own psychiatric clinics and that the state establish facilities which shall be available to the smaller courts.

4. That the principle of the indeterminate sentence be extended and that judges be given greater discretion in disposing of cases.

The committee recommended the Briggs Law of Massachusetts which requires that every person indicted for a capital offense, who is known to have been indicted for any previous offense more than once, or previously convicted of a felony, shall be examined by the department of mental diseases.

"It is interesting to note," the report says, "that approximately 21 per cent of those examined in Massachusetts have been found to be suggestively or frankly abnormal mentally, while 79 per cent or nearly four-fifths were for practical purposes within normal limits.

"It is hardly sufficient that the courts should know, during the trial, that a defendant is or is not legally 'insane.' Even though he is not, for legal purposes, insane, he may have abnormalities which call for a specialized form of disposition of his case. This is simply in line with the principle of indivualization of penal treatment which is making progress rapidly in this country."

"Unfortunately, the courts are often hampered by the enactment of too rigid laws and some are hampered as well by a desire for 'economy' on the part of the appropriating authorities. These authorities do not appear to realize that the proper expenditure of funds for court clinics would probably repay society amply by a more efficient protection against the offender.

"Prison clinics do not touch at all the cases of defendants who are placed on probation or whose cases are filed, even though unquestionably in some instances dispositions of that sort are wholly improper because of the existence of some mental abnormality in the defendant.

"Further institutions are needed, such as those for psychopathic offenders and those for first offenders, as opposed to repeaters.

"The folly of fixed sentences, based upon the name of the offense is becoming apparent to those familiar with criminal procedure. The so-called indeterminate sentence has in many instances become routinized so that it has become nothing more than a fixed sentence.

"The development, therefore, of a greater variety of institutions, of a greater discretion on the part of the judges as to the length of sentence and a highly elastic indeterminate sentence, are highly important in improving the manner in which the courts may deal with offenders.

"Once again your committee desires to urge that the economic and the social aspects of this problem are the important ones. Sentiment has no place in this discussion and is not necessary in bolstering the demand for increased elasticity and increased knowledge of the offender."

Suggested Principles Applying to Industrial Medicine

As a result of several recent instances of misunderstanding among industrial surgeons and between industrial surgeons and physicians in general practice, the Industrial Relations Committee and the Ethics Committee of the Wayne County (Detroit, Michigan,) Medical Society made a study of the industrial medicine situation and has drafted the following tentative set of principles, with the suggestion that they be subscribed to by all physicians doing industrial surgery in Wayne County:

1. An industrial surgeon should consider his relations with the factory which he serves in the same manner as a physician called to attend a family in general practice.

2. He should in no way solicit business from or advertise himself to any industrial plant unless he positively knows that the plant in question is not being cared for by any other surgeon.

3. He should refuse appointment as surgeon by an industrial concern or insurance company concerned in the transaction until he is sure that the factory has no regular surgeon, that the surgeon has resigned, or has been officially discharged.

4. If necessary, he shall acquaint himself of the actual facts of the case by first calling upon the surgeon himself for a statement before entering into any negotiations whatever to take over new work.

5. He shall refuse to go in attendance to any factory which is regularly under the supervision of another doctor, except in emergency.

6. He shall under no conditions discuss rates or fees to any factory or insurance company, either in person or by letter, if this factory is being regularly cared for by another doctor.

7. Any infringement of these rules shall be construed as an unfriendly act and shall be referred to the Ethics Committee of the Wayne County Medical Society for decision.

8. The industrial surgeon should in every way possible raise the standing of this branch of the profession by:—

(a) Personally supervising as much as possible the care of patients at office and factory.

(b) Preserving a sufficiently high standard of fees paid by insurance companies to insure skillful and painstaking service.

(c) Fostering a relationship of mutual respect and trust, not only between the industrial surgeon and his employers, but an ethical relationship with other industrial surgeons.

Regulations and Procedure in Making Federal Income Tax Returns ≠≠≠ Must Be Filed Before March 15

Income tax blanks for the 1930 returns have been mailed by Collectors of Internal Revenue to all taxpayers of record. Returns must be made before March 15.

Normal individual and corporation incomes during the calendar year 1930 will be taxed at a higher rate than incomes for the calendar year 1929.

This is because of the expiration on December 31, 1930, of the joint resolution adopted by Congress in December, 1929, which provided for a temporary tax reduction on normal individual and corporation incomes for the calendar year 1929 *only* and payable in 1930.

Up to the time the February issue of *The Journal* went to press, Congress had taken no action to continue the life of the 1929 temporary tax reduction resolution. That such action, or any other, lowering in any way the income tax rates provided in the Revenue Act of 1928, will be taken by the present Congress before it adjourns on March 4, 1931, is quite unlikely.

Physicians making returns on income for the year 1930 should compute their tax on the following basis:

First $4000 of income subject to normal tax should be taxed at 1½ per cent; the next $4000 at 3 per cent, and the remainder at 5 per cent.

Should there be a reduction of rates at a later date—which is deemed unlikely—necessary adjustments on all returns will no doubt be made in the offices of the Collectors of Internal Revenue.

Surtax rates will remain the same as they were for the years 1928 and 1929.

The rate on corporation income for 1930 will be 12 per cent as provided in the Revenue Act of 1928.

THOSE WHO MUST FILE RETURN

Every physician whose net income for 1930 was $1500 or more, if single, and $3500 or more, if married, must file an income tax return with the Collector of Internal Revenue *on or before March 15th, 1931.* He must also file if his gross income was $5000 or over, irrespective of marital status and irrespective of *net* income. All physicians and other professional men are required to use Form 1040 in submitting their return, regardless of the amount of net income.

Collectors of Internal Revenue of the respective districts have mailed blank forms to physicians whose names are on record. Failure to receive a blank does not relieve a physician of the responsibility to file. If blanks are not received, applications should be made at the internal revenue office of the district in which the physician resides. These districts, with the name and address of collectors, are appended to this article.

Data for income tax returns, internal revenue officials point out, should be arranged on separate sheets under the following classifications: Gross Income, Exemptions, Net Income, and Tax Computations.

GROSS INCOME

Gross income includes gains made from professional services, business activities, certain forms of dividends, bad debts charged off in previous years but since collected, bonuses received as compensation, interest, partnership profits, profits from sale or exchange of real estate, rents and royalties, and funds received from other sources.

PERSONAL EXEMPTIONS

If married and living with wife, or head of a family for the entire year, an exemption of $3500 is allowed; if single and not a head of family, an exemption of $1500 is permitted. In case of change of marital or head of family status during calendar year, the personal exemption is prorated over the period of married, head of family or single state. Credit of $400 is permitted for each dependent under 18 years of age, or each physically or mentally handicapped dependent regardless of age. The credit is not allowed in the case of a dependent minor over 18 years of age even if such minor is attending school.

DEDUCTIBLE ITEMS

Office Rentals

If a physician pays rent to another person for office space, he may deduct the amount; if he owns his own home and maintains an office in it, he cannot claim deduction for office rent.

Automobile

The cost of repair and upkeep of an automobile used in professional visits may be deducted. That part of a salary paid to a chauffeur and attributable to time spent in driving his employer on professional calls, may be deducted. Sums spent for taxi hire, car fare, etc., while on professional calls, may be deducted. The cost of an automobile used in professional calls, may be depreciated. Take the cost price and divide by the number of years of its usefulness and deduct this amount annually in income tax return.

Professional Dues

Dues paid to professional associations to which, in the interest of his profession, the physician belongs are exempt and may be deducted. Traveling expenses incurred in attending medical conventions of organizations of which he is a member are deductible from gross income in determining net income derived from practice. Expenses incurred in taking graduate courses have been held *not* to be deductible.

Assistants

Deductions are permitted for the salaries of nurses, laboratory workers, technicians, assistants, stenographers or other clerical workers in offices so long as their duties are connected with professional work. Wages paid maids for services rendered in connection with practice are deductible.

Medicines, Instruments, Supplies

Medicines used in the office to treat patients, medicine dispensed, bandages, laboratory materials and all other supplies necessary to operate the office may be deducted. Upon surgical instruments, one-fifth of purchase price may be deducted annually for five years under depreciation account. All office fixtures, appliances, etc., used in office or laboratory may be depreciated annually, according to the estimated life of their usefulness.

General Office Expense

Cost of telephone, telegrams, etc., used in professional services may be deducted. Expenditures for heat, light, water, etc., are deductible. Office fixtures and furnishings may be depreciated 10 per cent annually. Original cost of medical books may be depreciated 10 per cent annually, since the life of these is usually considered 10 years.

When to Deduct Debts

If the physician's books are kept according to the "Cash Receipts and Disbursement" system, he may not charge off any unpaid debt because he is then only reporting as gross income those accounts which have proved to be good. Bad accounts have not been reported and are therefore, not deductible.

If books are kept on an "Accrual Basis" (where expense is actually incurred and payable even though not yet paid, or income earned although not yet collected) it is permissible to charge off all debts which have been definitely ascertained to be worthless during the fiscal year covered by the report.

In the same way, the physician is permitted to claim deduction for all other expenses within the scope of his profession, and the amount of his tax is determined on the net income which remains after these items have been deducted.

Taxes and Licenses

Any tax paid upon materials required in professional work are exempt. All license fees which physicians are required to pay are deductible items. This includes the narcotic tax, automobile license, local occupational taxes, taxes on club dues, etc. The Ohio Gasoline Tax is not deductible.

Other Allowable Deductions

All taxes paid upon real or personal property, whether the property is used for business or otherwise and all interest paid upon indebtedness (except interest paid to carry nontaxable securities) are deductible. It is permissible to deduct from gross income contributions when made to charitable, religious, educational and scientific organizations, to an amount not to exceed 15 per cent of the net income, exclusive of such contributions.

Items Not Reportable as Income

Allowances received under the War Risk Insurance act; bequests; damages received in personal action; dividends on stock of federal reserve banks, land banks and intermediate credit banks; dividends from exempted building and loan associations up to $300; dividends from corporate earning accumulated prior to March 1, 1913; gifts, inheritances, insurance proceeds; state court jury fees, state court receivership fees, life insurance proceeds; and stock dividends and rights, are not reportable as income.

All interest received from obligations of a state or political subdivision thereof; from securities issued under the Farm Loan act; interest on Liberty 3½% Bonds and U. S. Bonds issued prior to September 1, 1917, and interest on the obligations of the possessions of the U. S. need not be included in the computation of gross income.

Interest received on Liberty 4% and 4½% Bonds and certain other U. S. obligations is exempt if the total holdings are not in excess of $5000. All interest received on U. S. Treasury notes must be reported. However, all interest received from these sources which is reportable as income, is subject only to surtax.

Normal Tax

As explained previously in this summary, the normal tax rate on 1930 income is 1½% for the first $4000 in excess of exemptions and credits; 3% on the next $4000 in excess of exemptions and credits; and 5% on the balance over and above the first $8000 in excess of exemptions and credits.

Surtax Rates

In addition to the normal tax provided above, a surtax is levied on net incomes of $10,000 and over. The percentages in these follows: $10,000 to $14,000, 1 per cent; $14,000 to $16,000, 2%; $16 000 to $18,000, 3%; $18,000 to $20,000, 4%; and an additional 1% for each $2000 added up to $24,000. After $24,000 each $1000 increase is subject to an additional 1% surtax until $64,000 is reached when there is another change in brackets.

Earned Income

Earned income is taxed at a lower rate than income from sources other than "earned". Earned income may consist of salaries, wages, commissions, professional fees and other amounts received for personal services actually rendered, or an amount not in excess of 20% of the net profits derived from a trade or business in which both personal services and capital are material income producing factors.

A physician may include as "earned" income

money paid by patients who were looked after in part by his assistants. In order to do so, however, the patients on whose account the money was paid must have been in fact the patients of the physician-taxpayer and have looked to him as responsible for the services performed. Moreover, the services must have been performed under the physician-taxpayer's supervision. (See August, 1930, issue of *The Journal*, page 705).

If the business requires only a nominal capital and the income is derived principally from personal services of the taxpayer, as a doctor or lawyer, the entire profits, not exceeding $30,000 may be considered as earned income. The first $5000 of net income constitutes earned income no matter from what source derived. In order that the earned income may be taxed at a lower rate, such income is included with income from other sources and the tax figured thereon. The tax is then figured on the earned net income alone, and 25% of that tax is used as a credit against the tax on the entire net income. This credit is termed an "earned income credit" and in no case may exceed 25% of the normal tax on income from all sources plus 25% of the surtax on the earned net income.

How Computations Made

An example of how computations are made is given here for the information of physicians. Suppose a physician was married during the year 1930, has no dependents, and rents his home and his office. He compiles the following data:

Gross income from professional service	$18,000.00
Depreciation of office fixtures, etc.	500.00
Office help, etc.	2,000.00
Telephone, Heat, etc.	500.00
Occupational tax, licenses, etc.	100.00
Auto cost and depreciation, etc.	1,000.00
Drugs, bandages, etc.	3,000.00
Scientific Journal, etc.	400.00
Railroad fares on professional calls	250.00
Traveling expenses to medical conventions	250.00
Office rent	1,500 00
Miscellaneous expenses	100.00
Total expense	$ 9,600.00
Gross income from other sources:	
Rent from apartment house	10,000.00
Overhead, taxes, etc.	8,000.00
Total Gross Income	$28,000.00
Less deductible items for professional services	9,600.00
Less deductible items incident to apartment building income	8,000.00
Net income, $28,000 less $17,600	$10,400.00
Less personal exemption	$ 3,500.00
Income subject to normal tax	6,900.00
Taxable at 1½%	4,000.00
Taxable at 3%	2,900.00
Normal 1½% tax on $4,000	$ 60.00
Normal 3% tax on $2,900	87.00
Total Normal Tax	147.00
Surtax (1% on net in excess of $10,000)	4.00
Total Normal and Surtax	151.00
Less Earned Income Credit (See Computation)	21.75
Net Tax Liability	$ 129.25

COMPUTATION OF EARNED INCOME CREDIT

Total receipts from practice	$18,000.00
Expenses incident to practice	9,600.00
Earned Net Income	8,400.00
Less exemption	3,500.00
Subject to normal tax	4,900.00
Taxable at 1½%	4,000.00
Taxable at 3%	900.00
Normal 1½% tax (on $4,000)	60.00
Normal 3% tax (on $900)	27.00
Total tax on Earned Net Income	87.00
Twenty-five % credit (earned net income	$ 21.75

INCOME TAX BLANKS

Any physician failing to receive an income tax blank should apply to the Collector of Internal Revenue for his district. These districts, together with the name and address of the Collector, and counties comprising such districts follow:

For the Columbus District (Ohio 11th) Collector of Internal Revenue Newton M. Miller, Postoffice Building, Third and State Sts., Columbus, Ohio; comprising the following counties:

Adams, Athens, Coshocton, Delaware, Fairfield, Franklin, Gallia, Guernsey, Hocking, Jackson, Knox, Lawrence, Licking, Madison, Marion, Meigs, Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Pike, Ross, Scioto, Union, Vinton and Washington.

For the Cleveland District (Ohio 18th) Collector of Internal Revenue C. F. Routzahn, 262 Federal Building, Cleveland, Ohio; comprising the following counties:

Ashland, Ashtabula, Belmont, Carroll, Columbiana, Cuyahoga, Geauga, Harrison, Holmes, Jefferson, Lake, Lorain, Mahoning, Medina, Monroe, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas and Wayne.

For the Cincinnati District (Ohio 1st) Collector of Internal Revenue L. J. Huwe, Custom Building, Cincinnati, Ohio; comprising the following counties:

Brown, Butler, Clarke, Clermont, Clinton, Fayette, Greene, Hamilton, Highland, Miami, Montgomery, Preble and Warren.

For the Toledo District (Ohio 10th) Collector of Internal Revenue Wm. B. Guitteau, Toledo, Ohio; comprising the following counties:

Allen, Auglaize, Champaign, Crawford, Darke, Defiance, Erie, Fulton, Hancock, Hardin, Henry, Huron, Logan, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Shelby, Van Wert, Williams, Wood and Wyandot.

Scientific Exhibit for Next A. M. A. Meeting

Those desiring to reserve space in the Scientific Exhibit at the 1931 Annual Session of the American Medical Association, to be held in Philadelphia, next June 8 to 12 inclusive, must have their applications in the hands of the Committee on Scientific Exhibit of the A.M.A. by February 20, according to an announcement issued by Thomas G. Hull, director of the Scientific Exhibit.

In order that the amount of space available may be apportioned to the best advantage to all concerned, the Committee states that it will make no assignments previous to March 10, 1931, and that no large blocks of space will be assigned to individual exhibitors.

Some of the requirements that must be met by exhibitors are summarized by Mr. Hull in his announcement, in part as follows:

"The Committee on Scientific Exhibit emphasizes again the necessity for presenting exhibits in a manner which will stress their scientific value. This may be done by carefully worded explanatory placards or legends, and particularly by personal demonstration by the investigator himself. The Committee feels that the Scientific Exhibit offers unusual opportunity for investigators and visiting physicians to meet and discuss informally the phases of the research work being presented. Also it should be remembered that general attractiveness is essential. The Committee will do its part by providing attractive booths, decorated appropriately; uniform illuminated signs giving the name of the exhibitor and the title of the exhibit will be furnished as well as a uniform shelf with covering. * * *

"Please do not ask for more space than necessary. It is the Committee's endeavor to make assignments in accordance with the demands. To ask for more space than is needed misleads the Committee in the matter of assignment, is the cause of unattractive exhibits and is unfair to other participants."

Welfare Advisory Commission Makes Extensive Recommendations for Changes and Enlargements in Ohio's Penal and Mental Institutions

Numerous recommendations and a large amount of data which may play a prominent role in determining the legislative program which the Eighty-Ninth General Assembly will be requested to adopt for the enlargement and betterment of Ohio's facilities for the care of the penal and mentally sick wards of the state are found in the final report of the Welfare Advisory Commission presented to Ex-Governor Cooper shortly before he retired from office, January 12.

The Commission's recommendations and collection of facts and statistics are the result of almost a year's investigation of the welfare situation in Ohio, the board having been appointed by Mr. Cooper shortly after the tragic Ohio Penitentiary fire in April, 1930, to make such a study and report its findings in time for consideration by the present Legislature.

Members of the Commission were: Julius F. Stone, Columbus, chairman; A. E. Anderson, Cincinnati; Dudley S. Blossom, Cleveland; Grove Patterson, Toledo, and Harry McLaughlin, Cleveland. R. E. Miles, Columbus, was chosen by the Commission to act as its secretary. .

In the opening chapter of its report, the Commission recommends that the State Department of Public Welfare be placed under the jurisdiction of a Board of Public Welfare, of five members, serving without salary, not more than three of whom shall be of the same political party. The members, under the proposed set-up, would be appointed by the governor in such a manner that the term of one member would expire each two years. This board would be the legal head of the State Dapartment of Public Welfare and have general authority over its policies and affairs, the administration of the department being carried out through a single Director who would be appointed by the board and serve at its pleasure.

"It is imperative", the report stated in explanation of this suggestion for a radical change in the present plan of organization of the State Department of Public Welfare," to the proper conduct of this great humanitarian and scientific work that the administrative head of the Department, as well as the staff of experts necessary to care properly for the wards of the state located in its twenty-two institutions and supervised by its agencies, be not disturbed from time to time as at present, due to the biennial election of the Governor."

The plan "achieves both continuity and centralized administrative responsibility", in the opinion of the Commission.

MENTAL HYGIENE INSTITUTIONS

An extensive portion of the report is devoted to a general survey of the mental hygiene situation in Ohio; specific studies of a majority of the seven state hospitals for the insane, two institutions for the feeble-minded, the third institution for the feeble-minded now under construction, and the one hospital for epileptics; and, definite recommendations as to the steps the state must take to meet existing and future conditions.

Ohio does not possess adequate facilities for patients now in the state hospitals for the insane, the Commission pointed out. Assuming a minimum of 50 square feet per patient for sleeping quarters and excluding make-shift dormitories, the Commission estimated that in relation to the average daily population in 1929 of the hospitals for the insane, exclusive of the State Hospital for the Criminally Insane at Lima, there was an excess of 1,884 patients over the proper maximum capacity. Overcrowding is especially acute at the Massillon, Cleveland and Cincinnati institutions, it was revealed.

The average daily number of patients in Ohio's state hospitals for the insane, including the Lima institution, for the year 1929 was 14,892, or 224 patients for each 100,000 of the state's general population, according to the 1930 census.

Despite this seemingly large number of mentally sick wards, Ohio is not at present providing hospital care for as many insane patients as it should, in the opinion of the Commission.

Statistics for the year 1928 were presented to show that while Ohio's hospitals for the insane were caring for 212 patients per 100,000 population, similar institutions for the country as a whole were caring for 221 per 100,000 population and similar institutions in New York State and Massachusetts were housing 392 and 403 patients respectively per 100,000 population.

It also was revealed that during the past 25 years, the number of patients in hospitals for the insane in Ohio has increased only 69 per cent, as compared with an increase of 104 per cent for the entire country; 104 per cent for Massachusetts; 79 per cent for New York; 174 per cent for Illinois, and 121 per cent for New Jersey.

"In many counties of the state there are persons known to be insane and needing hospitalization but who have not been committed to institutions, due to the already overcrowded conditions," the report pointed out. "This is especially true in the Massillon and Cleveland districts.

"Some hospitals have released patients on 'trial visits' prematurely because of pressure to take in other more acute cases. A large number of cases are held in municipal or private hospitals, and in some instances in jails and infirmaries, that should be in state institutions. * * * There is also an appreciable number of incipient cases throughout the state which could be prevented from developing into chronic cases if taken to hospitals for preventive treatment."

Summarizing its study of the state institutions for the insane and the problem of insanity generally in Ohio, the Commission made the following recommendations:

1. Ohio immediately should provide facilities for at least 250 per 100,000 of the general population, which would mean additional capacity to care for approximately 3500 patients who are now unprovided for or are housed in overcrowded institutions.

2. This additional capacity should be secured through the construction immediately of one new institution for the insane and the enlargement of existing institutions.

3. Within the next 10 years, the state should erect a second new institution for the insane to house approximately 2500 additional patients to be normally expected from the increased population of the state during the next decade.

4. High standards of nursing service should be maintained; a larger number of nurses and attendants in proportion to patients should be provided; out-patient clinics in connection with the state hospitals should be developed, and the psychiatric social service should be enlarged.

CARE OF THE FEEBLE-MINDED

"In spite of the continuous pressure for many years on behalf of applicants for admission, no serious overcrowding comparable to that in penal institutions and hospitals for the insane exists in the state institutions for the feeble-minded," the report declared. "These institutions have been and are filled to capacity, and consequently have been compelled to decline to accept commitments substantially beyond their proper capacity.

"For many years the demand for admission to institutions for feeble-minded has been far in excess of the capacity. In practically every large county in Ohio there is a considerable number of individuals known to be feeble-minded and to need institutional care, but who cannot be received at existing institutions due to the already crowded condition."

The report reviewed numerous studies of the mentally defective in this and other countries. For purposes of comparison, the British ratio of 841 mental defectives per 100,000 of the total general population was applied to Ohio, which indicated, the report pointed out, that the state had a population of 55,338 mental defectives in 1929, of whom, according to the British ratio, 11,068 needed institutional care. The report then pointed out that the average daily population of Ohio's two institutions for the feeble-minded in 1929 was approximately 4,300 (64 per 100,000 population), and that on the basis of the foregoing computations, there were 6,768 feeble-minded in the state in need of institutional care who were not receiving it.

Recommendations of the Commission regarding the state's responsibilities in meeting the problem of the mental defective were:

1. That sub-normal individuals now found in penal and correctional institutions, children's homes and county infirmaries be removed as soon as possible to institutions equipped to care for such cases.

2. That the new institution now under construction at Apple Creek be completed at once and that, when needed, another institution be constructed on the site in Warren County now owned by the state.

3. That a scientific case-work survey be made

under the direction of the Department of Public Welfare through such local or other agencies as may be available to determine the further need for facilities for the feeble-minded.

4. That cases who do not require permanent custodial care and are capable of being trained and returned to society as useful citizens be given oversight, guidance and supervision by an adequate staff of trained workers.

5. That the State Hospital for Epileptics be expanded to meet the needs as they are ascertained from future surveys.

Regarding the question of sterilization of mental defectives, the report said:

"It having been the purpose of the Commission to avoid controversial matter, no recommendation is made as to the necessity for and probable benefit to society of sterilization, but the question is a vital one and sooner or later must be intelligently met."

THE PENAL PROBLEM

The problem of overcrowding in the male penal institutions has reached a serious point in Ohio, in the opinion of the Commission.

The report revealed that the average daily population of these institutions during 1920 was 3,619 and the average daily population for 1929 was 8,222. It was estimated that in 1940 the minimum number of adult male prisoners for which provision might have to be made would be approximately 16,672.

The following tables, showing the average daily population in 1929 and the estimated proper maximum population, emphasize the overcrowding problem faced by the state:

	1929	Proper Maximum
Ohio Penitentiary (including brick plants, quarry and honor groups)	4524	3700
Ohio State Reformatory (including Grafton Farm as now used and other honor groups)	2823	1800
London Prison Farm	875	1300
Total	8222	6800

Declaring that the present overcrowded condition of these institutions limits reformatory work and the effective classification of prisoners, and pointing out that a further increase in institutional facilities "is imperative", the Commission offered the following recommendations:

1. Additional capacity should be provided through the development of new institutions, rather than by increasing the permanent capacity of those now existing since they are already too large to insure efficient administration.

2. The Grafton State Farm, Lorain County, should be developed as a new institution to accommodate not more than 1,200 prisoners and another new institution erected, both within the next biennium.

3. The London Prison Farm should be maintained as a reformatory with a normal population not to exceed 1,300.

4. Additional dormitory units should be built outside the walls at the State Reformatory at Mansfield, to aid in relieving the present overcrowding in that institution and later to replace the temporary make-shift dormitory space now in use.

5. The staff of the newly established Bureau of Examination and Classification in the State Department of Public Welfare should be temporarily augmented and funds provided by the Legislature for continuance of this bureau.

6. As soon as feasible, permissive power should be given to the trial courts to commit offenders to the care and custody of the Welfare Department for appropriate treatment based on the findings of the above-mentioned bureau.

7. The number of parole officers of the Welfare Department should be increased so that the case load of each officer will not exceed 100 paroles and that funds for this purpose be provided.

8. County probation departments should be developed and extended where necessary.

9. Prison industries and farms should be developed to the greatest degree possible to minimize idleness among prison inmates.

10. Necessary funds should be provided to extend further the educational opportunities for those able to profit by academic instruction, and vocational and occupational training.

The report in amplifying some of the recommendations listed, pointed out among other things that the Ohio Penitentiary has now been practically rebuilt so far as proper housing, sanitation and fire protection is concerned.

"It would probably cost from $8,000,000 to $10,000,000 to replace the Penitentiary as it now stands," the report said. "If the population of the Penitentiary is reduced to the figures recommended (3,700), then this institution at once becomes admirably adapted to the care of prisoners requiring strong detentional facilities."

Regarding the Bureau of Examination and Classification, the report declared:

"The primary purpose of this bureau is to conduct psychological and psychiatric examinations of each prisoner and to collect such social information as it considers necessary. Such results, when evaluated, will enable the officials to segregate those who are clearly anti-social, mentally retarded or mentally ill, from the more nearly normal and hopeful cases. The same information will be helpful to the managing officers of the institutions in assigning prisoners to the industries or schools, or for special medical or mental treatment when the necessity for such treatment is indicated. The Director of Welfare will find these data invaluable when making transfers from one institution to another, and they will be helpful to the parole authorities both in the selection of men for parole and the supervision of men released on parole.

"The number and definitions of classes of offenders should be determined by the Director of Welfare and modified by him as found desirable by experience. In the segregation of classes there should be sufficient institutional facilities so that no institution be overcrowded and at least each general class of prisoner may be housed in a separate institution. Adequate classification and segregation in Ohio make it imperative that the two new institutions mentioned above be rushed to completion. The Director should designate the group or groups to be housed in each institution and should be free to exercise full powers of transfer."

The Commission is of the opinion that with the

elimination of misdemeanants by recent legislation, with more facilities elsewhere for subnormal and insane offenders, with more adequate parole supervision, as well as the extension of county probation departments acting to reduce the population of all penal institutions, the present capacity at the Ohio Reformatory for Women at Marysville is sufficient to meet immediate needs.

CORRECTIONAL INSTITUTIONS

The Boys' Industrial School, Lancaster, and the Girls' Industrial School, Delaware, are the largest schools of their kind in the United States, the report points out, and each is so overcrowded that effective correctional work is extremely difficult.

Recommendations concerning these institutions are:

1. That facilities be provided for increased population but that every effort be made to hold the population of these schools stationary, and when possible, decrease it through the transfer of feeble-minded to institutions for the feeble-minded, and through encouragement of preventive effort in local communities.

2. That adequate funds be supplied for building up of trained personnel and for the rehabilitation of the physical plant of each school.

3. That all fire hazards be eliminated at once.

4. That a new cottage with a capacity not to exceed 30 be constructed immediately at the Boys' Industrial School.

5. That as soon as feasible the Bureau of Juvenile Research be given facilities to conduct routine examinations at the Boys' Industrial School, such as are already conducted at the Girls' School, and that the follow-up work be developed at both institutions.

The Commission also recommended expansion of the Bureau of Juvenile Research through the establishment of field clinics, increase of research activities, and increase in its personnel.

This portion of the report is concluded with the following warning:

"Unless a vigorous, coordinated and persistent effort is made by all authorities and agencies concerned to keep the penal population down to the lowest point compatible with public security, there is strong indication that the State of Ohio will face the necessity during the next ten years of building several penal institutions in addition to those herein recommended, and of bearing for an indefinite period the burden of their operation and maintenance."

Included among the miscellaneous recommendations of the Commission were:

Immediate steps to make fireproof all institutions under the jurisdiction of the State Department of Public Welfare.

Construction of two new buildings at the Ohio State Sanatorium, Mt. Vernon, one for young children suffering with tuberculosis, who are not now admitted, and one to be used as a hospital for patients who become acutely ill.

The state should encourage and assist local authorities in preventive work in the field of juvenile delinquency and crime and in the field of mental hygiene.

Budget Estimates of Operation of State Welfare and Health Departments for 1931-32 Aggregate 28 Million Dollars

The Eighty-Ninth General Assembly, now in session, will be asked to appropriate funds totaling $28,155,654 for the operation, maintenance and betterment needs of the State Department of Health and the State Department of Public Welfare during the years 1931 and 1932, according to the Ninth Executive Budget prepared by the State Director of Finance and transmitted to the Legislature by Ex-Governor Cooper shortly before he retired from office.

Funds totaling $1,110,442 are sought for the State Department of Health for the biennium. The sum of $27,045,212 is asked for the State Welfare Department.

The total budget submitted to the Legislature contains requests aggregating $139,082,506 for operation of the state government during the next two years. The state revenue receipts from all sources for the biennium are estimated at $125,684,250. This leaves a sum of $13,398,256 in proposed expenditures that must be met by sources of revenue not at present in existence.

HEALTH DEPARTMENT BUDGET

In presenting the budget of the State Department of Health to the General Assembly, the Director of Finance points out and explains a recommendation for a change in the method of distributing the state subsidy to local health districts, amounting to $300,000 for the biennium divided equally between the years 1931 and 1932.

"The Director of Health has recommended and the Director of Finance and Governor concur", the budget states, "that the method of distributing the state subsidy to local health districts be changed. It is proposed to substitute for the present method of an equal distribution to all health districts which qualify, a distribution in the discretion of the director to those districts which are in need of state assistance in order to enable them to maintain a minimum standard health program. Under the present system, the state has been making annual contributions in small amounts to many districts which were not in need of these funds, while the limitation im-

posed by the law prevented the extending of adequate aid to many districts which needed it very much."

The amount recommended for appropriation for subsidies to local health districts ($300,000) is $200,000 less than the amount appropriated by the 88th General Assembly for such subsidy for the years 1929-1930.

The budgets submitted by the various divisions of the Health Department, showing the actual expenditures for 1929, the estimated expenditures for 1930, and the requests based on estimates for 1931 and 1932 follow:

DIVISION OF ADMINISTRATION

Item or Unit	Actual 1929	Estmtd 1930	Estmtd 1931	Estmtd 1932
No. of full times employes	12	15	16	16
Expenditures for salaries	$28,833	$40,200	$41,300	$41,300
Expenditures for wages	7,709	800	1,000	1,000
Expend. for maintenance	23,092	69,900	70,000	70,000

DIVISION OF SANITARY ENGINEERING

No. of full time employes	20	22	23	23
Expenditures for salaries	$49,783	$56,940	$58,940	$58,940
Expend. for maintenance	12,318	10,000	11,000	11,000

DIVISION OF LABORATORIES

No. of full-time employes	37	40	41	41
Expenditures for salaries	$58,053	$64,000	$66,000	$66,000
Expend. for maintenance	16,449	15,000	16,000	16,000

DIVISION OF COMMUNICABLE DISEASES

No. of full-time employes	10	10	11	11
Expenditures for salaries	$21,919	$27,000	$28,000	$28,000
Expend. for maintenance	10,757	11,500	12,000	12,000

DIVISION OF VITAL STATISTICS

No. of full-time employes	27	25	26	26
Expenditures for salaries	$33,966	$34,640	$35,640	$35,640
Expend. for maintenance	7,056	9,000	10,000	10,000

DIVISION OF HYGIENE

No. of full-time employes	9	7	7	7
Expenditures for salaries	$18,518	$17,080	$17,080	$17,080
Expend. for maintenance	5,119	5,000	5,500	5,500

DIVISION OF NURSING

No. of full-time employes	7	9	9	9
Expenditures for salaries	$ 9,840	$17,840	$17,840	$17,840
Expend. for maintenance	11,238	9,000	10,000	10,000

DIVISION OF INDUSTRIAL HYGIENE

No. of full-time employes	3	3	3	3
Expenditures for salaries	$ 6,380	$ 6,500	$ 7,000	$ 7,000
Expend. for maintenance	200	200	300	300

DIVISION OF CHILD HYGIENE

No. of full-time employes	1 7	7	7	7
Expenditures for salaries	$20,213	$14,500	$14,500	$14,500
Expend. for maintenance	13,171	3,000	3,500	3,500

The foregoing figures show that in 1929 a sum of $604,614 was expended by the Health Department, including $247,505 for salaries, $7,709 for wages, $99,400 for maintenance, and $250,000 in subsidies to local health districts.

In 1930 the estimated expenditures of the Department were: $662,100, including $278,700 for salaries, $800 for wages, $132,600 for maintenance and $250,000 for subsidies to local districts.

For the biennium, 1929-30, the expenditures were:

Salaries, $526,205; wages, $8,509; maintenance, $232,000; subsidy, $500,000, or a total for the biennium of $1,266,714.

The recommendation of the Finance Department for appropriations for the State Department of Health for the biennium, 1931-1932 follows:

	1931	1932	Biennium
Personal Service	$290,000	$290,000	$ 580,000
Maintenance (including $150,000 per annum for subsidies for local health districts)	$262,000	$262,000	$ 524,000
Equipment	$ 3,822	$ 2,620	$ 6,442
Total	$555,822	$554,620	$1,110,442

If the Legislature follows the foregoing recommendation it will appropriate an increase of $45,286 in salaries and wages for the biennium, and a decrease of $1,558 in maintenance expenditures.

Records of the Auditor of State show how the expenditures of the State Department of Health have increased during the past 20 years. The following figures are the actual expenditures of the Department since and including the year 1910: 1910, $44,986.23; 1911, $40,555.70; 1912, $44,386.20; 1913, $78,692.69; 1914, $91,298.70; 1915, $55,001.65; 1916, $112,378.19; 1917, $113,-897.94; 1918, $110,501.99; 1919, $137,745.57; 1920, $234,262.33; 1921, $386,466.47; 1922, $391,547.19; 1923, $420,290.20; 1924, $552,855.24; 1925, $527,-976.84; 1926, $589,088.29; 1927 (18-months period), $885,744.10; 1928, $612,886.92; 1929, $604,614; 1930 (estimated), $662,100.

WELFARE DEPARTMENT BUDGET

The added cost of Ohio's rapidly developing welfare program and the desire on the part of the state to meet more of the needs in this field are reflected in the large amount ($27,45,212) recommended as the total appropriation for the State Department of Public Welfare and its various divisions for the biennium 1931-32.

The following recommendations relative to changes in administration and activities of the Department are contained in the budget report:

1. Extension of the present law which requires payment by counties in case of non-payment by relatives for support of inmates in institutions for the feeble-minded to include similar payment at the institutions for the insane.

2. Expansion of prison industries and enlargement of the market for prison-made goods.

3. Civilians, not prisoners, be employed in the Bureau of Criminal Identification.

4. Abolishment of Commission for the Blind and work now done by that agency be divided between State Department of Education and State Department of Health.

5. Immediate completion of new institution for feeble-minded at Apple Creek and development of another institution at Lebanon.

Almost one-fourth of the total appropriation recommended for the Welfare Department would be used for additions and betterments at penal, correctional and mental hygiene institutions under the control of the Department.

The welfare budget submitted by the Finance Department for the biennium is as follows:

	1931	1932	Biennium
DIVISION OF ADMINISTRATION			
Personal Service	$ 3,716,000	$3,766,000	$ 7,492,000
Maintenance	$ 5,510,000	$5,530,000	$11,040,000
Equipment	$ 600,000	$ 250,000	$ 850,000
Additions & betterments	$ 7,033,950	$	$ 7,033,950
DIVISION OF CHARITIES			
Personal Service	$ 130,100	$ 130,520	$ 260,620
Maintenance	$ 62,750	$ 62,750	$ 125,500
Equipment	$ 1,700	$ 1,200	$ 2,900
Rotary B	$ 15,000	$	$ 15,000
BOARD OF CLEMENCY			
Personal Service	$ 13,200	$ 13,200	$ 26,400
Maintenance	$ 1,175	$ 1,175	$ 2,350
Equipment	$ 325	$ 325	$ 650
BUREAU OF CRIMINAL IDENTIFICATION			
Personal Service	$ 10,400	$ 10,400	$ 20,800
Maintenance	$ 5,100	$ 5,100	$ 10,200
Equipment	$ 1,500	$ 1,000	$ 2,500
COMMISSION FOR THE BLIND			
Personal Service	$ 45,796	$ 45,796	$ 91,592
Maintenance	$ 30,500	$ 30,500	$ 61,000
Equipment	$ 1,550	$ 700	$ 2,250
Rotary A	$ 5,000	$	$ 5,000
Rotary B	$ 2,500	$	$ 2,500
Total welfare budget	$17,186,546	$9,858,666	$27,045,212

The total budget recommended for the Department for the biennium is approximately $10,000,000 larger than the sum appropriated by the Eighty-Eighth General Assembly for the 1929-30 biennium, the big request for additions and betterments making up the larger portion of this increase.

For additions and betterment at the various welfare institutions, the following amounts are recommended:

Athens State Hospital, $559,000; Hawthornden Farm, Cleveland, $465,000; Columbus State Hospital, $332,500; Dayton State Hospital, $330,000; Lima State Hospital for Criminal Insane, $305,000; Longview State Hospital, $683,000; Massillon State Hospital, $596,500; Toledo State Hospital, $334,000; Ohio Hospital for Epileptics, $330,500; Columbus Institution for Feeble-Minded, $333,100; Orient Institution for Feeble-Minded, $46,500; Apple Creek Institution for Feeble-Minded, $1,500,000; Ohio State Sanitorium, Mt. Vernon, $61,000; Boys Industrial School, $17,800; Girls' Industrial School, $138,500; London Prison Farm, $51,000; Ohio Penitentiary, $392,500; Mansfield Reformatory, $219,000; Grafton State Farm, $41,000, and Ohio Reformatory for Women, $57,000.

Important Court Decision and Other Legal Points on Physicians' Responsibility to Patients

Numerous legal questions pertaining to the practice of medicine and the relationship between doctor and patient are constantly arising, challenging the vigilance and caution of every physician in his daily practice.

It is becoming more and more imperative that every physician has a clear and definite knowledge of the statutory provisions and regulations established to govern the practice of medicine in Ohio and keep himself informed about new legal decisions handed down in cases involving physicians and their relationship with the sick public.

It has been the custom of *The Journal* to publish from time to time reviews and analyses of some of the important and interesting legal cases involving physicians for the purpose of keeping members of the State Association informed on new medico-legal principles and for the purpose of emphasizing and reiterating old and established interpretations of the laws governing malpractice, as well as the responsibilities assumed by a physician in treating a case of sickness or injury.

Within the past few weeks, a case, labeled by some who have studied its many ramifications as one of the most important in years in Ohio from the standpoint of the medical profession, was argued before the Ohio Supreme Court at a hearing on a motion to have the appellate court certify its record and permit the proceedings to come before the Supreme Court for review. (Griffin v. Wilkin, No. 22572, G.S.R., 2705).

The case, which was a suit for damages against a physician and which involved many interesting and important points concerning the liability for diagnosis, the question of medical expert testimony and the furnishing of reports by a physician to a third party following the physical examination of a patient, originated in the Montgomery County Common Pleas Court. The trial there resulted in a verdict for the plaintiff (the patient) in the sum of $1,250. A motion for a new trial being overruled, the decision was appealed to the Montgomery County Court of Appeals which affirmed the judgment of the Common Pleas Court.

The syllabus of the Court of Appeals opinion in affirming the judgment of the lower court said:

"A physician who improperly diagnosed patient's illness as syphilis, when in fact he did not have such disease, and reported same to patient's employer, and as a result patient was discharged and became an outcast among his fellows, is liable."

Following a hearing on a motion to have the appellate court certify its record, the Ohio Supreme Court overruled the motion, thereby allowing the decisions of the lower courts to stand and become ruling case law. This in effect established the principle that *a physician at his own peril*

makes a diagnosis for a third party, even at the patient's request, for if his diagnosis is wrong, he is liable for damages.

The facts in the case as set forth in the record and in the briefs filed with the Supreme Court by attorneys for both the plaintiff and defendant, were, briefly, as follows:

The plaintiff in the original action, aged 22 years, married and the father of two children, was employed in a factory. One morning after experiencing a stinging sensation in the region of the groin and noting evidence of pus, he reported his condition to the factory nurse who sent him to the factory physician for an examination. The factory physician made smears from the urethral discharge and subsequently reported to the plaintiff and the nurse that the plaintiff had gonorrhea. The plaintiff then went to another physician, who after examination, diagnosed the ailment as congenital pin point meatus.

The plaintiff was not permitted to resume work and was advised by the factory nurse and personnel director, because of the contradictory opinions of the two physicians, to consult a specialist. At the plaintiff's request, the nurse suggested that he see the specialist, who subsequently became the defendant in the action for damages. The nurse in her sworn testimony declared that at the plaintiff's suggestion and in his presence, she called the defendant physician by telephone and made an appointment for the plaintiff, at the same time requesting the defendant to report his findings to her.

The defendant examined the plaintiff the same day. He made a microscopic examination for gonorrhea and found none. He then make a dark-field test for syphilis, and finding what he considered spirochaeta pallida, diagnosed the case as syphilis. He also made a Wassermann test which showed a negative finding.

The record reveals that three other physicians and an experienced bacteriologist examined the dark-field tests and concurred in the diagnosis of the defendant. The record also shows that the defendant gave the plaintiff two injections of neo-salvarsan, one on the day of the examination and another several days later. It also reveals that the defendant physician examined the plaintiff's wife and pronounced her free from syphilis.

As previously requested by the factory nurse, the defendant reported the results of his findings to her and the plaintiff's employment at the factory as terminated.

Following an examination by another physician, who did not concur in the diagnosis made by the defendant, the patient filed suit against the physician who had made the examination at the request of the factory, charging a "negligent and wrongful diagnosis of syphilis, which when reported to the factory nurse, caused him to lose his employment, great humiliation and to become an outcast among his fellows".

Analysis of the records of the court proceedings reveals the following argumentative points as the outstanding angles of the case:

(1) Did the plaintiff have syphilis at the time of the diagnosis by the defendant, and, if he did not, was the defendant negligent in finding that he had?

(2) What weight should the medical expert opinion given at the trial have with the jury in arriving at a verdict?

(3) Was the physician negligent in reporting the diagnosis to the factory?

(4) Should the defendant physician be held responsible for repetitions of his report by others?

Counsel for the defendant argued that there was no evidence to show that the plaintiff did not have syphilis when examined by the defendant and four other experts who stated that in their opinion he had it. It was pointed out that the fact that the Wassermann test taken by the defendant was negative should not be seriously considered, since medical history reveals many instances of negative Wasermanns in early stages of syphilis. It also was contended that the negative Wassermanns' taken after the examination followed the injections of neo-salvarsan by the defendant which probably acted as a neutralizing agency.

Counsel for the plaintiff, the record shows, based their contentions of no syphilis on the negative Wassermanns and upon the plaintiff's statement on the witness stand that he did not have syphilis and that he had never had intercourse with anyone except his wife who had been diagnosed free from that disease.

The defendant's attorneys contended that the court was inconsistent and incoherent in his charge to the jury regarding the expert medical testimony presented at the trial and that the court erred in permitting the plaintiff, a lay witness, to express the opinion that he did not have syphilis,—a diagnosis dependent upon scientific and medical knowledge. Counsel for the plaintiff argued that the court did not err in this respect and that the jury was justified in weighing carefully the opinion of the plaintiff because of conflicting testimony given by the expert witnesses.

Was the defendant negligent in reporting his diagnosis to the factory nurse?

Counsel for the defendant held that the trial court erred by permitting enlargement of the issues to include the charge of negligence in reporting the diagnosis to the factory, arguing that the petition did not characterize the report as negligent; that the plaintiff authorized the factory nurse to make an appointment for the examination; that the plaintiff heard the nurse request the defendant to report his findings to her, and that he made no protest since his reinstatement at the factory was contingent upon the medical examination made by the defendant.

Attorneys for the plaintiff contended that the

treatments rendered by the defendant and his report were at all times entirely dependent upon the diagnosis, and, consequently, merged with the issue of negligent diagnosis. It also was argued that the plaintiff did not request that the physician report his findings to the factory nurse and that there was no evidence to prove that the nurse acted as the plaintiff's agent in requesting the physician's report.

The trial court erred in improperly instructing the jury with reference to the liability of the defendant physician for repetitions of the report, counsel for the defendant argued. It was contended that the defendant reported only to the factory nurse; that he did not authorize repetition or had reason to expect it, and that the plaintiff and others spread the news of the defendant's findings. They also held that the liability for repetitions should have been limited solely to the report back to the factory nurse and that "there could be no liability for that because she was the agent of the plaintiff, who, authorized by him, had requested the report".

The plaintiff's attorneys pointed out that in their opinion the court made it clear to the jury that it should consider the repetitions only in the event it found those repetitions to have followed as the natural and probable consequences of the report.

Many who have considered and studied the points at issue in this case and the verdicts of the common pleas and appellate courts are of the opinion that the case establishes not only an interesting but probably a dangerous and vitally important legal principle from the standpoint of the medical profession.

In commenting on the possible effects of the case previous to the action of the Supreme Court in refusing to grant a motion to have the appellate court certify its record, Dr. Frank A. Reibel, Columbus, who also holds the degree in law and is a member of the Ohio Bar, made the following pertinent interpretation and analysis:

"If this case becomes ruling law," declared Dr. Reibel, before the Supreme Court acted and permitted it to stand as ruling law, "it will mean that a physician at his peril makes any diagnosis for a third party, even at the patient's request, for if his diagnosis is wrong, he is liable for damages. It would seem that in this case, by making a dark-field examination the defendant had used more diligence than most of us in making the diagnosis. Moreover, the court allowed the expert opinion of four physicians to be overthrown by the simple testimony of the patient himself. If this is to prevail, it would seem to be quite unsafe to make any sort of statement to a third party, even if the patient acquiesced. (It is obvious that in the above case the plaintiff expected a report to be made). This would apparently extend to the filling out of local food-handlers licenses, since the latter are not required by state law. It would extend to answering letters sent out by insurance companies requesting information on previous treatment, and many other examples that could be cited. It raises the question as to whether it is safe to report syphilis in an Industrial Commission case, when such report is highly important, that proper treatment may be administered.

"In this connection it is well to call attention to questionnaires that are sent out by the U. S. Public Health Service with reports of positive Wassermanns that are run by the state of Ohio for indigent cases. These cards contain some impertinent questions. Most objectionable is one asking the name and address of the person who caused the infection. Another asks the place of employment. To answer the latter query may put one in a similar circumstance to the doctor in the case herein cited; while to answer the former would make any physician liable in a suit for damages with little defense, since he would be absolutely unable to prove the source of infection."

In this connection, three other cases involving physicians, two of which occurred in other states, raise some interesting legal questions that undoubtedly will be of interest to members of the medical profession in Ohio. The points in these latter cases are not identical with those contained in the Wilkin vs. Giffin case but they are similar in some respects and should serve as warnings to members of the medical profession generally.

One, originating in West Virginia, was a suit for alleged malpractice brought by a woman patient against a physician who left town during his treatment of her. The case was thrown out of the lower courts but the woman, who was the only person to testify at the trial to the fact of malpractice, appealed to the Supreme Court of West Virginia. The Supreme Court overruled the lower courts and remanded the case for trial, ruling incidentally that lay testimony could establish the fact of malpractice and that expert scientific medical testimony was not necessary. A petition for a rehearing before the Supreme Court was filed, setting forth numerous reasons why the previous ruling should be set aside. After receiving this argument, the Supreme Court rewrote its original opinion and clarified it to read, in effect, that the case was remanded for trial, not because the plaintiff had established the fact of malpractice with her testimony, but because she had shown that the physician had left the city without making any provision for her further treatment. In other words, the important status of expert medical testimony in suits for alleged malpractice was reestablished in the amended opinion of the court.

The second case in point originated in the State of Iowa following a serious epidemic of typhoid fever in one of the villages of that state. A physician in an attempt to assist in locating the origin of the epidemic secured specimens from

an employe of a local dairy. These specimens were forwarded to the pathological laboratory of the State University and upon receipt of a report from the laboratory indicating the presence of typhoid organisms in the specimens, the physician reported the diagnosis to the proprietor of the dairy. The employe from whom the specimens had been obtained was discharged. Later the employe filed a suit for alleged slander against the physician who had secured the specimens for bacteriological examination.

The Medico-Legal Committee of the Iowa State Medical Association in discussing this case in its last annual report does not make clear what the ultimate outcome of the suit was, but it does bring out some important questions in the following comment on the case:

"In preparing the defense in this case," the committee reported, "Attorney Dutcher was embarrassed by the facts that from a legal point of view, it was difficult to trace the identity of these specimens from the time of their collection to the time of the reception of the reports on the same by the local physician. You are probably aware that for legal purposes it is necessary to establish a definite continuity of identification of such specimens and to pin the responsibility of their examination upon definite laboratory workers who can personally vouch for the identity of the specimens and their findings. It is only necessary to call your attention to the fact that there should be some legal recognition of the reliability and authenticity of the findings of laboratories doing public health work in order that responsibility and censure be removed from those who are trying to safeguard public health. It is obvious that as more and more health restrictions are coming to be imposed upon the public, a greater responsibility devolves upon local physicians and there is no inherent reason why numerous duplications of this threatened suit may not occur unless some definite rules, legislatively enacted, shall be laid down."

Another important medico-legal question was emphasized recently in Ohio in a threatened malpractice suit instigated by the widow of a patient who died while having his teeth *X*-rayed and which suit was settled out of court by the defendant physician.

The facts of this case are that the *X*-ray examination was being made by a technician employed by the physician and that through investigation into the training and competency of the technician, the counsel for the plaintiff was supplied with what appeared to be convincing evidence that he was not qualified to make such an examination. The unreliability of the technician further was attested to by certain inconsistent statements made by him in depositions taken at various times during the early stages of the case.

This case illustrates, one authority has pointed out, that physicians assume a distinct risk when they employ technicians or assistants who are inadequately trained or whose reliability is uncertain.

It is important that physicians know about and understand these vital medico-legal questions as they arise. Too many physicians do not seriously consider these points. This matter was emphasized in the last annual report of the Committee on Medical Defense which said:

"The apparent disregard on the part of many physicians of the well-established fact that practically every act which he performs in the practice of his profession is conditioned on and subject to some well-defined principle of law is unfortunate, and leads this committee to believe that one of its chief functions is to emphasize and stress the importance of every physician having a working knowledge of some of the vital principles of medico-legal jurisprudence."

Thirty-one New Physicians Licensed in Ohio in January

Successful applicants who took the December examinations given by the State Medical Board were granted licenses at the mid-winter meeting of the Board held in Columbus, January 5 and 6.

Thirty-one graduates of medical colleges were granted licenses to practice medicine and surgery in Ohio. Others receiving licenses were: 13 osteopaths, 10 chiropractors, 2 mechanotherapists, 2 electrotherapists, 4 chiropodists, 1 cosmetic-therapist, 17 masseurs, and 1 midwife.

R. C. Schneble, Dayton, graduate of St. Louis University, received the highest grade in the medical and surgical examinations, his average being 87.5. Lester Lasky, Columbus, graduate of Jefferson Medical College, was second with a grade of 87.1, and William J. Ross, Orwell, graduate of the University of Western Ontario, was third with a grade of 86.

Others granted licenses in medicine and surgery on examination were:

Ann Sophie Rogers, Columbus, Ohio State University; Edward Robert Thomas, Dayton, University of Cincinnati; Paul Shaughnessy, Cleveland, Creighton University; James D. Francis, Columbus, Georgetown University; George Joseph Greene, Cleveland, Georgetown University; Howard G. Illig, Youngstown, Georgetown University; Joseph Raymond Johnson, Cleveland, Georgetown University; Richard A. Kinney, Youngstown, Georgetown University; Fred Robert Kelly, Martins Ferry, George Washington University; Wallace Clarence Madden, Dayton, Hahnemann Medical College; Ralph Torrey Stevenson, Dayton, Hahnemann Medical College; William Stewart Terwilleger, Cincinnati, Hahnemann Medical College; John Gamaliel Slade, Cleveland, Howard University; Anthony Conti, Youngstown, Loyola University; Claude McClintic Dunlap, Columbus, Medical College of Virginia; Charan Singh Sand-

hu, Toledo, University of Kansas; James Earl Vollmer, Cincinnati, Northwestern University; James Edward Morgan, Cleveland, St. Louis University; Clifford Merrill Wilcox, Newport, University of Louisville; Frank Errett Hamilton, Columbus, University of Pennsylvania; Richard Maskrey Wilson, Martins Ferry, University of Pennsylvania; May Hudson Bennett, Cleveland, University of Pittsburgh; John Leonidas Grossman, Cleveland, University of Pittsburgh; Dwight Addison Weir, Bristolville, University of Rochester; Elizabeth Caswell Brunton, Canton, University of Alberta; Richard L. Bechk, Cleveland, University of Budapest; Fred Hise, Canton, McGill University; Joseph Irwin Gould, Toledo, University of Toronto.

New Medical Board Member

Dr. John Stewart Hagen, Cincinnati surgeon, was appointed by Retiring Governor Cooper shortly before the expiration of his term as governor, a member of the State Medical Board, to fill the term of the late Dr. J. K. Scudder, Cincinnati, which expires in 1933.

Dr. Hagen, a graduate of the Eclectic Medical College, Cincinnati, in 1898, served as police surgeon of Cincinnati for 17 years, his term in office being interrupted by the World War when he joined the American Expeditionery Forces and served in Base Hospital No. 25 in France. Dr. Hagen was a professor of operative gynecology at the Eclectic Medical College and is a member of the surgical staff at Bethesda Hospital, Cincinnati.

Dr. Hagen is a former member of the Cincinnati Academy of Medicine, the Ohio State Medical Association. He is married and has two sons, one of whom is a medical student at the University of Cincinnati.

The following Ohio physicians have been appointed on committees working out plans for the annual meeting of the National Eclectic Medical Association to be held June 16-19 inclusive, at Indianapolis: Dr. B. H. Bellans, Cincinnati; Dr. C. W. Beaman, Cincinnati; Dr. T. D. Hollingsworth, Akron; Dr. W. N. Mundy, Forest; Dr. J. J. Sutter, Lima; Dr. M. E. Bowles, Cincinnati; Dr. E. L. Thomas, Cleveland; Dr. R. B. Taylor, Columbus; Dr. B. I. Billman, Cincinnati; Dr. Cloyce Wilson, Cincinnati; Dr. A. Harry Crum, Cincinnati; Dr. C. R. Campbell, Newton; Dr. W. W. Dangeleisen, Cleveland, and Dr. C. W. Holtzmuller, Farmersville.



Lewis B. Ash, M.D., Ashland; Toledo Medical College, 1887; aged 77; member of the Ohio State Medical Association and the American Medical Association; died December 25 after a short illness. Dr. Ash had practiced in Ashland for 45 years, and was active in the Ashland County Medical Society and numerous civic interests. He is survived by his widow, one son, Dr. R. C. Ash, with whom he was associated in practice, one brother, Dr. E. E. Ash of Goshen, Indiana, and two sisters.

Henry C. Brainerd, M.D., Cleveland; University of Michigan Medical School, Ann Arbor, 1869; aged 86; former member of the Ohio State Medical Association; died December 1 of heart disease, when returning from a professional call. Dr. Brainerd had practiced in Cleveland for 60 years, and was a former president of the Cleveland Library Board. Two daughters and one son survive him.

Edson C. Brown, M.D., Mansfield; Ohio Medical University, Columbus, 1900; aged 55; member of the Ohio State Medical Association and the American Medical Association; died January 10. Dr. Brown had practiced in Mansfield for many years, and was formerly chief of staff of the Massillon State Hospital.

Grayson R. Gaver, M.D., Cincinnati; University of Maryland, School of Medicine and College of Physicians and Surgeons, Baltimore, 1898; aged 57; died November 26 of heart disease. He had resided in Cincinnati for three years, and was medical examiner of the Baltimore and Ohio Railroad.

John B. Haines, M.D., Lima; Fort Wayne College of Medicine, Fort Wayne, Indiana, 1879; aged 78; former member of the Ohio State Medical Association and Fellow of the American Medical Association; died December 27 after a long illness. Dr. Haines practiced in Lima and Allen County for 55 years, until ill health forced him to retire. Surviving him are two daughters, two sisters and one brother.

Charles C. Higgins, M.D., Zanesville; Southwestern Homeopathic Medical College and Hospital, Louisville, 1895; Louisville Medical College, 1896; aged 67; member of the Ohio State Medical Association and Fellow of the American Medical Association; died December 23 of cerebral hemorrhage, while on his way to answer a professional

call. Dr. Higgins practiced in Sonora for eight years before locating in Zanesville 30 years ago. He was active in the affairs of the Muskingum County Academy of Medicine and had served several times as president and as secretary, and was a member of the board of censors of the Academy. He had held the office of coroner of Muskingum County for several terms; was lecturer on obstetrics at Bethesda and Good Samaritan hospitals, and recently was elected secretary of the staff of Bethesda hospital. During the World War he was stationed at Camp Zachary Taylor in Kentucky as captain in the medical corps. He is survived by his widow, one daughter, three sisters and three brothers, one of whom is Dr. J. W. Higgins of Athens.

Ralph E. Holmes, Leesburg; licensed Ohio, 1896; aged 77; member of the Ohio State Medical Association and the American Medical Association; died December 6. He was one of the oldest practicing physicians in Highland County, and had resided in Leesburg all of his life. Surviving him are three brothers and one sister.

Frank M. Hughes, M.D., Akron; Western Reserve University School of Medicine, Cleveland, 1885; aged 77; died December 29. He formerly practiced at West Richfield, but for the past eight years was clerk in the sheriff's office. One son survives him.

Harry B. Larimore, M.D., Centerburg; Starling Medical College, 1905; aged 56; former member of the Ohio State Medical Association; died December 21 following a six months illness. Dr. Larimore had practiced for several years in Sparta, Croton and Centerburg, and was a veteran of the World War. He is survived by his widow and one son.

Francis A. McCullough, M.D., Mansfield; Ohio State University College of Medicine, Columbus, 1914; aged 44; member of the Ohio State Medical Association and Fellow of the American Medical Association; died January 3 following a long illness. Dr. McCullough served his internship at White Cross Hospital, Columbus, and in 1915 returned to Mansfield to practice with his father, the late Dr. A. H. McCullough. Surviving him are his widow, one son, and one brother.

Emanuel Rosenberg, M.D., Cleveland; University of Budapest, Hungary, 1891; aged 63; member of the Ohio State Medical Association and Fellow of the American Medical Association; died December 12 of pneumonia. Dr. Rosenberg had practiced in Cleveland since 1891, and had served on the staff of Mt. Sinai Hospital. He was one of the organizers and was the first president of the Magyar Club. Surviving him are his widow, one son and four daughters.

Silas Schiller, M.D., Youngstown; Eclectic Medical College, 1870; aged 84; former member of the Ohio State Medical Association; died December 23 of heart disease. Dr. Schiller practiced for 25 years at North Lima before locating in Youngstown, where he continued in practice until his retirement a few years ago. He was a former member of the Ohio State Medical Board. His widow and two sons survive him.

Sylvester M. Sherman, M.D., Columbus; Eclectic Medical College, Cincinnati, 1875; aged 88; member of the Ohio State Medical Association and the American Medical Association; died December 26 of uremia. Dr. Sherman practiced in Garrett, Indiana, for eight years before moving to Columbus, where he had practiced for 47 years. He was a member of the Ohio State Medical Board for 20 years. Dr. Sherman was active in several fraternal organizations, and was a veteran of the Civil war. He is survived by his widow, five sons and five daughters.

Mary Wilson, M.D., Mesopotamia; Ohio Medical University, Columbus, 1900; aged 71; former member of the Ohio State Medical Association, died December 22 from injuries received in a fall. Dr. Wilson taught school for a time following graduation from Ohio Wesleyan University, before taking up the study of medicine. She was resident physician at the Delaware Industrial School for Girls for a number of years. Surviving are four sisters and one brother.

KNOWN IN OHIO

Stanley L. Allen, M.D., Marion, Indiana; Ohio Medical University, Columbus, 1896; aged 65; former member of the Ohio State Medical Association; died December 24 of heart disease. Dr. Allen practiced for a number of years in Zanesville before joining the staff at the National Military Home at Dayton in 1924. For the past several years he had been stationed at the National Military Home in Indiana. His widow and one daughter survive him.

Anne E. Wolfram, M.D., Bellevue, Kentucky; Woman's Medical College, Cincinnati, 1895; aged 72; died December 2. She had practiced in Bellevue since graduation. Surviving her are three sisters and a brother.

Annual Congress on Medical Education, Licensure and Hospitals will be held at the Palmer House, Chicago, February 16, 17 and 18, under the auspices of the American Medical Association. Among Ohio physicians scheduled to take part on the program are: Dr. J. H. J. Upham, member of the Ohio State Medical Board and dean of the College of Medicine, Ohio State University; Dr. H. M. Platter, secretary of the Ohio State Medical Board and past president of the Federation of State Medical Boards; Dr. A. C. Bachmeyer, superintendent of the Cincinnati General Hospital, and Dr. A. Graeme Mitchell, professor of pediatrics, College of Medicine, University of Cincinnati.

NEWS NOTES of OHIO

Cleveland—Dr. Torald Sollman, dean of the School of Medicine, Western Reserve University, delivered the annual Mellon lecture at the University of Pittsburgh, recently. His subject was "A Clinical Excretion of Mercury".

Cincinnati—A memorial fund of $15,000 has been raised by a committee under the chairmanship of Dr. A. Graeme Mitchell to perpetuate the memory of the late Dr. Benjamin K. Rachford, former professor of pediatrics at the College of Medicine, University of Cincinnati. Income from the money will be used to provide lecturers in pediatrics.

Kent—Dr. A. O. DeWeese, head of the department of health and physical education at Kent College, spoke at the recent meeting of the Association of College and University Physicians in New York City on "Objective Tests in Medical Health Examinations".

Sandusky—Erie County commissioners have appointed Dr. F. E. Deeds as physician at the County Home and Dr. G. A. Stimson as physician at the County Jail.

Cleveland—A bequest of $100,000 to the School of Medicine, Western Reserve University, from the estate of the late Dr. George C. Russell has been announced. The legacy, in cash, was specified by Dr. Russell to be used by the trustees as they saw fit.

Cincinnati—Dr. M. Scott Kearns, new coroner of Hamilton County has announced the appointment of Dr. Matthew C. Pirrung as assistant coroner; Dr. J. N. Patterson as pathologist and Dr. Richard S. Austin as consulting pathologist.

Logan—Dr. Robert K. Smith, graduate of the College of Medicine, University of Cincinnati, has entered practice as an associate of his father, Dr. A. K. Smith.

Lima—Dr. F. G. Maurer addressed the St. Gerard's Holy Name Society on historical developments in medicine and surgery.

Zanesville—Dr. J. T. Davis, who has practiced medicine here for more than 55 years, recently celebrated his 83rd birthday.

Chagrin Falls—Dr. J. B. Anderson, recently of Cleveland, has opened offices here for general practice.

Cleveland—Seventy-five surgeons of northern and eastern Ohio attended a regional meeting here at which methods of treating fractures were discussed. The meeting was sponsored by the regional committee on fractures of the American College of Surgeons, consisting of Dr. John E. Dickenson, chairman; Dr. Maxwell Harbin, secretary, and Dr. F. W. Dixon, Dr. E. R. Brown, and Dr. O. A. Weber.

Columbus—Members of the Phi Chi medical fraternity of Ohio State University recently gave a reception honoring Dr. Charles A. Doan, head of the new medical and surgical research department of the College of Medicine, Ohio State University, and Mrs. Doan. More than 300 attended the affair.

Columbus—Dr. C. M. Valentine has been elected president of the general practitioners section of the Columbus Academy of Medicine. Dr. Augustus A. Hall was chosen secretary.

Mechanicsburg—Dr. J. C. Hathaway was bruised when his automobile turned over in a ditch north of here.

Cleveland—Members of the Cleveland Academy of Medicine were honored guests January 6 at a dinner meeting of the Cleveland Bar Association when medico-legal problems were discussed. Those on the program included: Dr. Howard T. Karsner, Dr. H. H. Drysdale, M. C. Harrison and Albert E. Powell.

Cleveland—Dr. C. E. Pitkin has been appointed head of the eye, ear, nose and throat division of St. Luke's Hospital.

Cleveland—Dr. William G. Mussun has returned from a trip around the world.

Cleveland—Many members of the Cleveland Academy of Medicine attended a meeting of the Cleveland Dental Society at which Dr. Lewellys F. Barker, Johns Hopkins University, spoke.

Cleveland—Annual meeting of the Cleveland Medical Library Asociation was addressed by Dr. Ales Hrdlicka, U. S. National Museum.

Cincinnati—Dr. Charles J. Farrell has opened offices in association with Dr. Kennon Dunham.

Cincinnati—Dr. Harris H. Vail read a paper before a recent meeting of the Chicago Laryngological and Otological Society.

Piqua—Dr. C. E. Hetherington addressed the Piqua Rotary Club on "Modern Developments in Medicine".

Chagrin Falls—Dr. John Nichols, formerly of Cleveland, has opened offices here in the quarters formerly occupied by the late Dr. Paul Curtis.

Cincinnati—Engagement of Miss Margaret Denton to Dr. Herman Keck, both of Cincinnati, has been announced.

New Philadelphia—The local Rotary Club was addressed recently by Dr. R. J. Foster.

Columbus—Dr. Edward E. Smith was sworn in recently as coroner of Franklin County.

Lorain—Dr. E. O. S. Brown is recovering from scalp lacerations received when attacked by a bandit near his garage.

PUBLIC HEALTH NOTES

—More than one-half of the deaths due to falls in Ohio for the first 10 months of 1930 were in the home, according to records of the Division of Vital Statistics, State Department of Health.

Fifty per cent of these fatal falls were among persons past the middle age of life, which would indicate that the educational campaign of safety must be taken to the home among the citizens in this age group. Many falls were occasioned by poor illumination and ill-designed stairways, falling out of bed, in a bathtub, from stepladders, over chairs, from porches, over loose carpets and out of windows. Many of the falls may have been preventable, including a large proportion due to personal carelessness, but a large number were due to inherent faults in mechanical or structural construction.

A compilation of the death records filed in the Division of Vital Statistics during the past 16 years shows 35 per cent increase in the number of deaths reported from falls, of which 52 per cent were males and 48 per cent females. In 1914 there were 58 male and 42 female deaths in every 100 fatalities. There continued to be more deaths among males each year until 1922, when female deaths predominated. It is interesting to note that deaths due to this cause among females have increased more rapidly than male deaths, with the greatest increase in the advanced years of life, until in 1929 there were 51 female and 49 male deaths in every 100 due to falls. The percentage of female deaths is even greater today because population is 51 per cent males and 49 per cent females.

During 1929, 93 per cent of all deaths due to falls among females were over 45 years of age, with only 70 per cent among males in the same age period.

During the first ten months of 1930 there were recorded 1209 deaths due to falls, with 609 in the home, 142 in industry, and 205 in the streets, around the premises and in public places, while 251 did not indicate the place of the fall.

The means of the accident was given on 196 of the records as falling down stairs; on 55 the deceased fell from a ladder or scaffold; 16 indicated the person had fallen from or over a chair, 13 fell from trees and 25 tripped over carpets in the home. On 904 of the records the means of the fall was not stated.

—The 1930 census shows that Ohio, on June 30 last had a population of 6,646,697, of which 4,760,761, or 71.7 per cent, are provided with public water supplies. There are 110 cities and 288 villages which are provided with public water supplies. Of the 224 villages which have their own plants, 48 are between 2500 and 5000 in population, 103 are between 1000 and 2500, 61 are between 500 and 1000 and 12 are less than 500 in population. There are 39 villages in the state, over 1000 population, which are not provided with public water supplies.

Most of the municipalities supplied from adjacent cities are located near cities or large population, 10 cities and 31 villages being supplied by Cleveland, two cities and 12 villages by Cincinnati, and two cities and four villages by Columbus.

A further tabulation shows that 362 of the municipal water works systems are municipally owned while 36 systems are owned by private companies.

The total population supplied with water is about four and three-quarters millions, of which 63.4 per cent is supplied with filtered water, 11.8 per cent with softened water, 11.9 per cent with chlorinated well water, 0.4 per cent with chlorinated surface water, 0.2 per cent with untreated surface water, 0.8 per cent with well water treated at iron removal plants and 11.5 per cent —with untreated well water.

Of the 317 municipalities in the state which have their own plants, 77 use surface water and 240 use well water. However, by far the majority of the population is supplied by water from surface sources, 3,491,349 persons, or 73.3 per cent, of the population being so supplied, while 1,269,412 persons, or 26.7 per cent, are supplied with ground water. This is due to the fact that most large cities have filtration plants while most of the villages use well water supplies.

The trend indicated by these tabulations show: (1) an increasing demand for public water supplies; (2) the number of decidedly unsatisfactory water supplies is decreasing; there are only six villages in this class and three of these villages are contemplating improvement of their water supplies; (3) a marked increase in the number of water softening plants; most of the recent plants have been installed to soften well supplies; (4) a tendency to provide chlorination as an additional safeguard for well supplies.

—Birth registration as an essential to modern life is strongly emphasized in a recent statement of the Division of Vital Statistics, U. S. Bureau of Census, which comments that, "With the vast increase noted in international travel and with the increasing number of complex situations wherein identity and proper records of birth become necessary, it is of utmost importance that every child have an official birth certificate as a positive evidence of American citizenship".

The Division also makes the following comment relative to the progress and value of birth registration.

With the year 1930 drawing to a close, it is gratifying to find that every state in the Union except one has satisfactory birth registration

laws. Registration of birth is one of the duties of every civilized government and is of great importance to the public as well as to the individual. Such records are useful and necessary in determining questions of parentage, heredity, legitimacy, personal identity, property rights, inheritance and citizenship. In almost every relation of life a positive record of birth, with all the accompanying circumstances, is of the greatest value.

With adequate records it becomes possible to determine the birth rate in any community, to determine the ratio between births and deaths, to ascertain at what age and from what cause the largest number of babies die, and to take the proper preventive steps.

Vital statistics registration is necessary for each city and state and even more so for the nation. Under the constitution, the Federal government can collect and record births and deaths only in the decennial census years, and statistics so collected are not satisfactory. As the national government has no power to enact laws requiring the states to establish and finance vital statistics bureaus, it is gratifying to find at the close of the year that all states except one have satisfactory birth registration laws.

However, registration of births is much less complete than registration of deaths, as the so-called birth registration area contains only 46 states and the District of Columbia, and includes approximately 94.8 per cent of the population, whereas the death registration area includes about 96 per cent. The states not included in the birth registration area, which was established in 1915 with 10 states and the District of Columbia, are Texas and South Dakota, and the South Dakota birth registration law is unsatisfactory. States are included in the registration area when their reporting efficiency reaches 90 per cent.

There is hardly a relation of life from cradle to grave in which the evidence provided by an accurate registration of births may not prove of the greatest value. As life becomes more complex many of these relations which hitherto have been considered as of minor significance will take on a deeper meaning and acquire greater importance.

—According to information collected by the United States Public Health Service, the frequency of claims for benefits on account of sickness and non-industrial injuries causing disability for eight calendar days or longer among approximately 135,000 male industrial employes decreased 34 per cent in the first quarter, and 8 per cent in the second quarter of 1930 as compared with the corresponding periods of 1929. Employes of 16 large establishments are included in the data for the first quarter, and of 15 establishments in the second quarter. Results for the specified quarter of the calendar year are compared with the corresponding period of a year ago for those establishments only which reported in both years.

The favorable health record for the first quarter of 1930 was due in large measure to a decreased incidence of respiratory diseases, especially influenza, which occurred at epidemic frequency in the early part of 1929. In addition to pronounced decreases in the incidence of influenza and pneumonia, the rate of disability from respiratory tuberculosis also declined substantially in the group under consideration.

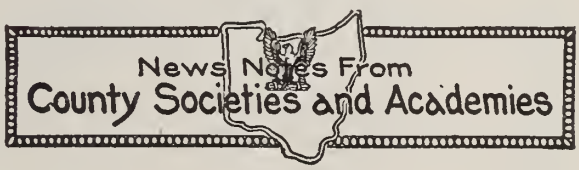
Nonrespiratory diseases as a whole decreased 6 per cent, and non-industrial injuries 9 per cent in the first quarter of 1930 as compared with the first three months of 1929.

In the second quarter of 1930 the incidence rate of a majority of the disease groups was lower than in the second quarter of 1929 among the employes covered in the record. The respiratory rate was down 11 per cent, due to improvement in the rates for bronchitis, tonsillitis, and pneumonia, while the non-respiratory diseases as a whole declined 7 per cent. In the group the largest percentage decline was indicated for diseases of the nervous system.

That disability was relatively infrequent during the first six months of the year is indicated also by comparison with the average rate in 1928 for 13 of the 16 establishments included in the data for 1930. The year's first quarter morbidity rate was down 13 per cent, and the second quarter rate was 16 per cent lower than in the corresponding period of 1928.

—Dr. F. R. Dew has been reappointed health commissioner of Belmont County for a term of two years.

—Dr. F. R. Stamp, former safety-service director of Alliance, has been appointed health commissioner of Stark County.



First District

ACADEMY OF MEDICINE OF CINCINNATI

(D. T. Vail, Jr., M.D., Secretary)

January 8—Program: "Who Wants State Medicine?" by Mr. Bleecker Marquette.

January 12—Program: "The Present Status in the Treatment of Lesions about the Optic Chiasm", (lantern slides), by Dr. George J. Heuer. "The Role of the Fallopian Tubes in Sterility", by Dr. Gilbert Mombach.

January 19—Program: "Chloride Metabolism in Relation to Surgery", by Dr. George Curtis, Surgery Department, University of Chicago. The program was preceded by a dinner at Hotel Gibson.

January 26—Program by the Department of

Bio-chemistry, Professor A. P. Matthews, chairman.—Bulletin.

Butler County Medical Society held its regular meeting at Fort Hamilton, Wednesday afternoon, December 10. Dr. Mark Millikin, retiring president of the Society, read a paper on "Recent Ideals of the Social Aspects of Medicine", and Dr. H. A. Moore, of Oxford, presented a paper on "A Case of Shoe Dye Poisoning". Dr. P. E. Decatur, newly-elected president, was in charge of the meeting, which was followed by a dinner.—News Clipping.

Fayette County Medical Society met in the Y. M. C. A., Washington C. H., on Thursday afternoon, January 8, for its regular session. The Constitution and By-Laws of the Society were changed to conform to the Constitution of the State Association. Annual report of the secretary-treasurer was presented. Dr. H. E. LeFever of Columbus, addressed the Society on "Diagnosis and Treatment of Head Injuries". This paper showed that Dr. LeFever had spent a great deal of time in preparing it, and was a most excellent handling of a growing field of practice. He covered every phase so when he finished there was nothing left to discuss. Our members appreciated very much his coming to us, and those not present missed a great deal to inspire them for the new year.—James F. Wilson, Secretary.

Highland County Medical Society held its regular monthly meeting at the Hillsboro Hospital on Wednesday afternoon, December 3, with twenty physicians present. Following a luncheon, a symposium on Goiter was presented by Drs. R. A. Bunn, Walter Simpson, and A. B. Brower, of Dayton.—News Clipping.

Second District

Darke County Medical Society held a dinner meeting on Friday evening, January 9 at the Service Restaurant, Greenville. The visiting speaker was Dr. L. G. Bowers, of Dayton, whose subject was "Acute Abdominal Infections".—Bulletin.

Greene County Medical Society met at the new hospital at the O. S. and S. O. Home, Xenia, on Thursday, December 4. Dr. Robert Hostetter, Dayton, spoke on "Pediatrics, the Problems of the General Practitioner". Discussion was opened by Dr. Walter Simpson, also of Dayton. The following officers were elected for 1931: President, Dr. W. C. Marshall, Yellow Springs; vice president, Dr. M. I. Marsh, Cedarville; secretary-treasurer, Dr. Marshall M. Best, Xenia (re-elected). Dr. C. G. McPherson was elected a member of the board of censors. Preceding the meeting, the physicians inspected the hospital. Luncheon was served following the program.—News Clipping.

Miami County Medical Society held its annual joint meeting with the Shelby County Medical Society on Friday afternoon, January 9 at Stouder Memorial Hospital, Troy. A paper on "Reduction of Fractures by Use of Local Anesthetics", was presented by Dr. Ralph Carothers of Cincinnati. The paper was illustrated by motion pictures, slides, and *X*-ray films. The program was followed by a dinner.—Bulletin.

Montgomery County Medical Society met in regular session on Friday evening, January 2, at the Fidelity Medical Building auditorium. The program of the evening was given by Drs. H. W. Burnett and R. J. Price, their subject being "Chest and Colonic Lesions from an *X*-ray Viewpoint".

The regular meeting of January 16 was held in the auditorium of the Fidelity Medical Building. Program included the following papers: "Urinary Calculi", by Dr. C. D. Padan; "Uroselectan as Used for Intravenous Urography", by Dr. F. K. Kislig. Dr. Padan's paper was discussed by Dr. A. B. Brower and A. W. Carley, and Dr. Kislig's paper was discussed by Dr. Brower and Dr. L. G. Kauffman.—Bulletins.

Third District

Auglaize County Medical Society held its annual meeting on Thursday evening, December 11, at the Court House assembly room, Wapakoneta. Officers elected at the business session for 1931 are: President, Dr. F. F. Fledderjohann, New Bremen; vice president, Dr. R. C. Hunter, Wapakoneta; secretary-treasurer and correspondent for *The Journal*, Dr. C. C. Berlin, Wapakoneta; legislative committeeman, Dr. Guy Noble, St. Marys, (re-elected) medical defense committeeman, Dr. Guy Noble. Program for the meeting included two interesting papers, the first by Dr. Harry Noble, on "Undulant Fever", and the other by Dr. P. I. Tussing, Lima, on "Heart Disease".—News Clipping.

Hardin County Medical Society met at Martin's cafeteria, Kenton, Friday evening, December 19, for its annual dinner and election of officers, with 25 members and guests present. A paper on "Silent Diseases of the Kidneys", illustrated by cases, was presented by Drs. F. G. Maurer and E. H. Hedges, of Lima. The following officers were elected: President, Dr. R. C. McNeill, Kenton; vice-president, Dr. F. M. Elliott, Ada; secretary-treasurer, Dr. W. N. Mundy, Forest (re-elected); legislative committeeman, Dr. W. A. Belt, Kenton, (re-elected); medical defense committeeman, Dr. J. S. Hedrick, Dunkirk; delegate to State Meeting, Dr. R. G. Schutte, Kenton; alternate, Dr. G. S. Wilcox, Ada.—News Clipping.

Logan County Medical Society held its annual meeting in Bellefontaine on Friday evening, December 12. The guest speaker was Dr. George W. Crile, Cleveland, subject, "Peptic Ulcer". He discussed it as a unique lesion, essentially human, found especially in those types that are more intensive by reason of temperament and necessity.

RADIUM THERAPY
DEEP X-RAY THERAPY
ELECTRO COAGULATION

BEN RENICK KIRKENDALL, M.D.
EDWARD TAYLOR KIRKENDALL, M.D.

137 E. State Street, Columbus, Ohio
Or Mt. Carmel Hospital

Office Phone Adams 7656 **Res. Phone** Gahana, Ohio 44 F. 14

W. H. MILLER, M. D.

X-Ray

328 East State Street **Columbus, Ohio**

Complete Diagnosis and Therapy

Diseases of Chest
Gastro-Intestinal Tract
Genito-Urinary Tract
Gall Bladder
High Voltage X-Ray Therapy
Portable X-Ray
Electro-Coagulation
Fractures and Dislocations

PROMPT AND FULL REPORT

The Logan County Medical Society can pay Dr. Crile no greater compliment than to say that his lecture was so vivid, so well illustrated and so coherent that even the non-medical guests went home feeling that this friendly man had taught them something.—O. C. Amstutz, Secretary.

Van Wert County Medical Society held its regular meeting on December 16, in Van Wert. Dr. John T. Short, of Fort Wayne, Indiana, delivered an interesting address on "Ureteral Calculi", which he illustrated with well selected roentgenograms. His address was followed by an interesting general discussion.—A. T. Rank, Correspondent.

Fourth District

ACADEMY OF MEDICINE OF TOLEDO

(A. P. Hancuff, M.D., Secretary)

January 2—Twenty-Ninth annual dinner and annual meeting of the Academy of Medicine was held on Friday evening, January 2, in the French Room of the Lasalle and Koch Building. This also formally marked the seventy-ninth anniversary of organized medicine in Toledo.

January 9—Section of Pathology, Experimental Medicine and Bacteriology. Program: "Carcinoma of Duodenum" (case report), by Dr. J. B. Rucker. (a) "Hydronephrosis as a Result of Carcinoma of Cervix", (case report); (b) "Acute Hemorrhagic Pancreatitis" (case report), by Dr. A. H. Schade. "Tumors of the Lung" (case reports with autopsy findings) by Dr. Theodore Zbinden.

January 16—Medical Section. Program: "Coronary Occlusion", by Dr. F. C. Clifford; "Tuberculosis in a Child" (case report) by Dr. L. E. Payne; "Two Cases of Indefinite Hemorrhage from the Kidney", by Dr. L. P. Dolan; "Undulant Fever" (case report) by Dr. L. A. Levison; "Inversion of the Uterus" (case report) by Dr. T. A. Simons.

January 23—Surgical Section. Program: "The Relation of Cholecystography to Gall Bladder Surgery", by Dr. G. H. Reams; "Ruptured Duodenal Ulcer with Complicating Duodenal Fistula", by Dr. W. W. Beck; "Etiology and Treatment of Pruritis Ani", by Dr. L. J. Herold.

January 30—Eye, Ear, Nose and Throat Section. Program: "After Results of Injury to the Eye Due to B B Shots" (case report) by Dr. L. R. Lesser; "Deafness as a Complication of Mumps" (case report) by Dr. Charles King; "Osteomyelitis of the Mastoid Occipital Bones" (autopsy findings) by Dr. E. C. Unckrich; "Severe Eye Injuries" (two case reports) by Dr. I. O. Denman; "Peribulbar Abscess" (presentation of patient) by Dr. L. R. Effler; "Eye Case", by Dr. W. H. Snyder; "Perforation of Esophagus by Chicken Bone", by Louis Ginsburg; "Spontaneous

Worthy of Your Trust

Mellin's Food

ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods

A Maltose and Dextrins Milk Modifier

Mellin's Food Company **Boston, Mass.**

RADIUM RENTAL SERVICE

BY

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to Physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

CAREFUL CONSIDERATION WILL BE GIVEN INQUIRIES CONCERNING CASES IN WHICH THE USE OF RADIUM IS INDICATED.

The Physicians Radium Association

1307 Pittsfield Bldg., 55 E. Washington St.,
CHICAGO, ILL.

Telephones Central 2268-2269

Wm L. Brown, M.D., Director.

BOARD OF ADVISORS

William L. Baum, M.D. Bennett R. Parker, M.D.
Frederick Menge, M.D. Walter S. Barnes, M.D
Louis E. Schmidt, M.D. S. C. Plummer, M.D.

RADON

(Radium Emanation)

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Technic of Application Outlined

"RADON THERAPY IN CARCINOMA —OF— BLADDER, PROSTATE AND RECTUM"

(send for copy)

GOLD RADON IMPLANTS

RADON COMPANY, Inc.

1 East 42nd St., New York

Telephones: Vanderbilt 3-2811; 3-2812

CHAS. F. BOWEN, M.D.

SPECIALIZES

in

Superficial Malignancies

Removal of Foreign Bodies

Radium and X-Ray

Diagnosis and Therapy

332 E. State Street

COLUMBUS, OHIO

Columbus Radium Laboratory

Radium and Deep X-Ray Therapy

EDW. REINERT. Ph.G., M.D.

350 E. State St., Columbus, O.

Bell, Main 1537

Rupture of the Lateral Sinus Following Mastoid", by Dr. A. L. Steinfeld; "Severance of Lower Canaliculus" (two case reports) by Dr. Leonard Nippe; "Retro-Oesophageal Abscess" (case report) by Dr. E. G. Galbraith; "Orbital Cellulitis" by Dr. R. E. Boice; "Retrobulbar Neuritis" by Dr. M. G. Bourne; "Osteomyelitis of the Frontal Bone", by Dr. G. W. Bond.—Bulletin.

Wood County Medical Society met Thursday, December 19 at the Court House, Bowling Green, with twenty members present. Following a dinner at the Woman's Club. Dr. Frank W. Harrah, Columbus, presented a paper on "Interesting Urological Observations", with lantern slide demonstrations.—News Clipping.

Fifth District

ACADEMY OF MEDICINE OF CLEVELAND

(Clarence H. Heyman, M.D., Secretary)

January 9—Experimental Medicine Section. Program: (Arranged by the Department of Medicine) "Cardiodynamics in Arteriovenous Fistula", by Dr. Harold Feil; "Arteriolar Lesions in Hypertension", by Drs. R. W. Scott and David Seecof; "Experimental Edema" (by invitation) Dr. S. A. Shelburne; "Etiology of the Common Cold", by Dr. G. S. Shibley.

January 16—Regular Academy Meeting. Program: "Perivertebral Injection in Angina Pectoris", by Drs. Harold Feil and A. Strauss; "Clinical Significance of Basal Metabolism", by Dr. Cameron V. Bailey, New York City, director of the Respiration Laboratory of the New York Post Graduate Medical School.

January 21—Industrial Medicine and Orthopedic Section. Program: "The Diagnosis and Treatment of Painful Shoulders", by Dr. James A. Dickson; discussion opened by Dr. G. I. Bauman.

January 23—Ophthalmological and Oto-laryngological Section. Meeting held at the Country Club, Akron, where members were guests of Akron physicians at a dinner meeting at 6:30 P. M. Program included a paper on "Sinus Observations", by Dr. U. D. Seidel.—Bulletin.

Ashtabula County Medical Society held its regular monthly meeting at Hotel Ashtabula on Tuesday, December 16. Two new members were elected to membership—Dr. Alfred A. DeCato, of Ashtabula, and Dr. C. B. Wean, of Andover. A committee was appointed to draft a new constitution and by-laws as requested by the State Association. The following new officers were elected for 1931: President, Dr. P. J. Collander, Ashtabula; vice president, Dr. R. B. Wynkoop, Ashtabula; secretary and treasurer, Dr. E. H. Merrell, Geneva; censor (three year term) Dr. W. F. Gessler, Ashtabula; delegate to State Meeting, Dr. R. B. Wynkoop; alternate, Dr. A. J. Pardee. After the business session, four reels of surgical motion pictures were shown.—E. H. Merrell, Secretary.

Dr. Hugh J. Means

Announces an

X-Ray

Consultation Service

For

Physicians and Hospitals

Films Interpreted and Detailed Reports Made

683 East Broad St.
Columbus, Ohio

X-RAY DIAGNOSIS AND THERAPY

LABORATORY

Service and Consultation

James A. Beer, B.Sc., A.M., M.D.

21 East State Street Columbus, Ohio

Telephone, ADams 3847

DIABETICS

have palatable

Starch-free Bread

when you prescribe

Listers

DIETETIC FLOUR

Self-rising — contains no starch, no gluten

Ask for nearest Depot or order direct

LISTER BROS. Inc. 41 East 42nd Street NEW YORK, N. Y.

This laboratory is approved by the Council on Medical Education and Hospitals of the American Medical Association

Langdon-Meyer Laboratories

OFFER A COMPLETE 24 HOUR SERVICE ON WASSERMANNS—INCLUDING, WATER-BATH; ICE-BOX; AND KAHN TEST.

Fee—$5.00

Send for our Fee Table

519 Main Street **CINCINNATI, OHIO**

The Ohio State Nurses' Association

Official Registries for Nurses

District No. 1—42 Hawthorne Ave., Akron, Ohio. Phone: Lincoln 0600
District No. 3—149 Hollywood Ave., Youngstown, Ohio. Phone: 2-1171
District No. 4—2157 Euclid Ave., Cleveland, Ohio. Phone: Prospect 1951
District No. 8—Room 1112 Chamber of Commerce Bldg., Cincinnati, Ohio Phone: Main 7142
District No. 9—1930 Robinwood Ave., Apartment 40, "The Scotwood," Toledo, Ohio. Phone: Main 7962
District No. 12—398 N. Garfield Ave., Columbus, Ohio. Phone FAirfax 3615
District No. 15—Portsmouth General Hospital, Portsmouth, Ohio. Phone: 559

Dr. S. ENGLANDER

719 Osborn Building CLEVELAND, OHIO

Proctology, Recto-sigmoidoscopic Diagnosis, Urology

TELEPHONE, CHERRY 7547

URINE
BLOOD
SPUTUM
EFFUSIONS
STOMACH CONTENTS
WASSERMAN & KAHN
PRECIPITIN TESTS
GONORRHEAL COMPLEMENT FIXATION TEST
BLOOD CHEMISTRY
PROTEIN SENSITIZATION TESTS
BASAL METABOLISM
AUTOGENOUS VACCINES
FAECES
GENITO-URINARY SURGICAL and GYNECOLOGICAL PATHOLOGY
DARK FIELD ILLUMINATING FOR SPIROCHETA PALLIDA
MEDICO-LEGAL POST-MORTEMS
X-RAY

LABORATORY

Clinical and Pathological

Approved by the American Medical Association

Columbus, Ohio 370 E. Town Street

DIRECTOR

J. J. Coons, B. Sc., M.D., D. Sc.
Dorris Coss, B. Sc., M. Sc.
Frances Coup, A. B.
Flora Moone

PROMPT SERVICE
Immediate Report on Frozen Sections of all Tumors.
ESTABLISHED 1904

Lorain County Medical Society met at the Elks Restaurant, Elyria, on Tuesday evening, January 13, for its regular dinner meeting. The following program was presented: "A Few Words from Our New President", by Dr. John P. Rankin; "Impressions of a Recent Trip Abroad", by Dr. G. E. Moyer; "Etiology of the Common Cold", by Dr. Gerald S. Shibley, Cleveland. Discussion of Dr. Shibley's paper was opened by Dr. Maurice Rosenzweig, of Elyria Memorial Hospital.—Bulletin.

Sixth District

Portage County Medical Society met at the Nurses Home, Ravenna, on Thursday evening, January 8, as guests of Miss McConnell, Superintendent of the Hospital. An illustrated lecture on "Medical Entomology, or Insects and Human Welfare", was presented by Professor E. R. Van Leeuwen, entomologist of the Davey Tree Expert Company, Kent, Ohio. Committees appointed at the business session included Dr. George J. Waggoner, Ravenna, as legislative committeeman, and Dr. W. B. Andrews, Kent, as medical defense committeeman. A large and enthusiastic gathering, with wives of members, and hospital nurses. Supper was served at the close of the program.—E. J. Widdecombe, Secretary.

Richland County Medical Society held its annual meeting at the Mansfield-Leland Hotel, on Thursday evening, December 18, with election of the following officers for 1931: President, Dr. D. C. Lavender, Mansfield; vice president, Dr. W. H. Buker, Belleville; secretary-treasurer and correspondent for *The Journal*, Dr. C. H. Bell, Mansfield; legislative committeeman, Dr. S. C. Schiller; medical defense committeeman, Dr. C. R. Keller; delegate to State Meeting, Dr. John Hattery, and alternate, Dr. Charles G. Brown. Dr. Walter G. Stern, and Attorney H. L. Beam of Cleveland, were the chief speakers. They discussed the physician's attitude when he is called to appear in court.—News Clipping.

Stark County Medical Society held its annual meeting in the Medical Library room, Canton, on Tuesday evening, January 13. The program included the retiring president's address, by Dr. R. J. Shipley of Canton; an address by Dr. L. J. Karnosh, neurologist, City Hospital, Cleveland; and a paper on "Some Chemical and Physiological Aspects of Arthritis", by Dr. W. A. McConkey, of Canton.—Bulletin.

Summit County Medical Society met at the Akron City Club, on Tuesday evening, January 6. Program on "The Progress of 1930" was as follows: "Gynecology", by Dr. C. E. Updegraff; "Eye, Ear, Nose and Throat", by Dr. F. V. Gammage; "Urology", by Dr. H. J. Gordon; "Surgery", by Dr. F. B. Roberts; "Medicine", by Dr. R. E. Pinkerton.—Bulletin.

Seventh District

Tuscarawas County Medical Society held a din-

INTENSIVE TWO WEEKS' COURSE IN SURGICAL TECHNIQUE

Arranged for the General Surgeon to make every minute count. General, Gynecological, Rectal, Urological, Orthopedic and Goiter Surgery.

Supervised cadaver and dog surgery by the student surgeons. LOCAL, Spinal and Regional anesthesia emphasized.

Beginning the first Monday of each Month

ALSO COURSES IN X-RAY, LABORATORY AND ANESTHESIA

Write for descriptive pamphlets

POST GRADUATE HOSPITAL AND MEDICAL SCHOOL

2400 S. Dearborn Street CHICAGO, ILL.

Mead's Powdered Lactic Acid Milk No. 1 (containing Dextri-Maltose) may be boiled for ten minutes without curdling. While boiling is unnecessary, as the product is practically sterile, it is a feature which removes a hindrance to the physician's technique confronting him in the use of the old type of powdered lactic acid milk which cannot be boiled without curdling. This product never curdles; it is always ready, and quickly reliquefied. No ice is necessary to keep the powder. It is convenient while traveling. Samples and literature sent on request. Mead Johnson and Company, Evansville, Indiana, U.S.A.

LIVER EXTRACT No. 343

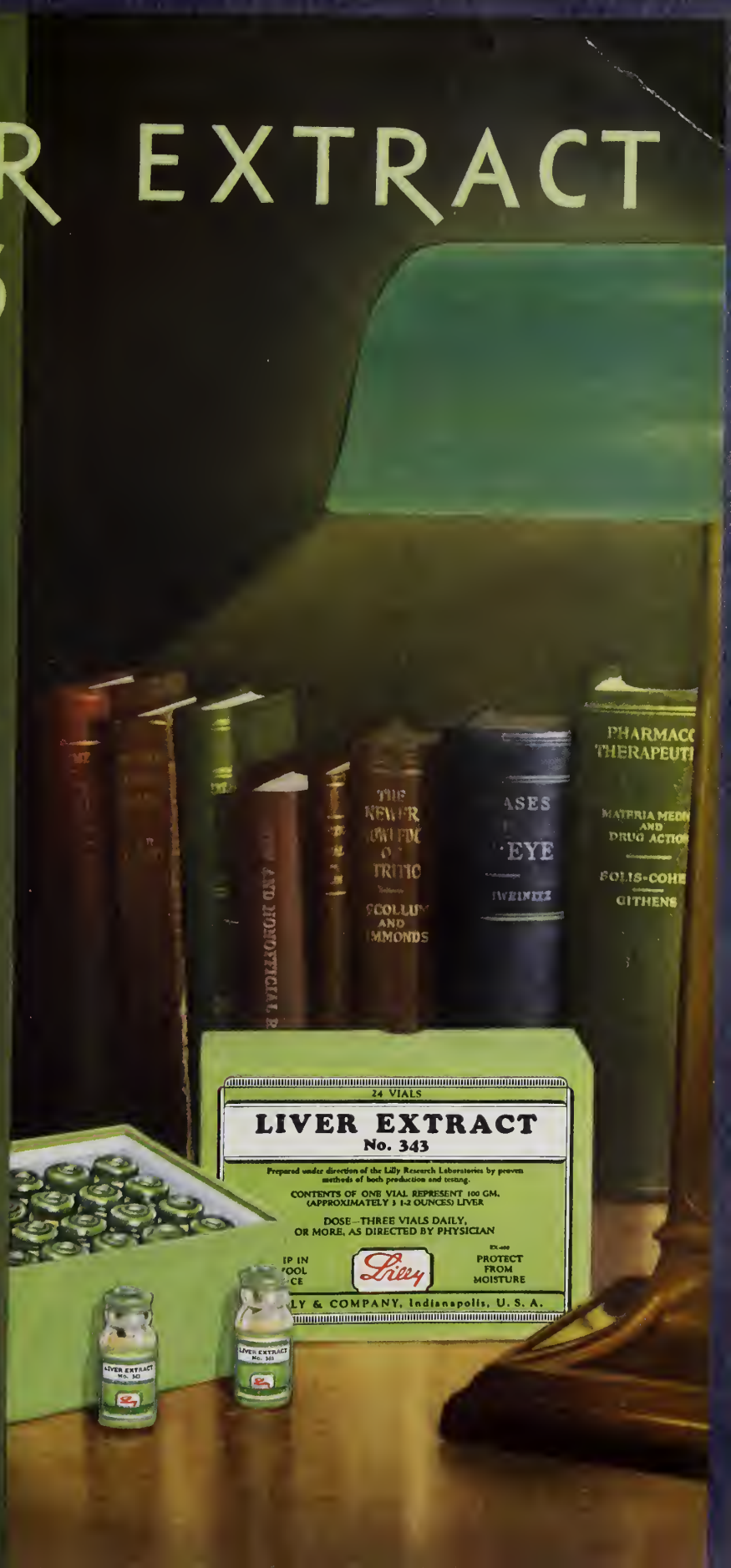
POTENT AND UNIFORM

A Specific in Pernicious Anemia

THE CONTENT OF EACH VIAL REPRESENTS MATERIAL DERIVED FROM 100 GRAMS . . . ABOUT 3½ OUNCES . . . OF FRESH, RAW LIVER . . . WRITE FOR FURTHER INFORMATION

SUPPLIED THROUGH THE DRUG TRADE

Lilly



EPHEDRINE PRODUCTS

LILLY



PROGRESS THROUGH RESEARCH

THE NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL
(Organized 1881)

(The Pioneer Post-Graduate Medical Institution in America)

We Announce

FOR THE GENERAL PRACTITIONER

A combined course comprising

INTERNAL MEDICINE
PEDIATRICS
GASTRO-ENTEROLOGY
DERMATOLOGY
NEUROLOGY
OBSTETRICS
PHYSICAL THERAPY
PATHOLOGY and BACTERIOLOGY

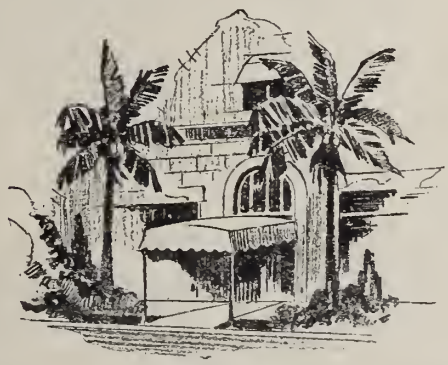
SURGERY
NEURO-SURGERY
UROLOGY
PROCTOLOGY
GYNECOLOGY (Surgical-Medical)
ORTHOPEDIC SURGERY
TRAUMATIC SURGERY
THORACIC SURGERY

OPHTHALMOLOGY
OTOLOGY
RHINOLARYNGOLOGY

For Information Address

Medical Executive Officer, 345 West 50th Street, New York City

RONEY MEDICAL CLINIC
MIAMI BEACH, FLORIDA



J. W. Snyder, M.D., F.A.C.S.
General Surgery

Thos. W. Hutson, M.D., F.A.C.S.
Gynecology and Obstetrics

Roy J. Holmes, M.D., F.A.C.S
Urology

Arthur H Weiland, M.D., F.A.C.S.
Orthopedics

Bascom H. Palmer, M.D., F.A.C.S.
Ophthalmology—Otolaryngology

Gail E. Chandler, M.D.
Ophthalmology—Bronchoscopy

E. Sterling Nichol, M.D.
Cardio-vascular and Allergic Diseases

P. B. Welch, M.D., F.A.C.S.
Gastro-enterology

Gerard Raap, M.D.
Roentgenology—Radium Therapy

Milton M. Coplan, M.D.
Genito-urinary Diseases

M. F. Wielage, D.D.S.
Oral Surgery

W. F. Andes, D.D.S.
Restorative Dentistry

Weekly progress notes furnished referring physicians

ner meeting at the Buckeye Hotel, Uhrichsville, on Thursday evening, January 8, with members of the Tuscarawas County Bar Association as guests. Dr. Walter G. Stern, Cleveland, addressed the society on the subject of "The Doctor in Court".—News Clipping.

Eighth District

Athens County Medical Society met in Nelsonville on Monday evening, January 5. Following a dinner at the Methodist Church, Dr. H. T. Phillips, Athens, president of the Society, spoke on plans for 1931. Dr. J. H. Henry, Athens, presented an interesting report of a case of typhoid fever.—News Clipping.

Fairfield County Medical Society held its regular luncheon meeting at the Florentine, Lancaster, on Tuesday, December 9. An address on "X-ray Observation in Treatment of Fractures" was presented by Dr. Ralph Smith, of Lancaster.—News Clipping.

Guernsey County Medical Society met in Cambridge on Tuesday evening, December 23rd for its annual meeting. Officers for the ensuing year were elected, as follows: President, Dr. O. R. Jones; vice president, Dr. Gordon Lawyer; secretary-treasurer, Dr. W. L. Denny; correspondent for *The Journal*, Dr. D. L. Cowden; legislative committeeman, Dr. George F. Swan; medical defense committee, Drs. W. L. Denny, A. G. Ringer, and C. C. Headley; delegate to State Meeting, Dr. B. A. Souders, and alternate, Dr. C. A. Craig. The following committees were appointed: Program—Dr. E. F. Hunter, chairman, Dr. B. A. Souders and Dr. C. A. Craig; Fee Schedule—Dr. A. B. Headley, chairman, Drs. G. F. Swan, Paul Huth, Gordon Lawyer, and Alex. Doran; Social—Dr. Fred Lane, chairman; Mrs. A. G. Ringer, Mrs. W. W. Lawrence, Mrs. Gordon Lawyer, and Dr. H. R. Neeland. Meetings during 1931 will be held on the first and third Thursday of each month. All meetings will be held at the Romance Restaurant, Cambridge.—D. L. Cowden, Correspondent.

Ninth District

Hocking County Medical Society held its annual business meeting at Logan, on Tuesday, December 30, 1930. The following officers were elected for the ensuing year: President, Dr. H. M. Boocks; vice president, Dr. J. L. Webb; secretary-treasurer, Dr. M. H. Cherrington, (re-elected); delegate to State Meeting, Dr. O. V. Donaldson, and alternate, Dr. J. S. Cherrington; legislative and medical defense committeeman, Dr. J. S. Cherrington. Following the business meeting, some interesting case reports were presented and discussed by members present.—M. H. Cherrington, Secretary.

Jackson County Medical Society met at the Cambrian Hotel, Jackson, Wednesday evening, December 10. Following a dinner, Dr. Walter Vest, of Huntington, West Virginia, spoke on "Pneumo-thorax"; Dr. R. J. Wilkinson, Huntington, discussed "Gastric and Duodenal Ulcers", Dr.



When convalescents demur at the monotony of milk

Cocomalt not only renders it more palatable, but increases the food value over 70%

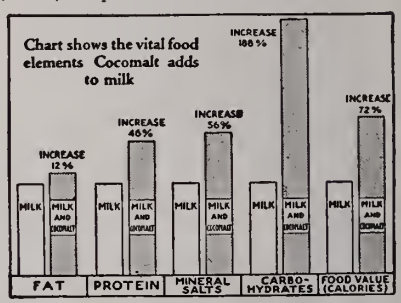
COCOMALT is a balanced combination of milk protein, milk minerals, converted cocoa, sugar, malt and eggs—to be added to milk, hot or cold. So mixed, the result is a delicious, chocolate flavor food drink—high in nutritive value and extremely palatable to convalescents, children and invalids.

Cocomalt contains Vitamin A and also Vitamin B complex. Moreover, it contains Vitamin D in sufficient quantity to make a definite contribution to the anti-rachitic potency of the diet.

Cocomalt is made under modern, sanitary conditions—packed in air-tight tin containers. Sold at grocery and drug stores. ½ lb., 1 lb., hospital 5 lb. can.

FREE to Physicians

Use the coupon below. It will bring you a trial can of Cocomalt without cost.



Cocomalt

DELICIOUS HOT OR COLD



ADDS 70% MORE NOURISHMENT TO MILK

R. B. DAVIS CO., Dept. 192, Hoboken, N.J.

Please send me, without charge, a trial can of Cocomalt.

Name.....

Address.....

City..... State.....

DOCTOR!

You Are Cordially Invited To Attend

THE 47th ANNUAL CONVENTION

of

THE TRI-STATES MEDICAL ASSOCIATION OF MISSISSIPPI, ARKANSAS, TENNESSEE

at

HOTEL PEABODY, MEMPHIS, TENNESSEE

FEB. 17-18-19-20th, 1931

READ THIS LIST OF THOSE WHO WILL DELIVER ADDRESSES AND MAKE YOUR HOTEL RESERVATIONS AT ONCE, OR, BETTER, ASK THE SECRETARY TO DO IT FOR YOU.

DR. W. W. BABCOCK, Prof. Surg. & Clin. Surg., Temple Univ., Philadelphia, Pa.
DR. F. T. LORD, Int. Med., Boston, Mass.
DR. A. S. WARTHIN, Prof. Path., Univ. Mich., Ann Arbor, Mich.
DR. WM. GERRY MORGAN, Prof. Gastro-Enter., Georgetown Univ., Wash., D.C.
DR. P. C. JEANS, Prof. Pediatrics, State Univ. Iowa, Iowa City, Iowa.
DR. JAY F. SCHAMBERG, Prof. Derm. & Syph., Univ. Penn. Grad. School Med., Philadelphia, Pa.
DR. LOGAN CLENDENING, Assoc. Prof. Med., Univ. Kan., Kansas City, Mo.
DR. J. SHELTON HORSLEY, Surgery, Richmond, Va.
DR. JNO. O. POLAK, Prof. Obst. & Gyn., Long Island Med. Coll., Brooklyn, N. Y.
DR. W. A. EVANS, Public Health, Chicago, Ill.
DR. DEAN LEWIS, Prof. Surg., Johns Hopkins Univ., Baltimore, Md.
DR. WM. B. COLEY, Surgery, New York, N. Y.
COL. CHAS. F. CRAIG, Army Med. School, Washington, D. C.
DR. C. C. STURGIS, Prof. Int. Med., Univ. Mich., Ann Arbor, Mich.
DR. G. W. McCOY, Dir. Nat'l Inst. Health, Washington, D. C.
DR. LEWIS E. PHANEUF, Prof. Obst. & Gyn., Tufts Med. Coll., Boston, Mass.
DR. T. C. HEMPELMANN, Pediatrics, St. Louis, Mo.
DR. A. C. IVY, Prof. Physiology, Northwestern Univ., Chicago, Ill.
DR. R. L. HADEN, Int. Med., Cleveland, Ohio.
DR. WM. C. QUINBY, Clin. Prof. Gen. Ur. Surg., Harvard Univ., Boston, Mass.
DR. H. A. ROYSTER, Surgery, Raleigh, N. C.
DR. WM. MITHOEFER, Rhinology, Cincinnati, Ohio.
HON. HARVEY T. HARRISON, Little Rock, Akr.

Others will be added later. Program will be mailed about February 1st. Write for one.

DR. A. F. COOPER, Sec'y-Treas.,
Bank of Commerce Building,
Memphis, Tenn.

CURDOLAC FOODS
aid the physician in outlining
DIABETIC DIETS
With these foods an attractive, palatable, satisfying and diversified diet is possible for every diabetic. Literature and samples on request.
CURDOLAC FOOD COMPANY Box 299 Waukesha, Wisconsin

Scott, also of Huntington, spoke on "Orthopedics". —News Clipping.

Scioto County—Regular meeting of the Hempstead Academy of Medicine was held at the Nurses Home, Portsmouth, Monday evening, January 12. Program: "Modern Preparation of Drugs" (moving picture). "Biliary Tract Diseases—Diagnosis and Treatment", by Dr. Charles Holzer, Gallipolis; discussion opened by Dr. H. A. Schirrman, Portsmouth.—Bulletin.

Tenth District

COLUMBUS ACADEMY OF MEDICINE

(James A. Beer, M.D., Secretary)

December 22—General Practitioners Section. Program: "The Kidney of Pregnancy as Observed in General Practice", by Dr. Richard O. Adams. Case reports and general discussion.

January 5—Annual Dinner Meeting, at Athletic Club, Columbus, followed by an address on "The Devil and All His Works", by Dr. Theodore Diller, Professor of Neuropsychiatry, University of Pittsburgh.

January 12—Regular meeting at Columbus Public Library. Reports for 1930; Progress: "Obstetrics", by Dr. S. J. Goodman; "Surgery", by Dr. E. J. Stedem; "Medicine", by Dr. J. H. J. Upham.—Bulletins.

Ross County Academy of Medicine met at the Warner Hotel, Chillicothe, Thursday evening, January 8, with a fair attendance. A committee, consisting of Drs. H. R. Brown, F. T. Marr and W. C. Breth was appointed to interview our local legislator, Mr. Polen, relative to pending legislation concerning the medical profession. A motion was made to the effect that the Academy pay the expenses of out of town speakers; after discussion, the motion amended to read that the Academy offer to pay such expenses, was seconded and carried. The speaker of the evening was Dr. C. J. Straehley, of Cincinnati, who gave an excellent paper on "Common Disorders of the Heart". Dr. Straehley is to be highly commended on his ability to get "across". His personality, his intelligence and intellectuality as well as authenticity of his subject is excelled only by his earnestness. Discussions equally as interesting as the paper followed.—W. C. Breth, Secretary.

REPORTS OF RECENT COUNTY SOCIETY ELECTIONS

In addition to new officers reported in the foregoing County Society news notes, results of elections in the following County Societies have been received:

"MESCO" Laboratories

The "MESCO" Laboratories manufacture the largest line of Ointments in the world. Sixty different kinds. We are originators of the Professional Package. Specify "MESCO" when prescribing Ointments. Send for lists.

MANHATTAN EYE SALVE CO.
Louisville, Kentucky

CLASSIFIED ADVERTISEMENTS

Rates for advertisements under this heading are 50 cents per line, payable in advance. Minimum charge of $1.00 for each insertion. Price covers the cost of remailing answers. Forms close 16th of the month preceding publication.

Situation Wanted—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan Chicago. Established 1896. Member of Chicago Association of Commerce.

Situation Wanted—Experienced secretary desires position with one or more physicians or a hospital office in or within a radius of twenty miles of Columbus. Write S. F., care *Ohio State Medical Journal.*

Speeches, special articles, papers on special subjects, prepared from the latest data and authorities, for busy physicians. Prompt service extended at reasonable rates in an expert manner to your requirements. Authors' Research Bureau, 516 Fifth Ave., New York.

Assistance Offered to Medical Writers. Research. Abstracts. Translations (all languages). Papers prepared from authors' data. Ten years' experience with leading physicians and appointments on medical journals of highest standing. I employ no assistants, all my work is done personally and is reliable. Florence Annan Carpenter, 413 St. James Place, Chicago.

For Sale—Office equipment, library, lease and practice of deceased physician. Address R. N., care *Ohio State Medical Journal.*

For Sale—One of the finest equipped offices in Dayton. Located in very best residential section; $10,000 gross, past three years. Price reasonable. Practitioners death, reason for selling. Mrs. Ruth Molinder, 4 E. Basswood, Dayton, Ohio.

For Rent—Reasonable. Doctor's office with or without furniture and equipment, occupied the past eight years, on a main street in Mansfield, Ohio. Owner has left city. Address C. G., care *Ohio State Medical Journal.*

For Rent—Ground floor office in main street, three rooms and lavatory, side exit. Used as physician's office thirty years; town of 4,000. Rent moderate. Lock Box 86, Marion, Ohio.

Wanted—Physician to fill offices of deceased physician; town of 1,000; one other doctor. Industrial and farming, nothing to sell. Give qualifications first letter. Address S. H. F., care *Ohio State Medical Journal.*

The Well Baby Must be Weaned

Clinical Results Clinch the Question of WEANING THE BABY

WHEN the breast-fed baby fails to gain at least three or four ounces a week, it is time to begin supplementary feedings with KLIM, which can be modified as to concentration to suit the individual baby.

KLIM . . . *the Powdered Whole Milk chosen by thousands of clinicians . . . meets the demands of weaning the well baby because*

KLIM is uniform in its constituents; free from all pathogenic bacteria. Its casein precipitates in finely divided floccules, and its smaller fat globules allow of a greater surface to be exposed to the action of the digestive juices of the stomach.

Send for samples and literature.

MERRELL-SOULE CO., INC.
Dept. O. S. 350 Madison Ave., New York, N. Y.

ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods

(Recognizing the importance of scientific control, all contact with the laity is predicated on the policy that Merrell-Soule products be used in infant feeding only according to a physician's formula.)

KLIM

POWDERED WHOLE MILK

INSURE THE WEIGHT CURVE ~ *PRESCRIBE* KLIM

Champaign County—President, E. W. Ludlow, Urbana; president-elect, E. D. Buhrer, Urbana; secretary-treasurer and correspondent for The Journal, L. A. Woodburn, Urbana, (re-elected); legislative committeeman, Mark Houston, Urbana, (re-elected); delegate to State Meeting, J. C. Hathaway, Mechanicsburg, and alternate, J. W. Norman, St. Paris.

Columbiana County—President, E. W. Miskall, East Liverpool; vice president, Guy E. Byers, Salem; secretary-treasurer and correspondent for The Journal, T. T. Church, Salem, (re-elected); legislative committee, F. R. Crowgey (re-elected), L. F. Derfus, Salem; medical defense committeeman, John A. Fraser, East Liverpool; delegate to State Meeting, Harry Bookwalter, Columbiana, and alternate, J. M. King, Wellsville.

Coshocton County—President, J. G. Smailes, Coshocton; vice president, T. W. Lear; secretary-treasurer, J. D. Lower, (re-elected); correspondent for The Journal, D. S. Cohen; legislative committeeman, E. Wright; medical defense committeeman, D. M. Criswell; delegate to State Meeting, W. H. Keenan, and alternate, J. W. Shaw.

Crawford County—President, K. H. Barth, New Washington; vice president, E. C. Brandt, Crestline; secretary-treasurer, A. E. Loyer, New Washington; legislative committeeman, W. L. Yeomans, Bucyrus; medical defense committeeman, G. T. Wasson, Bucyrus; delegate to State Meeting, W. G. Carlisle, Bucyrus, and alternate, R. J. Caton, Bucyrus.

Cuyahoga County—President, S. C. Lind; vice president, H. G. Sloan; secretary-treasurer, Clarence H. Heyman; correspondent for The Journal, L. J. Karnosh; legislative committeeman, J. E. Tuckerman; medical defense committeeman, J. E. Tuckerman.

Darke County—President, E. A. Fisher, Yorksville; vice president, B. F. Metcalfe, Greenville; secretary-treasurer and correspondent for The Journal, W. D. Bishop, Greenville; legislative committeeman, W. T. Fitzgerald, (re-elected); medical defense committeeman, O. P. Wolverton, Greenville; delegate to State Meeting, C. I. Stephens, Ansonia, and alternate, J. E. Gillette, Versailles.

Defiance County—President, George DeMuth; Sherwood; vice president, P. B. Newcomb, Defiance; secretary-treasurer and correspondent for The Journal, D. J. Slosser, Defiance, (re-elected); legislative committeeman, J. J. Reynolds, Defiance, (re-elected); delegate to State Meeting, George DeMuth, Sherwood, and alternate, P. B. Newcomb, Defiance.

Delaware County—President, D. S. James, Delaware; vice president, A. R. Callander, Delaware; secretary-treasurer, F. M. Stratton, Delaware; correspondent for The Journal, M. S. Cherrington, Delaware; legislative committeeman, J. K. James, Delaware; medical defense committeeman, M. W. Davies; delegate to State Meeting, C. F. Talley, Powell, and alternate, H. E. Caldwell, Delaware.

Franklin County—President, Joseph Price; vice president, Hugh G. Beatty; secretary-treasurer, James A. Beer, (re-elected); delegates to State Meeting, J. B. Alcorn, E. J. Emerick, I. B. Harris, John M. Thomas, J. H. J. Upham.

Harrison County—President, J. M. Scott, Scio, (re-elected); vice president, H. E. Koepke, Cadiz; secretary-treasurer, R. P. Rusk, Cadiz, (re-elected); correspondent for The Journal, W. C.

The Wendt-Bristol Company

Two complete ethical stores in Columbus

51 E. State St. 721 No. High St.

for the convenience of the Physicians and Surgeons—and the many people they serve

Two Prescription Departments

maintained in a high class manner with eight registered Pharmacists

Other Complete Departments

OFFICE EQUIPMENT
PHYSIO THERAPY APPARATUS
HOSPITAL SUPPLIES
HEALTH FOODS

W-B Pharmaceutical Supplies

JOBBING STOCKS ALL LEADING MANUFACTURERS

Antitoxins and Vaccines in Special Refrigeration Plants

Prompt Service on Phone Orders

Physicians' Service

QUALITY FIRST

We are exclusive manufacturers of Pharmaceuticals, U. S. P. and N. F. Preparations, Specialties, Tablets, Ointments, Ampoules, Suppositories, Effervescents, etc., for Physicians Dispensing and Prescribing.

NOTHING SOLD AT RETAIL EXCEPT ON ORDER OF PHYSICIAN

Offices and Laboratories
330-336 OAK STREET, EAST
One-half Square North of Grant Hospital and Carnegie Library.

THE COLUMBUS PHARMACAL CO.
COLUMBUS, OHIO

The STRUCTURE of SECURITY

All structures are built up, not down.

In professional protection, the last stone placed is INDEMNITY, or the payment of damages.

Beneath INDEMNITY must be a solid foundation of DEFENSE, and embracive walls of COVERAGE.

At a time when the factor of INDEMNITY (which is an arbitrary figure in all contracts and not a symbol of service) is perhaps being overstressed at the cost of more important basic factors, it is wise to remember that INDEMNITY does not begin until DEFENSE ends . . . and that DEFENSE does not begin unless the COVERAGE is embracive.

PROFESSIONAL PROTECTION, therefore, accomplishes most, measured in terms of inclusive coverage and defensive technique.

THE MEDICAL PROTECTIVE CONTRACT is typified by complete coverage, skillful defense, plus indemnity. *Specialized Service* develops each phase according to its relative importance.

The lowest cost
for the coverage and service provided

The Medical Protective Company
of Fort Wayne, Ind.
360 North Michigan Boulevard : Chicago, Illinois

MEDICAL PROTECTIVE CO.
360 North Michigan Blvd.
Chicago, Ill.

Kindly send details on your plan of Complete Professional Protection

*Name*_____
*Address*_____
City_____

1-31

Wallace, Hopedale; legislative committeeman, A. B. Tubbs, Cadiz; medical defense committeeman, E. L. Miller, Bowerston; delegate to State Meeting, R. P. Rusk, and alternate, J. S. Campbell, Cadiz.

Henry County—President, T. P. Delventhal, Napoleon; vice-president, C. G. Hissong; secretary-treasurer, F. M. Harrison, Napoleon, (re-elected); correspondent for The Journal, J. R. Bolles; legislative committeeman, H. F. Rohrs, (re-elected); medical defense committeeman, Thomas Quinn; delegate to State Meeting, J. R. Bolles, and alternate, J. H. Fiser.

Jefferson County—President, M. H. Rosenblum, Steubenville; vice-president, C. W. Lighthizer; secretary-treasurer, John Y. Bevan; legislative committeeman, J. C. M. Floyd, (re-elected); medical defense committeeman, Carl Goehring; delegate to State Meeting, A. Jacoby, and alternate, C. W. Sunseri.

Knox County—President, W. Eastman, Mt. Vernon, (re-elected); vice president, I. Workman; secretary-treasurer, J. Shamansky, (re-elected); delegate to State Meeting, F. C. Anderson, and alternate, J. M. Pumphrey.

Lawrence County—President, F. R. Stewart, Ironton; vice president, Ralph Massie; secretary-treasurer, Charles H. Gallagher; delegate to State Meeting, George Hunter, and alternate, H. Allen.

Logan County—President, Ben S. Leonard, West Liberty; vice president, F. B. Kaylor, Bellefontaine; secretary-treasurer and correspondent for *The Journal*, O. C. Amstutz, Bellefontaine; legislative committeeman, A. J. McCracken, Bellefontaine; delegate to State Meeting, C. K. Startzman.

Mahoning County—President, A. W. Thomas, Youngstown; vice president, A. E. Brant, secretary, J. P. Harvey, (re-elected); treasurer, W. X. Taylor, (re-elected); correspondent for The Journal, J. U. Buchanan; legislative committeeman, M. E. Hayes; medical defense committeeman, O. J. Walker; delegate to State Meeting, W. H. Bennett; alternates, R. G. Mossman, Claude B. Norris.

Marion County—President, F. E. Mahla, Marion; vice-president, T. H. Sutherland; secretary and correspondent for *The Journal*, Kenneth D. Smith; treasurer, E. L. Brady; legislative committeeman, C. J. Altmaier (re-elected); delegate to State Meeting, R. T. Morgan; and alternate, B. D. Osborn.

Miami County—President, M. I. Miller, Troy; vice-president E. T. Pearson, West Milton; secretary-treasurer and correspondent for *The Journal*, G. A. Woodhouse, Pleasant Hill; legislative committeeman, G. W. McCullough, Troy; delegate to State Meeting, Gainor Jennings, West Milton, and alternate John T. Quirk, Piqua.

Preble County—President, J. I. Nisbet, Eaton; vice-president, W. J. Christian; secretary-treasurer, C. M. Treffinger, Eaton, (re-elected); legislative committeeman, J. C. Ryder, (re-elected); medical defense committeeman, C. J. Hunter; delegate to State Meeting, C. J. Hunter, and alternates, C. E. Newbold, J. I. Nisbet, G. W. Flory.

Van Wert County—President, S. A. Edwards, Van Wert; vice-president, W. E. Beach; secretary-treasurer, R. H. Good (re-elected); correspondent for *The Journal*, A. T. Rank; legislative committeeman, C. R. Keyser, (re-elected); medical defense committeeman, J. P. Sampsell; delegate to State Meeting, F. W. Conley, and alternate, A. E. Cress.

LABORATORY APPARATUS

Coors Porcelain — Pyrex Glassware
R. & B. Calibrated Ware
Chemical Thermometers
Hydrometers — Sphygmomanometers

J. T. Baker & Co's C. P. Chemicals

Stains and Reagents
Standard Solutions

BIOLOGICALS

Serums — Bacterins — Media
Antitoxins — Vaccines — Pollens

We are completely equipped, and solicit your inquiry for these lines as well as for Pharmaceuticals, Chemicals and Supplies, Surgical Instruments and Dressings.

The Rupp & Bowman Co.
319 Superior St. — Toledo, Ohio

HYCLORITE

HYCLORITE SOLUTION SODIUM HYPOCHLORITE

Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed.

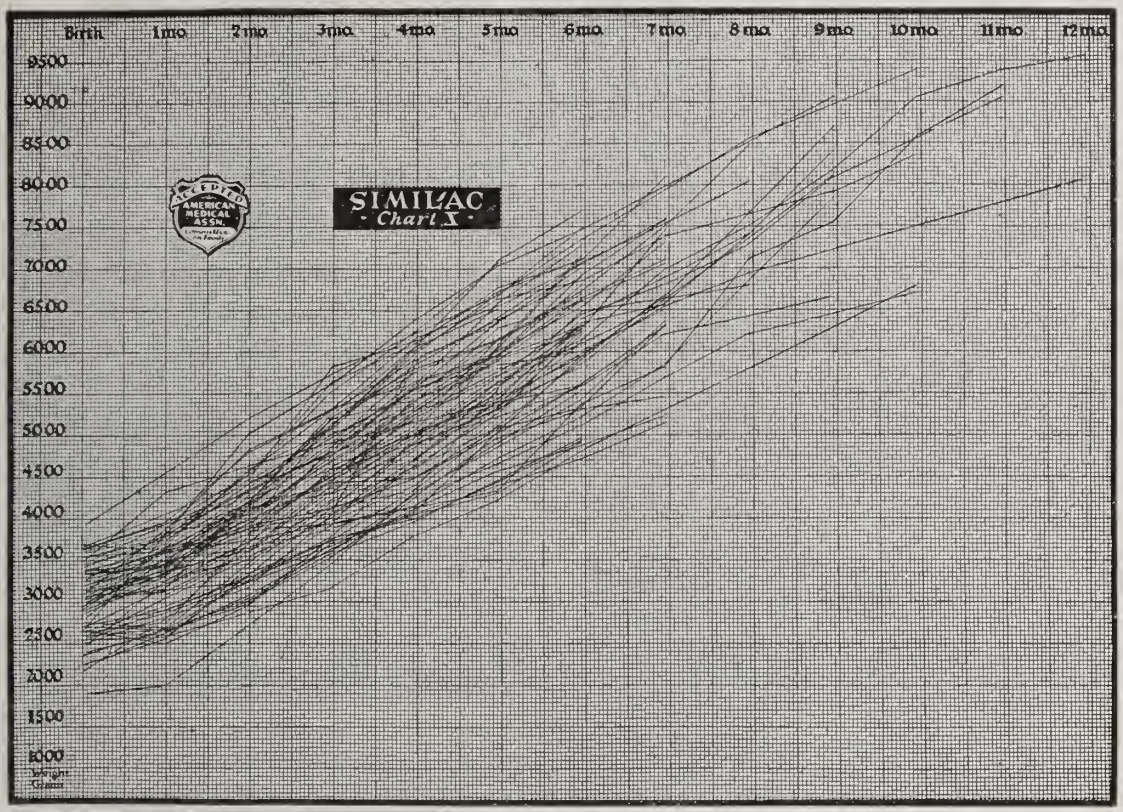
For Hand and Skin Sterilization.

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity.

NON-POISONOUS
NON-IRRITATING

Write for Literature

BETHLEHEM LABORATORIES
INCORPORATED
300 Century Building,
PITTSBURGH, PENNA.



Recorded Results of 75 Consecutive Cases Fed With Similac Over a Period of Six Months or Longer.

The weight curves reported on the chart are taken from the hospital records where 75 consecutive cases were fed Similac as a substitute for breast milk.

Duration of Feeding—Six Months or Longer

Each line represents the weight curve of one infant, and the age of the infant at the time the chart was made, all cases here recorded still being fed Similac. No weight curve has been recorded on this chart unless the infant had been on the feeding of Similac for at least six months.

Formula Used

The infants were started on Similac at birth, the Similac being prepared in the proportion of one ounce of Similac by weight to 7½ ounces of water, and were fed an amount of this mixture daily, each feeding period lasting not longer than twenty minutes. The amount of Similac offered the infants was in accordance with their demand for food, there being no set rule as to the quantity which was given. At no time were they urged to take all food offered.

Accessory Foods

In addition to the feeding of Similac, each infant received four c.c. of cod liver oil and at least one ounce of orange juice or two ounces of tomato juice daily. The amount of orange or tomato juice was gradually increased. Vegetable pulp and cereals were added to their diets, but in all cases Similac constituted the only milk feeding that the infants, whose weights are represented on this chart, received.

No Intestinal Disturbances

One of the most striking features of these cases was the lack of intestinal disturbances. The hospital histories of these seventy-five cases do not record a single instance where the feeding of Similac had to be discontinued because of a gastro-intestinal upset. Neither do they record the administration of any cathartic. The fact that not one of them had to have its diet changed because of an intestinal upset is rather remarkable in view of the possibility of cross infection which always exists in a hospital.

Results in Your Practice

In your private practice Similac will give you just as good results. Mail us your prescription blank for a supply of Similac to be sent to convince you that it is possible to duplicate, in your private practice, the recorded results as shown on this chart.

M & R DIETETIC LABORATORIES, Inc.
COLUMBUS, OHIO

Vinton County—President, O. S. Cox, McArthur; secretary-treasurer and correspondent for *The Journal*, H. S. James, McArthur (re-elected); legislative committeeman, H. S. James; medical defense committeeman, O. S. Cox.

Washington County—President, C. A. S. Williams, Marietta; vice-president, S. E. Edwards; secretary-treasurer and correspondent for *The Journal*, E. W. Hill, Jr.; legislative committeeman, S. A. Cunningham; medical defense committeeman, J. F. Weber; delegate to State Meeting, J. A. McCowan, and alternate, J. F. Weber.

Williams County—President, H. W. Wertz, Montpelier; vice-president, H. L. Prouty, West Unity; secretary-treasurer, Howard J. Luxan, Montpelier, (re-elected); delegate to State Meeting, J. A. Weitz, Montpelier, and alternate, M. V. Replogle, Bryan.

Wood County—President, O. S. Canright, Haskins; vice-president, F. L. Sterling, Bowling Green, (re-elected); correspondent for *The Journal*, H. J. Powell, Bowling Green; legislative committeeman, E. A. Powell, North Baltimore; medical defense committeeman, T. O. Whitacre, Bowling Green; delegate to State Meeting, Earl D. Foltz, North Baltimore, and alternate, J. W. Rae, Bowling Green.

HOSPITAL NOTES

—Lorain City Council has appropriated $15,000 to pay St. Joseph's Hospital for the care of indigents and other city patients.

—Statistical clerks of all the Cincinnati hospitals have formed an organization known as the Cincinnati Record Librarians' Association.

—Rev. A. G. Lohmann, Cincinnati, has been reappointed superintendent of the Ohio Deaconess Hospital Association.

—Dr. George Woodward, formerly of Dayton, has joined the staff of the Cincinnati Sanitarium for Nervous and Mental Diseases.

—At a recent meeting of the staff of the Detwiler Memorial Hospital, Wauseon, the following officers were elected: President, Dr. E. A. Murbach, Archbold; vice president, Dr. L. C. Cosgrove, Swanton, and secretary-treasurer, Dr. C. E. Patterson, Fayette.

—The Millersburg Kiwanis Club has launched a campaign for the erection of a county hospital in Holmes County.

—M. J. Monnett, Los Angeles, owner of the site on which the Monnett Hospital, Bucyrus, is located, has given the City of Bucyrus a quit claim deed to the property so that the city can start immediately to build a new hospital, funds for which were voted at the last general election.

—Dr. A. L. Turner was elected president of the East Liverpool City Hospital staff at a recent meeting. Other officers are: vice president, Dr. V. E. McEeldowney; secretary-treasurer, Dr. John A. Fraser; trustees, Dr. W. A. Hobbs and Dr. C. H. Bailey.

Mercurochrome
220 Soluble
(Dibrom-oxymercuri-fluorescein)

The Stain Provides for Penetration

—and—

Fixes the Germicide in the Tissues

Mercurochrome is bacteriostatic in exceedingly high dilutions and as long as the stain is visible bacteriostasis is present. Reinfection or contamination are prevented and natural body defenses are permitted to hasten prompt and clean healing, as Mercurochrome does not interfere with immunological processes. This germicide is non-irritating and non-injurious when applied to wounds.

Hynson, Westcott & Dunning
Inc.
BALTIMORE, MD.

We would like to have you try

Nonspi

For Excessive Armpit Perspiration

NONSPI destroys armpit odor and removes the cause—excessive perspiration.

This same perspiration, excreted elsewhere through the skin pores, gives no offense because of better evaporation.

We will gladly mail you Physician's testing samples.

THE NONSPI COMPANY
117 West 18th St.
NEW YORK, N. Y.

Send free NONSPI samples to:

Name.....
Street.....
City.....

TRADE NONSPI MARK



1. DEXTRI-MALTOSE 2. TWO CARBOHYDRATES OF LESS MANUFACTURING EXPERIENCE—3

PHOTOGRAPHS OF TYPICAL FILTER DISKS AFTER SEDIMENT TEST
(These are not Petri-dishes. The bacteriological cleanliness of Mead's Dextri-Maltose is a *separate* test.)

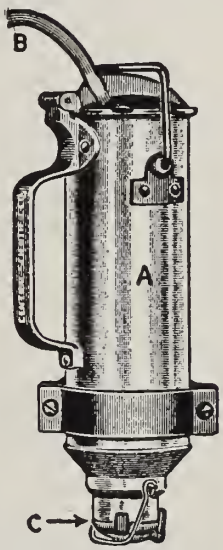
The outside ring in each case represents the crimping action of the rim which holds the cotton disks in the sediment tester. The dark areas are shadows which have no significance. But the little black spots are of the utmost significance to the doctor who feeds babies; they represent particles of debris which, when added to the milk, undo the most rigid sanitary control and inspection at the dairy.

What good is certified milk or pasteurized milk

if the carbohydrate later mixed with it is unclean?

The result—in the baby's bottle—can only be an unclean feeding. The strictest sanitary control at the dairy is nullified by an unclean carbohydrate.

The value of long experience in preparing Dextri-Maltose is evidenced by the filter tests above illustrated. As a result of twenty years of careful study and application of improved measures for sanitary control, Mead's Dextri-Maltose is practically free from particles of foreign matter. This feature is in addition to its being bacteriologically clean. There is a difference between a clean product and a cleaned one.



SEDIMENT TESTER
(*Wisconsin Type*)
used routinely in testing Mead's Dextri-Maltose and Milk Products. One ounce of the product to be tested is dissolved in distilled water and placed in chamber A. Washed air under pressure is applied at B which forces liquid through cotton filter disk held in cap C. Photographs at top of page show appearance of these filter disks after testing. (1) Dextri-Maltose. (2) and (3) other carbohydrates that do not enjoy the long manufacturing experience of Mead's Dextri-Maltose.

Mead's Dextri-Maltose is Clean

MEAD JOHNSON & CO., Evansville, Ind., U.S.A.
—SPECIALISTS IN INFANT DIET MATERIALS—

The Ohio State Medical Association

STANDING COMMITTEES
(Constitutional)

PUBLIC POLICY

John B. Alcorn, Chairman, (1933) Columbus
J. H. J. Upham, (1931) Columbus
H. S. Davidson, (1932) Akron
C. W. Waggoner, (ex-officio) Toledo
D. C. Houser, (ex-officio) Urbana

PUBLICATION

Andrews Rogers, Chairman (1931) Columbus
Gilbert Micklethwaite, (1932) Portsmouth
A. B. Denison, (1933) Cleveland

MEDICAL DEFENSE

J. E. Tuckerman, Chairman, (1931) Cleveland
F. P. Anzinger, (1932) Springfield
W. H. Snyder, (1933) Toledo

MEDICAL EDUCATION AND HOSPITALS

Ben R. McClellan, Chairman, (1931) Xenia
R. H. Birge, (1932) Cleveland
John F. Wright, (1933) Toledo

MEDICAL ECONOMICS

J. Craig Bowman, Chairman, (1933) Upper Sandusky
Geo. Edw. Follansbee, (1931) Cleveland
E. O. Smith, (1932) Cincinnati

SPECIAL COMMITTEES

MENTAL HYGIENE COMMITTEE

C. W. Stone, Chairman Cleveland
E. J. Emerick Columbus
O. O. Fordyce Toledo
Wm. H. Pritchard Columbus
T. A. Ratliff Cincinnati

PERIODIC HEALTH EXAMINATIONS

B. J. Hein, Chairman Toledo
C. W. Brown Lancaster
Kelley Hale Wilmington
M. V. Replogle Bryan
V. C. Rowland Cleveland

MILITARY COMMITTEE

H. H. Snively, Chairman Columbus
John L. Beach Seville
Byron Bing Pomeroy

COUNCIL COMMITTEES

AUDITING AND APPROPRIATIONS

S. J. Goodman, Chairman Columbus
E. R. Brush Zanesville
John A. Caldwell Cincinnati

PROGRAM 1931 ANNUAL MEETING

D. C. Houser, Chairman Urbana
D. J. Slosser Defiance
S. J. Goodman, Secretary Columbus

ARRANGEMENTS 1931 ANNUAL MEETING

D. J. Slosser, Chairman Defiance
C. L. Cummer Cleveland
D. W. Stevenson Akron

Delegates and Alternates to American Medical Association

DELEGATES		ALTERNATES	
J. P. DeWitt (1931)	Canton	G. F. Zinninger (1931)	Canton
C. E. Kiely (1931)	Cincinnati	L. H. Schriver (1931)	Cincinnati
C. W. Waggoner (1931)	Toledo	J. L. Henry (1931)	Athens
Wells Teachnor, Sr. (1932)	Columbus	D. H. Morgan (1932)	Akron
Ben R. McClellan (1932)	Xenia	A. C. Messenger (1932)	Xenia
E. R. Brush (1932)	Zanesville	H. S. Noble (1932)	St. Marys
Geo. Edw. Follansbee (1932)	Cleveland	C. L. Cummer (1932)	Cleveland

SECTION OFFICERS FOR 1930-1931

MEDICINE

Julien E. Benjamin, Chairman
19 W. Eighth St., Cincinnati
Leo C. Bean, Secretary
Gallipolis

SURGERY

Fred M. Douglass, Chairman
421 Michigan St., Toledo
M. E. Blahd, Secretary
3912 Prospect Ave., Cleveland

OBSTETRICS AND PEDIATRICS

Wayne Brehm, Chairman
683 E. Broad St., Columbus
Jacob V. Greenebaum, Secretary
19 W. Eighth St., Cincinnati

EYE, EAR, NOSE AND THROAT

J. W. Millette, Chairman
117 S. Main St., Dayton
A. L. Brown, Secretary
2700 Union Central Bldg., Cincinnati

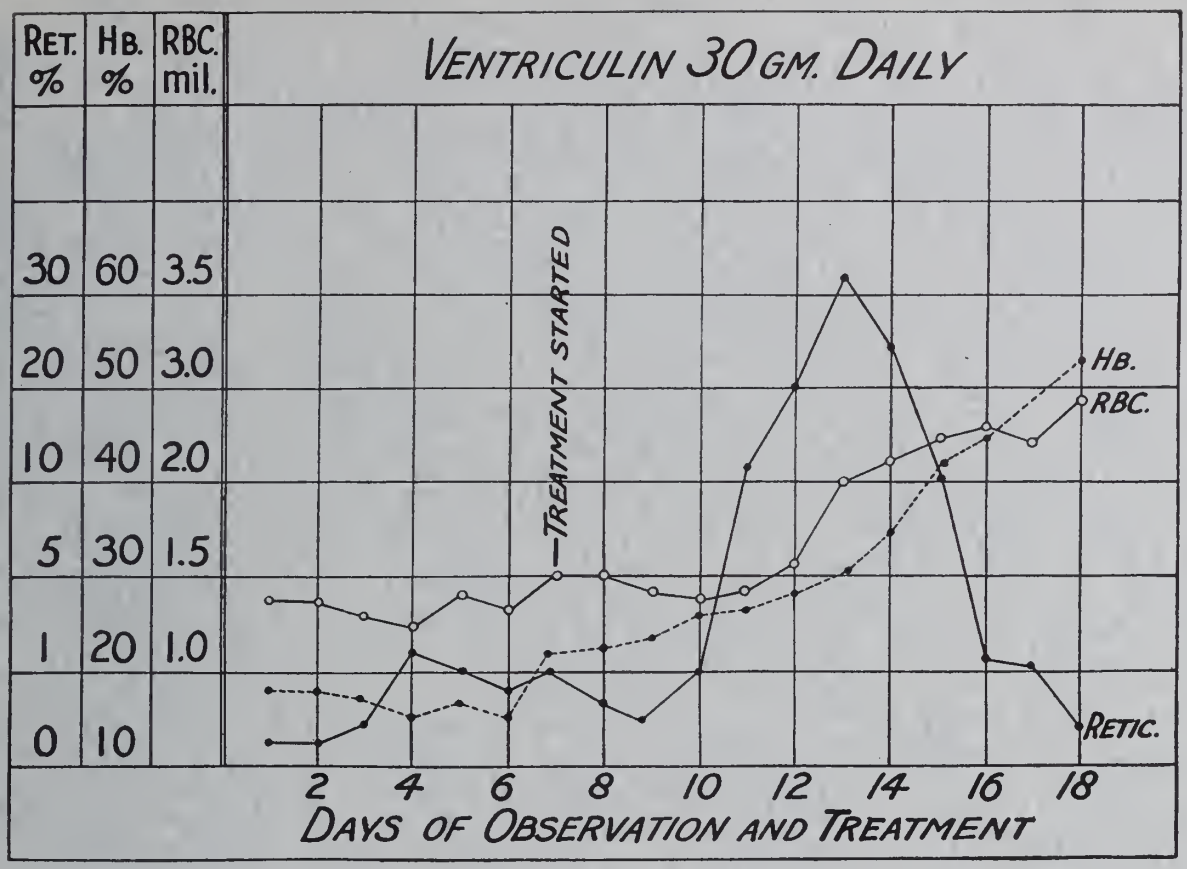
NERVOUS AND MENTAL DISEASES

Louis J. Karnosh, Chairman
City Hospital, Cleveland
John D. O'Brien, Secretary
332 Market Ave., N., Canton

PUBLIC HEALTH AND INDUSTRIAL MEDICINE

J. F. Elder, Chairman
Court House, Youngstown
Geo. F. Sykes, Secretary
White Motor Company, Cleveland

Eighty-fifth Annual Meeting, Toledo, May 12 and 13, 1931



VENTRICULIN ~ Specific in Pernicious Anemia

(Desiccated, Defatted Hog Stomach)

Accepted for N. N. R. by the Council on Pharmacy and Chemistry of the American Medical Association.

Summary of findings in typical case of pernicious anemia treated with Ventriculin and illustrated in above chart.

DIAGNOSIS. Pernicious anemia.

INITIAL BLOOD COUNT: Red blood cells 1.5 million per cu. mm.; Hemoglobin (Newcomer) 21 per cent; Reticulocytes 1.0 per cent.

TREATMENT. Ventriculin 30 Gm. daily.

PHASE OF REMISSION. *On sixth day of treatment:* RBC 2.0 million; Hemoglobin (Newcomer) 30 per cent; Reticulocytes 32.0 per cent (calculated rise for 1.5 million red blood cells at beginning of treatment = 22.3 per cent, exceeding expected rise by 9.7 per cent).

PROGRESS REPORT. On the twelfth day after Ventriculin was begun the following blood count was recorded: RBC 2.9 million; Hemoglobin 52 per cent; Reticulocytes 0.4 per cent. (Expected weekly increase = 500,000 red blood cells per cu. mm. Actual increase in this patient = 700,000 red blood cells per cu. mm.).

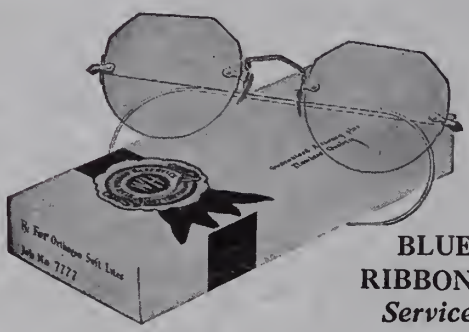
A Booklet on Pernicious Anemia will be sent you promptly on request.

PARKE, DAVIS & COMPANY

The world's largest makers of pharmaceutical and biological products

DETROIT NEW YORK CHICAGO KANSAS CITY ST. LOUIS BALTIMORE NEW ORLEANS
MINNEAPOLIS SEATTLE In Canada: WALKERVILLE MONTREAL WINNIPEG

An ADVANCED STEP *of* OPTICAL SCIENCE...



BLUE RIBBON *Service*

Completely correcting vision—properly protecting your patient from glare, Orthogon Soft-Lite Lenses provide BETTER VISION in every case. These lenses, developed by Bausch & Lomb, scientists, are rapidly replacing toric lenses. More and more Oculists are depending on Orthogon Soft-Lite Lenses to ACCURATELY interpret each optical Rx.

The WHITE-HAINES OPTICAL COMPANY

"There's a W-H house near you"

Columbus Cleveland Cincinnati Dayton
Lima Zanesville Springfield
Marion Youngstown



"In The Picturesque Highlands of Ohio"

THE ROCKY GLEN SANATORIUM FOR TUBERCULOSIS

LOUIS MARK, M.D., Medical Director, 9 Buttles Ave., Columbus, Ohio
McCONNELSVILLE, OHIO ESTABLISHED 1911
H. A. PHILLIPS, Superintendent
D. G. RALSTON, M.D., Resident Medical Director
A. A. TOMBAUGH, M.D., Resident Physician

STONEMAN PRESS COLS O

PRINTED IN U.S.A.

The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY BY
THE OHIO STATE MEDICAL ASSOCIATION
AS A MEDIUM OF SERVICE TO ITS MEMBERS

MARCH 1, 1931 VOLUME XXVII
Number - - 3

Annual Meeting Announcements in This Issue

Make Hotel Reservations Now. See Page 234

Last Notice to Delinquent Members on Page 234

THE N.Y. ACADEMY OF MEDICINE
MAR -5 1931
LIBRARY

Summary of Contents

ORIGINAL ARTICLES

Surgery in Certain Types of Arthritis. Burt G. Chollett, M.D., F.A.C.S., and Albert L. Bershon, M.D., Toledo 205
The Differentiation Between Circulatory Diseases and Abdominal Conditions. W. W. Beauchamp, M.D., Lima 209
Advantages of the External Scleral Scalpel Incision in the Iridectomy of Acute Glaucoma. Clarence King, M.D., F.A.C.S., Cincinnati 213
Progressive Facial Hemiatrophy. Franklin C. Wagenhals, M.D., Columbus 217
The Ischial-Ramic Diameter and the Uterine Cervix. John Gardiner, M.D., Toledo .. 219
The Present Status of the Treatment of Pneumonia. R. H. McDonald, M.D., Cleveland 223

EDITORIAL

Prepare to Attend the Annual Meeting 201
Economic Depression and Medical Charity 202
Anti-Vivisection Legislation 202
Socialized Legal Service 202
Delinquent Accounts 203
What Are the Needs of Government 203
The Dole Menace 204
Evaluating Radio Service 204

STATE NEWS

Health and Medical Problems Arise as Important Angles in the Extensive Drouth Relief Program 231
Introducing Ohio's New State Director of Health 233
Ohio Physicians on Program of College of Surgeons 233
Make Hotel Reservations Now for Annual Meeting in Toledo 234
An Institute of Legal Medicine is Proposed in Cincinnati 235
New Ohio Physicians 236
Annual Clinical Session, College of Physicians .. 236
Another Recent Court Decision Relating to the Responsibility of a Hospital for the Acts of its Employes 237
Change Made in Regulations Governing Prescriptions for Medicinal Liquor 238
U. S. Senate Passed New Maternity and Infancy Bill 239
Deaths in Ohio 241
News Notes of Ohio 243
Hospital Notes 244
Another Ohio Cure-All is Exposed by A.M.A. 246
Some Problems of Old Age in Relation to Public Health, Social and Economic Relations as seen by One Writer 248
News Notes from County Societies 250
Public Health Notes 258
Classified Advertisements 258


PEDIATRIC CASE HISTORY
The Mead Johnson
Policy of cooperating
exclusively with
physicians by re-
fraining from sug-
gesting or indicat-
ing the application
of Mead's infant
diet materials to
the baby assures
the patient's full-
est cooperation
with the physician.

THE SAWYER SANATORIUM

White Oaks Farm, Marion, Ohio

TREATS NERVOUS AND MENTAL DISEASES



THE PATIO

Provides Thorough Diagnosis, Scientific Treatment, Homelike Surroundings, Complete Equipment, Individual and Personal Professional Attention, Splendid Cuisine, all the modern conveniences of the best private homes. Located on an 130-acre farm. Presided over by men and women devoting all their time to the work.

Send for Booklet, Address

SAWYER SANATORIUM WHITE OAKS FARM MARION, OHIO

The Ohio State Medical Association

Ohio State Medical Journal

Entered as second class matter July 5, 1905, at the Postoffice at Columbus, Ohio, under act of Congress of March 3, 1879: Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Oct. 3, 1917. Authorized July 10, 1918.

Published montbly by
THE OHIO STATE MEDICAL ASSOCIATION
131 East State Street, Columbus, Ohio
Telephone: ADams 7045

This journal is published for and by the members of the Ohio State Medical Association. The Publication Committee does not assume responsibility for opinions expressed by individual essayists. It endeavors to maintain a high standard of advertising. Its advertising policy is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

Subscription $3.00 per year; single copies 30 cents.
Issued under the direction of tbe Publication Committee.

PUBLICATION COMMITTEE

Andrews Rogers, M.D., Chairman (1931) Columbus
Gilbert Micklethwaite, M.D., (1932) Portsmouth
A. B. Denison, M.D., (1933) Cleveland

EXECUTIVE STAFF

Don K. Martin Editor-Manager
Alice B. Haney Advertising Manager

Officers 1930-1931

PRESIDENT
C. W. Waggoner, M.D. Toledo

PRESIDENT-ELECT
D. C. Houser, M.D. Urbana

TREASURER
H M. Platter, M.D. Columbus

EXECUTIVE SECRETARY
Don K. Martin Columbus

State Council

First District
John A. Caldwell, M.D. Cincinnati

Second District
E. M. Huston, M.D. Dayton

Third District
O. P. Klotz, M.D. Findlay

Fourth District
D. J. Slosser, M.D. Defiance

Fifth District
C. L. Cummer, M.D. Cleveland

Sixth District
D. W. Stevenson, M.D. Akron

Seventh District
E. B. Shanley, M.D. New Philadelphia

Eighth District
E. R. Brush, M.D. Zanesville

Ninth District
I. P. Seiler, M.D. Piketon

Tenth District
S. J. Goodman, M.D. Columbus

Ex-Officio the ex-President:
A. H. Freiberg, M.D. Cincinnati

CORRECTED ROLL OF DISTRICT AND COUNTY SOCIETIES

Societies	President	Secretary	
First District			
Adams	Ray Vaughn, West Union	O. T. Sproull, West Union	3d Wednesday in April, June, Aug., Oct.
Brown	R. B. Hannah, Georgetown	Geo. P. Tyler, Jr., Ripley	4th Wednesday in Feb., May and Nov.
Butler	P. E. Decatur, Hamilton	H. N. Ward, Hamilton	2d Wednesday, monthly.
Clermont	H. E. Cover, Bantam	Allan B. Rapp, Owensville	3d Wednesday, monthly.
Clinton	Kelley Hale, Wilmington	Robert Conard, Wilmington	1st Tuesday, monthly.
Fayette	E. H. McDonald, Bloomingburg	J. F. Wilson, Washington C. H.	1st Thursday, monthly.
Hamilton	L. H. Schriver, Cincinnati	D. T. Vail, Jr., Cincinnati	Monday evening of each week.
Highland	J. D. McBride, Hillsboro	W. B. Roads, Hillsboro	1st Wednesday in Jan., April, July and Oct.
Warren	S. S. Stahl, Franklin	James Arnold, Lebanon	1st Tuesday in May, June, July, Sept., Oct. and Nov.
Second District	Howard Harris, Springfield	H. R. Huston, Dayton	
Champaign	E. W. Ludlow, Urbana	L. A. Woodburn, Urbana	2d Thursday, monthly.
Clarke	D. W. Hogue, Springfield	Wm. M. Runyan, Springfield	2d and 4th Wednesday noon.
Darke	E. A. Fisher, Yorkshire	W. D. Bishop, Greenville	Friday each month.
Greene	W. C. Marshall, Yellow Springs	Marshall M. Best, Xenia	1st Thursday, monthly.
Miami	M. I. Miller, Troy	G. A. Woodhouse, Pleasant Hill	1st Friday, monthly, except July and August.
Montgomery	H. H. Herman, Dayton	Miss M. E. Jeffrey, Dayton	1st and 3d Friday each month.
Preble	J. I. Nisbet, Eaton	C. M. Treffinger, Eaton	3d Thursday, monthly.
Shelby	M. F. Hussey, Sidney	B. S. Stephenson, Sidney	1st Friday, monthly.
Third District	F. M. Douglass, Toledo	E. E. Rakestraw, Findlay	
Allen	W. W. Beauchamp, Lima	Jerome V. Pace, Lima	3d Tuesday, monthly.
Auglaize	F. F. Fledderjohann, New Bremen	C. C. Berlin, Wapakoneta	3d Thursday, monthly.
Hancock	E. E. Rakestraw, Findlay	J. H. Marshall, Findlay	1st Wednesday, monthly.
Hardin	R. C. McNeill, Kenton	W. N. Mundy, Forest	1st Thursday, monthly.
Logan	Ben S. Leonard, West Liberty	O. C. Amstutz, Bellefontaine	1st Friday, monthly.
Marion	F. E. Mahla, Marion	Kenneth D. Smith, Marion	1st Tuesday, monthly.
Mercer	M. L. Downing, Rockford	F. E. Ayers, Celina	2d Tuesday, monthly.
Seneca	R. E. Hershberger, Tiffin	Robert Benner, Tiffin	3rd Thursday, monthly.
Van Wert	S. A. Edwards, Van Wert	R. H. Good, Van Wert	3d Tuesday, monthly.
Wyandot	B. A. Moloney, Upper Sandusky	J. Craig Bowman, Up. Sandusky	1st Thursday, monthly.
Fourth District	(With Third District in Northwestern Ohio District)		
Defiance	Geo. DeMuth, Sherwood	D. J. Slosser, Defiance	3d Thursday, monthly.
Fulton	L. C. Cosgrove, Swanton	Harold Heffron, Metamora	Semi-monthly.
Henry	T. P. Delventhal, Napoleon	F. M. Harrison, Napoleon	3d Wednesday, monthly.
Lucas	B. J. Hein, Toledo	A. P. Hancuff, Toledo	Friday, each week.
Ottawa	Geo. Boon, Oak Harbor	Gordon S. Sloan, Elmore	2d Thursday, monthly.
Paulding	L. R. Fast, Paulding	Gaile L. Doster, Paulding	3d Wednesday, monthly.
Putnam	H. H. Sinks, Columbus Grove	Oscar J. Fatum, Ottoville	1st Thursday, monthly.
Sandusky	F. L. Moore, Fremont	E. J. Shanahan, Clyde	Last Thursday, monthly.
Williams	H. W. Wertz, Montpelier	H. J. Luxan, Montpelier	3d Thursday, monthly.
Wood	O. S. Canright, Haskins	F. V. Boyle, Bowling Green	3d Thursday, monthly.
Fifth District	C. L. Cummer, Councilor	Chrm. Com. on Arrangements	Cleveland.
Ashtabula	P. J. Collander, Ashtabula	E. H. Merrell, Geneva	1st Tuesday, monthly.
Cuyahoga	S. C. Lind, Cleveland	Clarence H. Heyman, Cleveland	3d Fri. March, May, Sept., Nov., Dec.
Erie	H. W. Lehrer, Sandusky	G. A. Stimson, Sandusky	Last Thursday, monthly.
Geauga	Clara J. Swan, Chardon	Isa Teed-Cramton, Burton	Last Wednesday, Apr. to Dec.
Huron	John A. Sipher, Norwalk	B. C. Pilkey, Norwalk	2d Thursday, monthly.
Lake	W. R. Carle, Perry	F. J. Dineen, Painesville	4th Tuesday, monthly.
Lorain	W. S. Baldwin, Lorain	W. E. Hart, Elyria	2d Tuesday, monthly.
Medina	R. L. Mansell, Medina	J. K. Durling, Wadsworth	3d Thursday.
Trumbull	Ralph Herlinger, Warren	R. H. McCaughtry, Warren	3d Thursday, monthly, except June, July, August.

Societies	President	Secretary	
Sixth District	J. G. Blower, Akron	J. H. Seiler, Akron	2d Wed., Jan., April & Oct.
Ashland	D. L. Mohn, Ashland	H. M. Gunn, Ashland	1st Friday, bi-monthly.
Holmes	L. E. Anderson, Mt. Hope	C. J. Bahler, Walnut Creek	1st Tuesday, quarterly, Jan., April, July, October.
Mahoning	A. W. Thomas, Youngstown	J. P. Harvey, Youngstown	3d Tuesday, monthly.
Portage	A. O. DeWeese, Kent	E. J. Widdecombe, Kent	1st Thursday, monthly.
Richland	D. C. Lavender, Mansfield	C. H. Bell, Mansfield	3d Thursday, monthly.
Stark	H. M. Schuffell, Canton	F. S. VanDyke, Canton	2d Tuesday monthly except July and August.
Summit	C. C. Pinkerton, Akron	A. S. McCormick, Akron	1st Tuesday, monthly.
Wayne	W. B. Turner, Wooster	R. C. Paul, Wooster	2d Tuesday, monthly.
Seventh District	A. E. Weinstein, Steubenville	Carl Goehring, Steubenville	Steubenville, 1931
Belmont	A. T. Hopwood, Holloway	C. W. Kirkland, Bellaire	2d Wednesday, monthly at 1:45 p.m.
Carroll	(With Stark Co. Society)		
Columbiana	E. W. Miskall, East Liverpool	T. T. Church, Salem	2d Tuesday, monthly.
Coshocton	J. G. Smailes, Coshocton	J. D. Lower, Coshocton	4th Thursday, April, June, Sept., December.
Harrison	J. M. Scott, Scio	R. P. Rusk, Cadiz	3d Wednesday, monthly.
	M. H. Rosenblum, Steubenville	John Y. Bevan, Steubenville	Last Friday, monthly.
Monroe	G. W. Steward, Woodsfield	A. R. Burkhart, Woodsfield	2d Wednesday, monthly.
Tuscarawas	Jay W. Calhoon, Uhrichsville	R. E. Wolf, Uhrichsville	1st Thursday, monthly.
Eighth District			
Athens	H. T. Phillips, Athens	T. A. Copeland, Athens	1st Monday, monthly.
Fairfield	J. W. Whittus, Baltimore	C. W. Brown, Lancaster	2d Tuesday, monthly.
Guernsey	O. R. Jones, Cambridge	W. L. Denny, Cambridge	1st and 3rd Tuesday each month.
Licking	C. J. Dillon, Newark	D. A. Skinner, Newark	Last Friday, monthly.
Morgan	D. G. Ralston, McConnelsville	C. E. Northrup, McConnelsville	3d Wednesday, monthly.
Muskingum	O. I. Dusthimer, Zanesville	Beatrice Hagen, Zanesville	1st Wednesday, monthly.
Noble			
Perry	W. D. Porterfield, Junction City	F. J. Crosbie, New Lexington	3d Monday, monthly.
Washington	C. A. S. Williams, Marietta	E. W. Hill, Jr., Marietta	2d Wednesday, monthly.
Ninth District			
Gallia	O. A. Vornholt, Gallipolis	Milo Wilson, Gallipolis	1st Thursday, monthly.
Hocking	H. M. Boocks, Logan	M. H. Cherrington, Logan	Quarterly.
Jackson	Gomer E. Jones, Oak Hill	W. R. Riddell, Jackson	1st Tuesday, monthly.
Lawrence	F. R. Stewart, Ironton	Chas. H. Gallagher, Ironton	1st Thursday, monthly.
Meigs	P. A. Jividen, Rutland	Byron Bing, Pomeroy	1st Thursday, April, July and Oct.
Pike	Paul Jones, Stockdale	L. E. Wills, Waverly	1st Monday, monthly.
Scioto	Geo. Martin, Portsmouth	C. M. Fitch, Portsmouth	2d Monday, monthly.
Vinton	O. S. Cox, McArthur	H. S. James, McArthur	3d Wednesday, monthly.
Tenth District			
Crawford	K. H. Barth, New Washington	A. E. Loyer, New Washington	1st Monday, monthly.
Delaware	D. S. James, Delaware	F. M. Stratton, Delaware	1st Tuesday, monthly.
Franklin	Joseph Price, Columbus	James A. Beer, Columbus	1st four Mondays.
Knox	W. H. Eastman, Fredericktown	J. Shamansky, Mt. Vernon	Last Thursday, monthly.
Madison	R. H. Trimble, Mt. Sterling	H. P. Sparling, London	4th Wednesday.
Morrow	C. E. Neal, Cardington	Todd Caris, Mt. Gilead	1st Wednesday, monthly.
Pickaway	Glenn D. Sheets, Williamsport	E. S. Shane, Circleville	1st Friday, monthly.
Ross	John Franklin, Chillicothe	W. C. Breth, Chillicothe	1st Thursday, monthly.
Union	H. G. Southard, Marysville	Angus MacIvor, Marysville	2d Tuesday, monthly.

A PRIVATE SANATORIUM WITH HOSPITAL FACILITIES

A quarter century of efficient operation



RATES: $25.00 PER WEEK AND UP

ALCOHOLIC treatment destroys the craving for alcohol, restores the appetite and sleep, and builds the patient up physically and mentally. Whiskey withdrawn gradually. Not limited to one pint of whiskey in ten days.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

DRUG treatment is one of GRADUAL REDUCTION. It relieves the constipation, restores the appetite and sleep. Withdrawal pains absent. No Hyoscine or rapid withdrawal methods used unless the patient desires same.

MILD mental cases have every comfort that their own home affords.

FEMALE PATIENTS: Mild mental separated from mild nervous. Female attendants only; absolute privacy; comfortable, well-appointed ladies' lounge.

Cherokee Road (Long Distance Phone East 1488)

DR. STOKES' SANATORIUM LOUISVILLE, KENTUCKY

Situated in the choice highland section of Louisville, just 20 minutes' ride from all railroad stations

"MESCO" Laboratories

The "MESCO" Laboratories manufacture the largest line of Ointments in the world. Sixty different kinds. We are originators of the Professional Package. Specify "MESCO" when prescribing Ointments. Send for lists.

MANHATTAN EYE SALVE CO.
Louisville, Kentucky

BACKWARD and PROBLEM CHILDREN

Require Intensive Scientific Training in a Suitable Environment

The Bancroft School

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. Winter quarters in New Jersey, summer camp on the coast of Maine. An incorporated educational foundation, operated not for profit, controlled by a Board of Trustees, offering the highest type of education attainable at rates within the reach of all. Organized to give the fullest possible cooperation to physicians.

Illustrated Catalog on Request

The Bancroft School Haddonfield, N. J.

Windsor Hospital

THE Windsor Hospital and Sanitarium is completely equipped with all the best apparatus for giving Hydrotherapy, Occupational Therapy, and other treatment for all types of Nervous diseases, acute and chronic.

Special rates given to patients remaining more than one month.

Herbert Sihler
Director

Phone RAndolph 2744

4415 Chester Ave., N.E.
(Formerly 4415 Windsor Ave., N.E.)

CLEVELAND, OHIO
ESTABLISHED 30 YEARS

Any one can make belts, but belts which give compression without uplift may do serious injury

"STORM" The New "Type N" STORM Supporter



Pleases doctors and patients. Long laced back. Soft extension, low on hips. Hose supporters attached.

Adapted for ptosis, hernia, pregnancy, obesity, relaxed sacro-iliac articulations, kidney conditions, high and low operations.

Ask for Literature

KATHERINE L. STORM. M.D.

Originator, Owner, and Maker

1701 Diamond Street Philadelphia

H. IRVING COZAD, M.D.
G. DEAN TIPTON, M.D.

FAIR OAKS VILLA
AND
COTTAGES

¶ Any NERVOUS or MENTAL CONDITION which in the judgment of the attending physician needs our care, protection or treatment will be received at any time that we have the suitable environment available.

CUYAHOGA FALLS, OHIO
28 Miles from Cleveland
4 Miles from Akron

Reached by
Pennsylvania Lines
B. & O. R. R.
Akron, Bedford, Cleveland Interurban
Kent, Ravenna Interurban



THE McMILLEN SANITARIUM
Cor. Nelson Road and East Fifth Ave.
SHEPARD—COLUMBUS, OHIO
R. A. KIDD, M.D., Superintendent

A PRIVATE NEUROPSYCHIATRIC HOSPITAL, modern in all particulars. Ideal location at the east edge of Columbus. Specialists services, laboratory facilities and well trained nurses. Fifty individual rooms. Patients taken for observation. Phone or write for information. ALCOHOLISM GIVEN SPECIAL ATTENTION.

THE ORCHARD SPRINGS SANITARIUM
near DAYTON, OHIO

A Private Hospital For Mental and Nervous Diseases — Established in 1911

This institution, with its modern facilities, its delightful and restful suburban location, and its well-trained efficient organization, has for 15 years been in a splendid position to render skilled beneficial service at reasonable rates.

GEORGE V. SHERIDAN
President

For detailed information, address
CHARLES B. ROGERS, M. D.
Resident Medical Director
R. F. D. No. 13, Dayton, Ohio
Telephone: Lincoln 213, Dayton City Exchange

HILLSVIEW FARMS

A sanitarium equipped for diagnosis and follow-up in convalescent cases.

Physical therapy department equipped and staffed by trained technicians for treatment of such Orthopedic conditions as Torticollis, Congenital or acquired Postural changes, Arthritis, anterior Poliomyelitis, Neuritis and allied Bone and Joint conditions.

We are especially interested in the Anemias, Diabetes and Arthritis.



Write for particulars, or telephone 2650.

WASHINGTON, PA.

Laboratory and X-Ray investigations under direction of Physicians of known and recognized ability.

Food preparations under direction of graduate dietitian. Dining-room and tray service. Milk and cream from our own herd of registered tuberculin tested Jerseys.

Mental cases and drug addicts not admitted.

Located high on the edge of Washington, thirty miles south of Pittsburgh.



THE OXFORD RETREAT
OXFORD, OHIO

For

Nervous
and
Mild Mental Cases

R. HARVEY COOK,
Physician in Chief

Write for Descriptive Circular

New Fire Proof Bldg. Opened June 1926



WHITING MINERAL SPRINGS
Sanitarium and Baths

Hydrotherapy scientifically applied for the treatment of rheumatism and allied diseases together with cases for elimination and rest cure.

Medical department thoroughly proficient and STRICTLY ethical.

First class and modern in every department with moderate rates.

DR. U. G. WHITING, Phy. & Mgr. MARTINSVILLE, INDIANA

THE MERCER SANITARIUM - MERCER, PENNA.

For Nervous and Mild Mental Disorders. Located at Mercer, Pa., 30 miles from Youngstown. Farm of 75 acres with registered tuberculin-tested herd. Re-educational measures emphasized, especially arts and crafts and outdoor pursuits. Modern laboratory facilities.

Address

W. W. Richardson, M.D., Medical Director
(Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.)

"REST COTTAGE"

College Hill, Cincinnati, Ohio

STAFF
F. W. Langdon, M.D. ..... Visiting Consultant
Robert Ingram, M.D. ..... Visiting Consultant
Emerson A. North, M.D. ..... Visiting Consultant
D. A. Johnston, M.D. ..... Medical Director
H. P. Collins ..... Business Manager
Box No. 4, College Hill, Cincinnati, Ohio



For purely nervous cases, nutritional errors and convalescents.

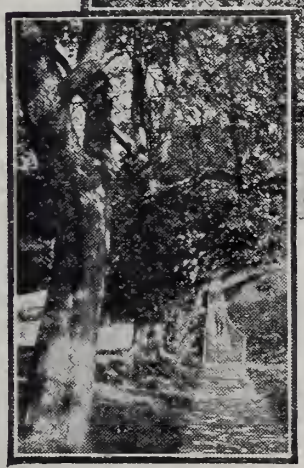
Completely equipped for hydrotherapy, massages, etc.

Cuisine to meet individual needs.

THE CINCINNATI SANITARIUM

INCORPORATED 1873







For Mental and Nervous Diseases

STAFF
F. W. Langdon, M.D.
Robert Ingram, M.D.
Emerson A. North, M.D.
Visiting Consultants
D. A. Johnston, M.D. ... Medical Director
H. P. Collins ..... Business Manager
Box No. 4, College Hill, Cincinnati, O.

A strictly modern hospital fully equipped for the scientific treatment of nervous and mental affections. Situation retired and accessible. For details write for descriptive pamphlet.



Receiving Hospital 2102 Cherry Street
MENTAL AND NERVOUS DISEASES, ALCOHOLISM, DRUG ADDICTION AND GENERAL INVALIDISM

THE TOLEDO SANITARIUM, Toledo, Ohio

2102 Cherry Street — Phone Jeff. 3979
JAS. A. BELYEA, M.D., Manager — LOUIS A. MILLER, M.D., Neurologist, Supervising Physician



DR. GAVER SANITARIUM

71 Winner Ave. — Phone Fairfax 8315 — Columbus, Ohio
DRUG ADDICTION AND ALCOHOLISM — NERVOUS AND MENTAL DISEASES
RATES REDUCED
EARL E. GAVER, Medical Sup't.

ILETIN
INSULIN~LILLY



INSULIN

"AN EPOCH IN THE HISTORY OF MEDICINE"

"A BOON TO THE HUMAN RACE"

ELI LILLY AND COMPANY *Indianapolis U.S.A.*

PULVULES

SODIUM AMYTAL LILLY

Sodium Iso-amyl-ethyl barbiturate

FOR ORAL USE

A preliminary to anesthesia induction



PULVULES SODIUM AMYTAL

ADMINISTERED ORALLY OR RECTALLY

Each Filled Capsule Contains 3 Grains Sodium Iso-amyl-ethyl barbiturate

Write for Literature Supplied through the Drug Trade

Progress Through Research

ELI LILLY AND COMPANY

INDIANAPOLIS, U. S. A.

THE COLUMBUS RURAL REST HOME

AT WORTHINGTON, OHIO—JUST NORTH OF COLUMBUS



One of The Cottages—Forty-five Acres of Woods and Lawn

NERVOUS AND MILD AFFECTIVE DISORDERS

A Secluded Spot for Rest and Treatment. Good Accommodations—Kind and Efficient Nursing. Medical—Physical—Psychotherapeutic Measures.

Medical Director
G. T. Harding, Jr., M.D.

Laboratory
Geo. T. Harding III, M.D.

Resident Physicians
Fred'k H. Weber, M.D.
Mary J. Weber, M.D.

Grandview Hospital

MENTAL AND NERVOUS DISEASES

2700 GLENWAY AVENUE, PRICE HILL
TELEPHONE, WARSAW 1784
CINCINNATI, OHIO

T. A. RATLIFF, M. D., Resident Medical Director

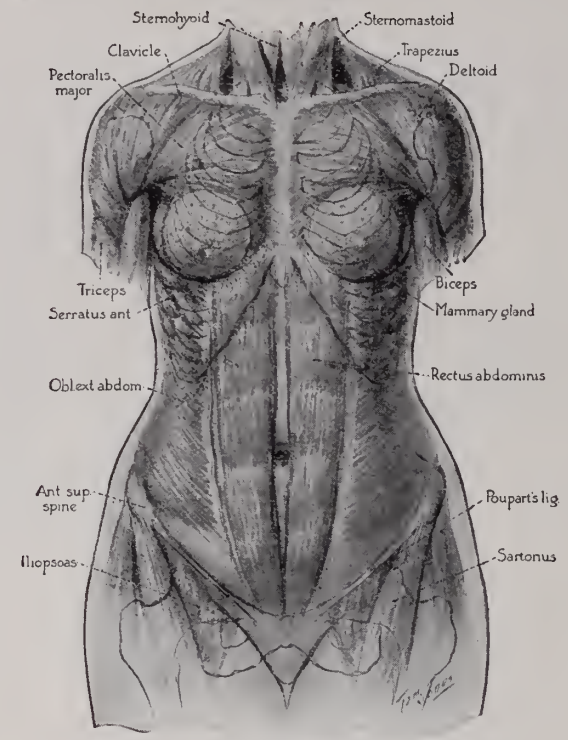
Especial feature of treatment

INDIVIDUAL CARE

with Modern Hospital Service

Equipment—modern; **Location**—accessible.
Grounds—a park of 25 acres, well wooded and retired.
Descriptive Circular on request.

ANATOMICAL STUDIES



SUPERFICIAL MUSCLES IN THE FEMALE
ANTERIOR VIEW

for the
Practitioner

Sets of Anatomical Studies furnished to physicians upon request.

CAMP
TRADE MARK

Physiological Supports
Scientifically Designed

S. H. CAMP & COMPANY
Manufacturers
JACKSON, MICHIGAN

Chicago
Merchandise Mart

New York
330 Fifth Avenue

London
252 Regent St. W.

Mercurochrome 220 Soluble

(Dibrom-oxymercuri-fluorescein)

The Stain Provides for Penetration

—and—

Fixes the Germicide in the Tissues

Mercurochrome is bacteriostatic in exceedingly high dilutions and as long as the stain is visible bacteriostasis is present. Reinfection or contamination are prevented and natural body defenses are permitted to hasten prompt and clean healing, as Mercurochrome does not interfere with immunological processes. This germicide is non-irritating and non-injurious when applied to wounds.

Hynson, Westcott & Dunning

Inc.

BALTIMORE, MD.

Nonspi

For

Excessive Armpit Perspiration

You can use it and recommend it to your patients with absolute confidence.

THE NONSPI COMPANY
117 West 18th St.
NEW YORK, N. Y.

Send free NONSPI samples to:

Name.....

Street.....

City.....

NONSPI
TRADE MARK

HYCLORITE

HYCLORITE
SOLUTION
SODIUM
HYPOCHLORITE

Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed.

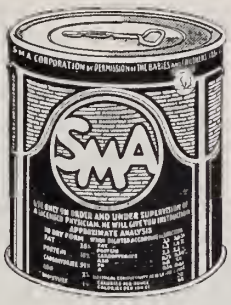
For Hand and Skin Sterilization.

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity.

NON-POISONOUS
NON-IRRITATING

Write for Literature

BETHLEHEM LABORATORIES
INCORPORATED
300 Century Building,
PITTSBURGH, PENNA.



Results . . . *more simply - more quickly*

Explains the Ever Increasing Use of S. M. A. by Physicians

1—Resembles **Breast Milk** both Physically and Chemically.
2—Only Fresh Milk from Tuberculin Tested Cows is Used as a Basis for the Production of S. M. A.
3—No Modification Necessary for Normal Full Term Infants.
4—Simple for the Mother to Prepare.
5—Prevents Rickets and Spasmophilia.
6—Results More Simply and More Quickly.

? SAMPLES ?

S.M.A.
CORPORATION
CLEVELAND, OHIO

Looking Beyond the Cough

It may be only a cough today, but the far seeing physician knows the possible results and prescribes accordingly.

The use of Calcreose may well be considered in facing cough problems.

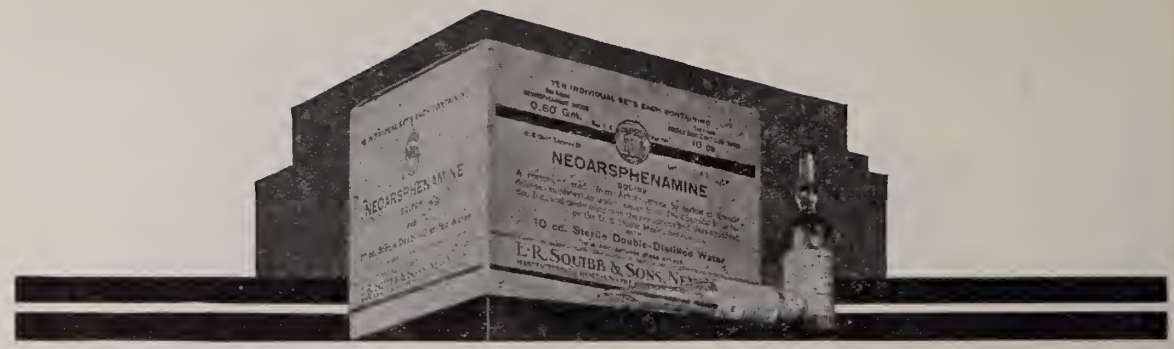
TABLETS CALCREOSE 4 GRS. provide the full expectorant action of creosote in a form which patients tolerate. Each tablet is equivalent to 2 grains of creosote combined with hydrated calcium oxide.

COMPOUND SYRUP OF CALCREOSE is a tasty, effective cough syrup that does not nauseate. Each fluid ounce represents Calcreose Solution, 160 mins.; Alcohol, 24 mins.; Chloroform, approximately 3 mins.; Wild Cherry Bark, 20 grs.; Aromatics and Syrup, q.s.

Liberal trial samples to physicians upon request.

THE MALTBIE CHEMICAL COMPANY

NEWARK, NEW JERSEY



"Low toxicity.".

sometimes these are dangerous words

Authorities on syphilology are emphasizing the fact that laying too much stress upon the flash solubility and low toxicity and too little upon the curative activity in the manufacture of Neoarsphenamine is a very dangerous thing in the treatment of luetic cases.

One writer believes that a high incidence of tertiary syphilis will be observed in later years because of the lack of spirocheticidal activity in some brands of Neoarsphenamine.

The production of Neoarsphenamine Squibb Improved is rigidly controlled to yield a product of high therapeutic (spirocheticidal) activity and at the same time to provide an ample margin of safety from the standpoint of toxicity. Neoarsphenamine Squibb Improved is prepared solely from the therapeutic viewpoint. Of course it is readily soluble, but its uniformity and parasiticidal activity plus a wide margin of safety are the features of greatest interest to the physician.

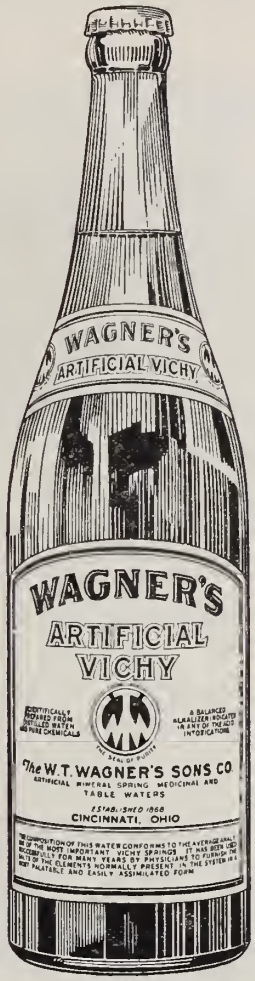
Neoarsphenamine Squibb Improved is distributed in ampuls containing 0.15, 0.3, 0.45, 0.6, 0.75, 0.9, 3.0, and 4.5 Gm.

For an interesting booklet giving complete information about Neoarsphenamine Squibb Improved, write to the Professional Service Dept., 745 Fifth Avenue, New York City.

E·R·SQUIBB & SONS, NEW YORK

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

VICHY RESULTS



Favorable outcome is of course the ultimate goal in all Vichy treatment. Because it contains, in exact amounts, all of the elements in the most important French Vichy Springs . . . because only pure chemicals are used in its manufacture . . . because it is carefully compounded by experienced chemists . . . and because it is produced by a house with sixty-three years of experience, Wagner's Vichy is an entirely dependable and efficient product. It gives Vichy results.

Supplied in bottles containing 24 fluid ounces, one dozen per case.

WAGNER'S VICHY (artificial)

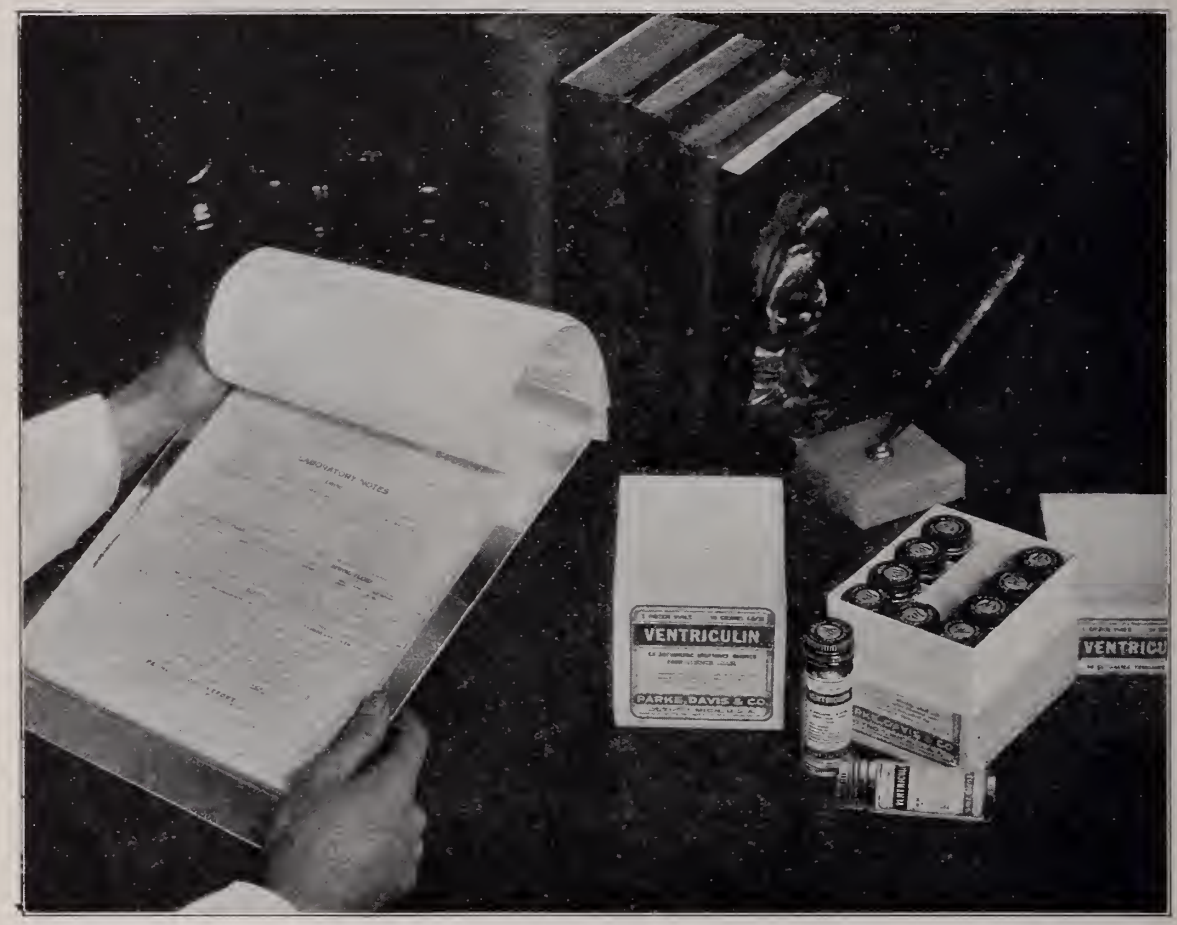
Leading physicians and hospitals continue to prescribe Wagner's Vichy, year after year, because it produces the results desired. Wagner's Vichy is a proved alkalizer, having been successfully used for more than forty years.

WAGNER'S VICHY may be obtained from the local drug stores, or direct, in case lots, from

The W. T. WAGNER'S SONS CO., 1920-26 Race Street, Cincinnati, O.

VENTRICULIN (Desiccated, Defatted Hog Stomach)

SPECIFIC IN PERNICIOUS ANEMIA



Accepted for N. N. R. by the Council on Pharmacy and Chemistry of the A. M. A.

The remarkable potency of Ventriculin—a dry, granular palatable extract from fresh stomach tissue—has quickly made it an outstanding preparation for the treatment of primary anemia. . . . Its efficacy is assured by clinical trial, each lot being clinically tested and approved by the Simpson Memorial Institute for Medical Research of the University of Michigan. The material must be shown to contain the requisite degree of blood-regenerating activity before being released for general use. . . . The usual dose of Ventriculin is 10 grams daily for each 1 million reduction of the red blood cells below normal; maintenance dose, 1 vial daily. . . . You will be interested in the new booklet "*Ventriculin in the Treatment of Pernicious Anemia.*" It will be sent you promptly. Address Detroit or nearest branch office.

PARKE, DAVIS & COMPANY

The world's largest makers of pharmaceutical and biological products

Detroit	New York	Chicago
Kansas City	Minneapolis	St. Louis
Baltimore	New Orleans	Seattle
In Canada:	Walkerville Montreal	Winnipeg



In
grippe
influenza
pneumonia . .

if the heart needs support

DIGALEN
'Roche'

is a digitalis preparation in which you can have faith . . .

Invariably prescribe Digalen in the knowledge that it is bound to give you prompt effective action whenever the heart can respond to digitalis . . .

A remedy of rare quality
in ampuls, vials and oral tablets

A complimentary supply of Digalen for your bag
sent on request

HOFFMANN-LA ROCHE, INC.
Nutley New Jersey

GASTRON

The Entire Soluble Constituents of the fresh gastric mucosa, including the pyloric

The amino acids, colloidal proteins, known activated enzymes, associated nitrogenous extractives, organic and inorganic cell principles—these are all contained in Gastron.

GASTRON is an aqueous-acid-glycerin extract, 0.25% HCl.

It is significant of the degree in which Gastron represents a gastric-gland concentrate that I. C.C is capable of converting 200 grams of coagulated egg albumen under the official test; the high protein content is shown by the copious precipitate with strong alcohol, ammonium sulphate, etc.

GASTRON, the true stomach-gland extract, gland tissue juice of constantly increasing repute in symptoms and disturbances with attribution of gastric deficiency.

GASTRON is agreeable and stomachic.

Fairchild Bros. & Foster

NEW YORK

Makers of original products suggested by the progress of science in medicine.

PUBLIC HEALTH - SOCIAL WELFARE MEDICAL ECONOMICS and ORGANIZATION PROBLEMS

With Editorial Comment by D.K.M.

Prepare to Attend the Annual Meeting

With the date of the Eighty-Fifth Annual Meeting of the Ohio State Medical Association only a little more than two months away, members of the State Association should begin now to plan their business and social engagements so that they can attend the annual gathering.

The 85th annual meeting, to be held at the Secor and Commodore Perry Hotels, Toledo, will open officially on Tuesday morning, May 12, and close Wednesday evening, May 13. Although the 1931 meeting will last but two days, the Program Committee of The Council has been successful in arranging an unusually interesting and varied program, which members of the committee believe contains all the important features of previous annual meeting programs, as well as a considerable number of innovations.

An effort has been made by the Program Committee in cooperation with the various section officers to make each session of the gathering as entertaining and interesting as possible for both general practitioners and specialists, and to give to those fortunate enough to attend, as many papers, discussions and addresses in two days as were previously presented in two and a half days. Several physicians of national reputation have been invited and have consented to appear on the programs for the scientific and general sessions.

Most of the details and arrangements incidental to the annual meeting and the entertainment of members of the State Association and their guests have been completed by the various committees of the Toledo Academy of Medicine.

The Secor Hotel will be the headquarters hotel where the registration headquarters and exhibits will be housed and where most of the meeting places for the general and sectional sessions will be located. The general sessions not scheduled for the Secor will be held at the Commodore Perry Hotel, across the street from the Secor.

The personnel of the various Toledo Academy committees in charge of arrangements and details for the gathering follow:

Entertainment Committee—Dr. E. J. McCormick, chairman, Dr. W. W. Beck, Dr. K. D. Figley, Dr. E. W. Huffer, Dr. L. R. Effler and Dr. A. H. Schade.

Reception Committee—Dr. H. E. Smead, chairmen, Dr. J. T. Murphy, Dr. G. H. Reams, Dr. H. L. Green and Dr. J. A. H. Magoun.

Projection Committee—Dr. C. E. Hufford, chairman, Dr. A. L. Bershon, Dr. F. N. Nagel and Dr. C. L. McKibben.

Exhibit Committee—Dr. E. I. McKesson, chairman, Dr. K. C. McCarthy, Dr. F. W. Clement, Dr. A. D. Vogelsang and Dr. J. F. Wright.

Clinics Committee—Dr. L. F. Smead, chairman, Dr. R. L. Bidwell, Dr. W. W. Brand, Dr. T. M. Crinnion, Dr. L. R. Effler, Dr. K. D. Figley, Dr. H. H. Heath, Dr. H. L. Green, Dr. M. J. Larkin, Dr. Charles Lukens, Dr. William A. Neill and Dr. J. W. Young.

Unofficially the annual meeting will open Monday morning, May 11, when the members of the Ohio State Medical Golfers' Association tee off in the 11th annual tournament of that organization. Plans for the golf meet are under way and complete details for the tournament will be published in later issues of *The Journal.*

A program of clinics at the various Toledo hospitals and medical centers also is being arranged by the Clinics Committee of the Toledo Academy for the benefit of early arrivals at the annual meeting. These will be held all day Monday and possibly Tuesday morning.

As usual, a general session Tuesday morning, to be followed immediately by the first meeting of the House of Delegates, will officially open the annual meeting and on Tuesday afternoon the first sessions of the various scientific sections will be held. On Tuesday evening there will be a general session at which the presidential and inaugural addresses of Dr. C. W. Waggoner, the president, and Dr. D. C. Houser, the president-elect, will be delivered and at least one other address on some subject of general, vital interest to the medical profession at large will be made.

On Wednesday morning, the second sessions of the scientific sections will be held to be followed by the organization luncheon. The annual orations in medicine and surgery will be given Wednesday afternoon following a program of talking pictures on scientific subjects and while the House of Delegates is holding its second and final session. A general session on Wednesday evening when numerous medico-social questions will be discussed will conclude the two-days meeting.

Those who are planning to attend the Toledo meeting are urged to make hotel arrangements at the earliest possible date. A list of Toledo hotels with their location, rates and type of accommodation is published elsewhere in this issue of *The Journal.*

The complete program for the annual meeting will be published in the April issue of *The Journal.*

Economic Depression and Medical Charity

Distressing conditions, especially in the larger cities of Ohio, due to the economic depression and the unemployment situation, have awakened the city officials and civic leaders of many of these municipalities to a clearer realization and understanding of the important problems relating to medical charity.

During the more prosperous years of the past when there were few indigents in comparison to the present large number of needy and poor, the victims of business reverses, little, if any, consideration was given by the public generally to the question of medical, hospital and nursing care for these unfortunates.

The burden fell upon the shoulders of the medical profession and the hospitals which gave much of time and service to administering to those who were unable to pay for services rendered. The job has always been well handled and in a spirit of public service, freely and willingly given, despite the obvious inequality and injustice of a system which causes a few to shoulder the burden of the entire community.

Now that the demands of charity have doubled and tripled within the past few months, physicians and hospitals have found the task of caring for the sick poor not only burdensome but almost beyond the realm of human endurance. Many physicians have been so busy treating charity patients that they have hardly had time to carry on a revenue-producing practice. In some instances, adequate care has been impossible because of the load being borne by physicians and hospitals, who must, in an effort to make both ends meet, devote some of their time to those who are able to pay their way.

As a result, considerable activity has been shown in many cities toward establishing some system whereby medical and hospital service for indigents and the deserving needy may be provided at the expense of the entire community.

Of course, physicians and hospitals will expect to be important contributors through service to sound and practical methods for meeting this problem. They may be depended upon, as in the past, to give freely of their services to the needy sick and injured.

On the other hand, they deserve to be relieved of a portion of the burden that has been placed upon them through the elimination of existing inequalities.

A permanent remedy for one of the important problems of present-day medical practice and social medicine may be found in many communities if the present opportunity for setting up an efficient and equitable system of caring for the charity sick is fully realized.

Anti-Vivisection Legislation

There is before the House of Representatives of Congress a bill which would prohibit the use of dogs in medical experimentation in the District of Columbia.

Representatives of anti-vivisection groups sponsoring this legislation have frankly admitted that the present bill represents a renewal of a national campaign among the legislatures of the various states to do away with the use of all animals for scientific and research purposes.

Obviously this type of destructive legislation, whether it be national or state, challenges the militant opposition of every physician, every scientist and every other individual who is sincerely interested in the progress of scientific medicine and in the protection of the health of mankind.

Congressman Wright Patman of Texas in a recent minority committee report submitted to Congress made the following pertinent comment regarding the measure:

"Sanction of this bill, if carried to its logical conclusion, would mean reversion to the dark ages in medicine as refers either to man or to animal, for it must be remembered that much experimental work is exclusively for the benefit of animals."

At its recent annual meeting in Cleveland, the American Association for the Advancement of Science went on record officially as opposing the antivivisection proposal, declaring that "this association is in accord with the practically unanimous and often expressed authoritative voice of science and medicine that animal experimentation has conferred inestimable benefits upon mankind, as well as upon animals themselves, and is essential to the progress of the biological and medical sciences".

A large Ohio daily in discussing the pending bill makes the observation that "it is a curiously narrow vision of the matter to think more of the lives of a comparatively few animals actually sacrificed in such experiments than of the vastly greater number of human lives saved as a result of the discoveries to which experimentation with animals has already led".

Socialized Legal Service

Recent formation of a "legal clinic" in one of the larger cities of Ohio, for the purpose of "offering persons of moderate means the best legal services and facilities that can be assembled in one organization", emphasizes the idea often expressed by leaders in the medical profession that the present-day tendency to over socialize medical service is certain to spread to other professions and businesses unless concerted action is taken in time.

Press descriptions of the "legal clinic" scheme state that "financial considerations will be elimi-

nated in the treatment of each individual case, the attorney receiving his remuneration through a central organization" and that he will be "free to treat all clients on the basis of equality, regardless of financial worth or social position". A system of standardized fees on the basis of services rendered is to be drafted, the reports point out.

It would be interesting to know just what the individual practitioner in the legal field thinks of this plan to furnish the clients with counsel and advice, probably at cut-rate prices. Undoubtedly, numerous lawyers will be inclined to endorse the views maintained by thousands of physicians engaged in the competitive practice of medicine that under such schemes of rendering service to the public in bulk form and at bargain prices the one who receives such service is certain to suffer, along with the struggling individuals who are trying to make a living in the field of competitive practice.

Delinquent Accounts

Some useful tips on how the practicing physician can prevent "bad accounts" and reduce the number of delinquent accounts on his ledger among those patients who can and should pay are found in a recent article by a collection agency manager.

That writer declares that experience has shown that most of the bad accounts could have been avoided if proper care had been exercised at the start in securing necessary complete and accurate data at the patient's first visit.

"For example", he writes, "it is a fact that about 75 per cent of the delinquent accounts in the average doctor's ledger are cases whose names are either misspelled, or whose first names are not given, or for whom adequate information is not available."

Some of that writer's suggestions for the physician or his secretary in their efforts to eliminate the great bulk of delinquent accounts are:

(1) In taking the patient's name, be sure that the sur-name is correctly spelled and printed out.

(2) Always ask for the full first name as well as the middle initials of the patient.

(3) Record the occupation of the patient, or of the patient's husband or parent, as well as the concern where employed.

(4) Record carefully the residence address, and if a business address is available, record both.

(5) Take extreme precautions with persons who give a rooming place, or office building as their address. In all such cases find out the permanent home address.

(6) Take extreme precautions with patients who have no telephone at their residence address. Possession of a telephone is a good indication of the patient's ability or willingness to pay his bills.

(7) Get detailed information on all persons who give an out-of-town address. Get cash payment in such cases if possible.

(8) Always ask any new or unknown patient who referred him to the doctor, and record that person's name and address on the ledger card.

Obviously it requires tact on the part of the secretary to get such information without antagonizing the patient.

What Are the Needs of Government?

About the time the American Research Foundation made public the announcement that a family of four should be able to eat well on $13.72 a week, basing its finding on summer food prices, the information is broadcast from Washington that there must be a considerable reduction of governmental expenditures to offset a possible decrease in revenue.

President Hoover orders a "searching inquiry into every branch of the government", and various members of Congress arise to defend or attack the appropriation record set up by the present Congress—totaling close to five billions of dollars.

Out of the mass of conflicting statements, claims and issues, stands the one unescapable fact that year after year the expenses of the federal government have been climbing; the number of federal employes has been multiplying, and new departments and bureaus have sprung up like mushrooms.

Those who defend the increase in the cost of running the government at Washington declare that "our expenditures are honestly and economically made to meet the actual and legitimate needs of the government".

What are the "actual and legitimate" needs of the government?

Some have been courageous enough to raise the question as to whether many of the functions now nestling under the gilded wing of the federal government are "legitimate" functions. There seems to be considerable doubt in the minds of a few keen observers as to whether some of the projects undertaken by the federal government and costing millions of dollars annually are necessarily within the scope of the powers delegated to the federal government.

The powers-that-be at Washington will have little success in curtailing governmental costs as long as Congress persists in establishing new bureaus and departments; distributing benefits and services, creating new positions and jobs for the army of federal office-seekers, and passing

laws that extend and broaden the functions and powers of the federal departments.

The Chief Executive of a neighboring state made this pertinent observation not so long ago while discussing the growing business of government:

"Government today has become a great providing agency. Government today can in no way be compared to government of the early days of our country. In those days, government was a stabilizing power. It prescribed rules by which men could live in close contact, each assured that his rights would be respected. It left the individual and the community to work out its own problem."

Government, it seems, has traveled far from the original intent of the forefathers.

With taxes remaining at a high level and threatening to go higher in order to meet the growing demands of running the federal government, just how long the family of four will be able "to eat well on $13.72 a week" is somewhat of a puzzle.

The Dole Menace

New evidence revealing the evil results of the socialistic and paternalistic schemes put into effect in England in an effort to solve some of the social and economic problems faced by Great Britain following the World War should serve as a deterrent to the campaigns now underway in this country for similar systems.

A dismal picture of conditions at present in England with her highly-organized system of doles, social and health insurance, pensions of many varieties, and government-support medical service is painted by Philip Gibbs, noted war correspondent and writer.

Gibbs, credited with being a keen student of social and economic questions and well-informed on any subject he writes, makes the following observations relative to the dilemma in which England finds herself:

"During the past ten years seven hundred million pounds have been poured into poor relief in Great Britain. That vast treasure has been utterly unproductive. If spent on creating new work, developing new resources, getting jobs done which want doing, it would have produced new wealth and stimulated the spirit of the nation. But all it has done is to keep people patient with idleness and to encourage them in the belief that they will be kept comfortable, or at least alive, even if they never do a stroke of honest work. It is helping to kill initiative of the younger crowd. It is a policy of pauperizing a nation. It is producing a horde of scroungers—those who would rather be lazy on a little than earn a better living by sweat of body. The main mass of British workingmen still want work rather than charity. It is amazing and splendid that so many have kept their pride against all odds. But there are youths in England now, living at home with their parents—I had to do with one not long ago—who will lay off a job after a week or two because they are fed up with work, and will then take a holiday and draw the dole again for pocket money. That kind of thing is death and damnation to any nation."

The lesson learned by England and her European neighbors is important. Gibbs exposé is but one of countless observations, all of which reached the same conclusion, namely, that most of the socialistic and paternalistic systems set up to remedy social and economic ills are far worse than the ills themselves. America should benefit by the mistakes made in England and other European countries and not permit herself to be drawn into a webb which means "death and damnation to any nation."

Evaluating Radio Service

A nation-wide survey of radio broadcasting to evaluate the "service to the public" of programs offered by radio stations is being made by the radio division of the U. S. Department of Commerce at the request of the Federal Radio Commission.

With the results of this survey, the Commission plans to work out a system of rating stations according to program merit, to serve as a guide to the Commission in renewing operation licenses.

The project of the Commission should produce meritorious results. There are some broadcasting stations holding a federal license that are nothing more than headquarters and mediums for the distribution of worthless and harmful propaganda of all kinds. This is especially true of several stations that make a specialty of broadcasting commercial health and medical propaganda. In some instances, these broadcasting units are owned and operated by notorious quacks and charlatans, who are not only thriving on the financial returns from their worthless and harmful advertising but are also menacing the health and welfare of the public by giving them dangerous information on health and medical matters.

While the government in its regulation of radio broadcasting must avoid the dangerous precedent of establishing a censorship in this field of communication and must at all times preserve the doctrine of free speech, it must at the same time use its power and authority to suppress activities that are proved injurious to the public generally. The proposed survey should give the federal authorities an accurate check on the activities of broadcasting stations and deserves the support of those interested in the welfare of the public.

Surgery in Certain Types of Arthritis

BURT G. CHOLLETT, M.D., F.A.C.S., and ALBERT L. BERSHON, M.D., Toledo

THE surgical aspect of arthritis is a growing subject and in many of its procedures still is in its infancy. It has not been many years ago that joint surgery was looked upon with considerable hesitancy and surely it should have been. However, as the understanding of the pathology of joint conditions has been brought from the darkness to at least twilight, and as surgical technique and methods have advanced, so has the boldness and skill of the surgeon.

When we stop to reflect upon the great hosts of victims of arthritic conditions, many of whom are absolutely dependent and most of whom are at least partially so, we can see that any measures to decrease this dependency and increase activity, working power, and happiness, would be a welcome blessing to these unfortunates.

However, our enthusiasm must not run rampant, especially in the more chronic types. In the acute cases, surgery is a matter of training, experience and judgment. This will be taken up later.

In the chronic cases there are several drawbacks which act as dampers when surgical operations are considered. They are:

1. The progress of the arthritis must be arrested before any surgery is attempted.

2. The patient must be built up to as high physical standard as possible. In many cases this process of increasing the vitality is most difficult and well nigh impossible.

3. Cooperation is absolutely essential especially in the convalescence after the actual operation. Often times the spirit of these patients is somewhat broken from long illness and ceaseless search for aids and cures, and they lose faith in everything. They must be taught that the disease process is an old one and that the final result of the operation rests on their willingness to assist whole heartedly.

4. Many of the operations are long drawn out affairs and the patient as well as the surgeon must be competent and efficient. Often, too, the execution of one process is not worthwhile and a series of operations must be planned.

5. Another great hindrance to results is the marked muscle atrophy that is always present necessitating a long and conscientious period of post-operative care.

6. One more factor which retards the zeal of the patient and the doctor is the long period of hospitalization before and after the operation. It is practically impossible to supervise the treatment and progress of these arthritics unless they are under almost constant observation and instruction. Then comes the decision as to the exact period for safe operative interference. Following this, there is the long hospitalization after surgery for the best possible physiotherapy and other convalescent measures. Very few arthritic patients have the means to go through this protracted period without absolute financial ruin.

Read before the Surgical Section, Ohio State Medical Association, at the 84th Annual Meeting, Columbus, May 13-15, 1930.

CLASSIFICATION

Now a few words concerning the types of arthritis and their relation to surgery. The medical side shall not be touched.

Specific—Under this group we may list the arthritides due to a known causative agent.

(1) Tuberculous arthritis:

In this type we find the trend towards conservative treatment in children with the more radical procedures for adolescents and adults. However, some of the larger orthopedic clinics are now advising early surgery. Primarily, we must not forget that the prevention and correction of deformities is paramount at any age. In any case the joint condition must be considered to be only one manifestation of a general condition and the patient should be treated as a whole and not as an healthy individual with a sore joint.

(2) Gonorrheal arthritis:

This is primarily a medical condition but requires fixation to stop the pain in the acute stage with gradual increase in active and passive motions as the pain recedes. Many of these go on to a favorable degree of motion and very little disability. Occasionally these joints are incised and a thorough irrigation done using sterile water or normal saline and closure without drainage. However, this method of treatment is not generally recognized. In the chronic fused joints arthoplasties may be performed at a quiescent stage with prolonged physiotherapy during convalescence.

(3) Charcot joints:

These are loose flail articulations, the disability of which may be lessened by the use of mechanical appliances and fixation apparatus. A few clinics are attempting operative bony fusion in this type of articulation with no reported results as yet.

(4) Acute infectious monoarticular arthritis—pyogenic or suppurative:

This type is secondary to streptococcic or staphylococcic infectious processes elsewhere, such as boils, colds, sinusitis, tonsillitis, etc. The differentiation from tuberculous joints may be difficult at times and biopsies may be necessary especially in children where most of these occur. Aspiration of the joint may be sufficient to establish the causative organism. If a pyogenic agent

is found drainage followed by fixation is a good procedure. However drainage should be based as much on the clinical findings as on the aspirated fluid. If drainage is necessary and is established early it lessens the inflammation in the synovia and the tendency to involvement of the articular cartilage and capsule with abscess and sinus formation.

During the acute stage, rest and aspiration, with weight extension, may control the case. However, should the symptoms progress a free drainage should be established in the most dependent position compatible with the anatomy of the part.

Rest to be efficient implies fixation which prevents motion. This may be attained by a circular plaster cast or a moulded plaster splint holding the limb to which is added sufficient weight extension to allay muscle spasm and separate the joint surfaces which may be damaged by undue pressure. Contractures and dislocations are also avoided by this method.

Extension should be continued through the convalescent stage to protect the joint surfaces and gradual active and passive motion instituted.

The end results in this type of arthritis range from a complete recovery with stability and a full range of motion to a completely destroyed joint with firm bony ankylosis or a loose unstable joint.

Too much emphasis cannot be placed upon the prevention of deformity. Permanent fixed flexion of a joint beyond a few degrees not only interferes with the function of the affected limb, but upsets the coordination of the entire body-balance and weight bearing causing difficult locomotion and marked limping.

Frequently in childhood and occasionally in adults the recovery may be complete but during convalescence the prevention of contracture should be carefully observed and treatment for this continued until its cessation is absolutely safe. Baking, massage, diathermy, whirlpool baths and other physiotherapeutic measures are also helpful during the stage of recovery.

Non-Specific or Chronic Arthritis.

We now come to what may be classified as the non-specific type of arthritis. This group includes those chronic cases in which the etiological factors are still debatable although the pathology is well understood due to recent intensive studies throughout the world.

(1) Atrophic:

The first of this group is the atrophic or proliferative class of chronic arthritis. It is also known as synovial, infectious, rheumatoid or ankylosing arthritis.

This is a polyarticular process, greatly deforming and severely disabling. This process starts as a periarticular affair in the synovia, gradually involving the capsule and ligaments and usually ending with an ankylosis.

In this type of arthritis surgery should not be attempted before six months after the cessation of "burning out" of the condition. The surgeon must also pick his case as only the mentally alert and readily cooperative should be considered.

It is this class that has been benefited by sympathectomy procedures in some clinics of this country.

(2) Hypertrophic:

The second group is the hypertrophic or degenerative class. It is also called osteoarthritis. Here the joint cartilage is first attacked with gradual destruction and slow involvement of the bones with eburnation and bony proliferation. This is a slow gradual process causing some discomfort and limited disability. It is non-ankylosing as a general rule, although motions in the joints may be limited by bony block. It is many times mono-articular. There is no acute stage so that surgery is indicated at any time, but there must be adequate cause. Pain is usually due to trauma.

(3) Mixed:

As all cases do not fall into either of these above groups we use a third type called the mixed class.

PROCEDURES

Before any surgical procedures can be justified in these chronic cases, there must be adequate motives or objectives to obtain. There are the methods for searching for the etiology or differential diagnosis. Then there are operations for the relief of pain or correction of deformities and those which undertake remodeling or reforming the joints. Also the procedures for the prevention of deformities are ever important. Then, in the severely crippled arthritic we must consider the toilet and personal care and the ability to feed themselves. These concern the upper extremity which is much more important than the lower extremity problem, which includes principally the ability to sit and walk.

There are many processes and methods devised to carry out these objectives and the choice of the procedure to fit the cases in question is a matter of individual judgment and experience and a knowledge of the economic status of the patient.

1. Manipulation.

A very useful and sometimes neglected method is that of manipulation, although frought with great danger in the wrong cases. This can be undertaken in the shoulder, elbow, wrist, hip, knee or foot. It must be done gently under anesthesia with the object in view being to stretch adhesions and tight capsules. Often this is a welcome pain-relieving device and may increase the range of motion and correct a deformity. However, it is only indicated when the surgeon feels that clinical and *X*-ray signs show it to be advisable and never should it be done in acute or early convalescent cases of pyogenic arthritis when there

is danger of aggravating or realighting the infection.

The procedure consists in slowly but firmly putting the joint through the range of full flexion and full extension, once only, no pump handle motion.

2. Arthrotomy.

Many hypertrophic arthritic knees show a formation of joint bodies or thickened villi which cause limitation of motion and occasional pain on tramatization. These are removed by arthrotomy. This operation is also useful in establishing drainage in a pyogenic infection of the hip or knee and in obtaining tissue for biopsy when a differential diagnosis is important.

3. Synovectomy.

Synovectomy or the removal of the synovial sac has a limited field and is only used in the knee and in carefully selected cases. It is especially indicated in chronic persistent hydrops of the knee where there is very little or no joint distortion and in villous, thickened synovial membranes. Many times there has been noted a general improvement in the patient which some men say is due to removal of a focus of infection present in the joint tissue. Whether or not the semilunar cartilages should be removed should depend on the pathology found at operation. It is also important to make sure of full extension after the synovectomy.

4. Capsulorrhaphy.

The posterior capsulorrhaphy popularized by Dr. Philip Wilson of Boston is a method used in flexion contractures of the knees to obtain better position. It should be limited to cases which evidence no marked destruction or distortion. The operation causes the posterior capsule of the knee joint to be striped from the femur and lengthening of the biceps femoris. Motion should be started after about two weeks and the patient should use walking caliper splints when first starting to walk.

5. Osteotomy.

One of the least shocking and simple operative methods is that of osteotomy. It is indicated in fused tuberculous or suppurative hips with malposition, usually adduction and flexion. Subtrochanteric osteotomy is beneficial in arthritic hips with joint destruction. Here the line of weight-bearing can be changed to relieve irritation in the joint. The Lorenz bifurcation osteotomy has been used in many of the malum coxae senilis type of hypertrophic hips with the view of changing the line of weight-bearing and also to partially remove pressure on the head of the femur when walking. Osteotomies of many varieties are done around the knee joint in flexion contractures when destruction of cartilage is present. In flexion contractures of the wrists osteotomy of the radius is often used in affecting a correction.

6. Reconstructions.

Reconstruction operations are useful when excision of constricting or restricting tissues is indicated. This is especially useful in certain cases of hypertrophic arthritis of the hip and especially when both hips are severely affected. Removal of portions of the acetabulum may be sufficient or the regular Whitman reconstruction may be performed, resecting the head and some of the neck of the femur and transplanting the greater trochanter and attached muscles lower on the shaft. In the smaller joints such as the metacarpal-phalangeal, the heads of the offending bones can be excised. Excision of the neck and trochanters of the femur after the method of Jones is also useful in bilateral stiff hips.

7. Fusions and Arthrodesis.

Arthrodesing or fusing measures are very frequently indicated in joint diseases, especially in tuberculous joints where the fusion is incomplete, so as to hurry the healing process. As previously stated, some clinics are advocating early fusion in childhood cases, especially in hips and knees. However, the trend in most places is for conservative treatment up to adolescence and adult age and then early fusions especially in tuberculosis of hip, knee, or spine. Dr. Steindler recently has been advocating fusion in Charcot joints. The results in these cases are still questionable. In atrophic and hypertrophic processes where there is pain and a stiff joint would prohibit motion without too much resulting disability, a fusion may be attempted although it is quite difficult to obtain in many cases especially in the hypertrophic. In the atrophic type arthrodesis is often useful in the subastraguloid or mid-tarsal joints. Stiffening procedures are only useful, however, when the adjacent joints are in good condition.

8. Arthroplasty.

One of the most interesting and tedious developments in joint surgery is the arthroplasty which is a method of producing new joints in fixed ones by resection and relining with fascia lata or some other material. Many of the best results have been obtained in the articulation of the lower jaw. However, the knee, hip and elbow also give favorable results although too much should not be promised as many cases retain their new motion for a short time only. The elbow presents a very gratifying locality for this type of surgery. Here besides the manufacturing of a new joint, rotation should be sought by resecting the lower end of the ulna. Where flexion of the knee is sought the quadraceps tendon should be lengthened and the joint fixed in right angle flexion by plaster casts. Where extension is desired the reverse procedure is evident. The surgeon performing an arthroplasty must be sure that enough resection is accomplished. For instance, the deficit between the head of the femur

and the size of the acetabulum should be great in hip cases.

The after-care in arthroplasties is very important and consists of extension and early passive motion along with massage to make sure of efficient muscles to use the new articulation.

Especially in gonorrheal and pyogenic cases the absolute quiescence of the process for many months must be noted. Of course, tuberculosis of the joints does not lend itself to arthroplasty.

We shall not go into the use of casts and splints to correct and prevent deformity, but wish to emphasize the absolute necessity and importance of these measures.

CONCLUSIONS

1. Surgery has advanced greatly in the treatment of joint conditions.

2. Careful selection of cases is absolutely essential and surgical methods instigated only after active processes have ceased, the exceptions being the tuberculous and pyogenic groups.

3. Due to the many operative measures that have been devised for the different types of pathological joints, many previously discarded cases can be made happier and of greater benefit to society.

4. A careful survey of the case after all foci of infection have been removed, the joint or joints quiescent for a sufficiently long time, with building up of the patient's general resistance and increase of muscle power about the joint, are essential aids to convalescence.

5. The mental attitude of the patient with a willingness to cooperate in the long and painful process for the restoration of motion is important.

6. Careful evaluation of the damaged joint structures and residual motion as to decide the type of operation.

7. Painstaking supervision of the physiotherapy during the after treatment, and protective splints and apparatus to aid walking.

8. Until more efficient medical treatment of the chronic arthritides is established and the processes halted before joint disability ensues, surgery of joint conditions shall advance and be a very useful branch of the art.

421 MICHIGAN ST.

DISCUSSION

ROBERT B. COFIELD, M.D., Cincinnati: Chronic arthritis is coming more and more to be an orthopedic problem; practically all types lend themselves, some time in their course, to surgical procedures.

Aspiration of joints is one of the most valuable aids to differential diagnoses, but due to the difficulty in culturing the organism, from fluid obtained, it has been disappointing at times.

Gonococci are commonly found in gonorrheal joints with effusion; pneumococci are not difficult to differentiate in arthritis accompanying or following shortly after pneumonia. Staphylococci and streptococci are often found in the smear made from the aspirated fluid, but in many cases of chronic arthritis no organism can be found in the joint fluid either on smear or by culture. In some cases failure is due to too short a culture period; some micro-organisms taking as long as two or three weeks to grow. The culture media also must be specially prepared in order to successfully grow some organisms.

Arthrotomy, with lavage of the larger joints, such as the knee, is one of the most valuable surgical procedures in pyogenic arthritis. I see no reason why opening the joint, and washing it out, should not be preferred over that of trying to wash out the joint through the aspirating needle. There is always more or less thickened, tenacious material that will not come through the needle and cannot be dislodged from the joint in any other way than by arthrotomy and washing out with a large quantity of fluid.

The synovial tissue will not be injured by a temperature of 115° Fahrenheit and if pyogenic arthritis, especially of gonorrheal origin, is treated by constant flushing for twenty minutes, with a hot saline solution, and then closed tight and immobilized, the inflammation present in the joint will most likely subside and full mobility be restored in a few weeks.

Orthopedic surgeons of America and Europe have contributed richly to the restoration of function in arthritic deformities.

Arthroplasties have been popularized by such surgeons as Putti, of Bologna, Italy; Campbell of Memphis, Tennessee, and Baehr of Baltimore.

Arthrodesis, or fusion of joints, has been advocated and improved by such men as Hibbs and Albee of New York.

Remodeling and reconstruction of joints has been popularized by Whitman of New York and Brackett of Boston.

Sir Robert Jones, of Liverpool, has taught us much in manipulation of stiff joints.

American orthopedic surgeons have made great advances, in recent times, in relieving and restoring to usefulness these unfortunate patients who suffer with chronic arthritis.

DR. RUDOLPH S. REICH, M.D., Cleveland: The scope of Dr. Chollett's paper is rather widespread. In spite of this, I think that he has covered the ground especially well, and has touched the salient points in each phase of the subject.

As for the surgery pertaining to chronic arthritis, to my mind it has three basic objects: first, the relief of pain; second, the correction of deformity; and third, restoration of function. In the first group of cases must be considered most active tuberculous joints and also certain of the arthritides, particularly the villous arthritis of the knee joint. In the second group must be considered those cases in which the activity of the process is quiescent and deformity has resulted, with or without ankylosis. In the third group may be considered those cases which are amenable to arthroplasties. Dr. Chollett has laid down certain qualifications for cases favorable to arthroplasty. In my opinion the most important of these are conditions where arthroplasty is most essential for restoration of function, and it applies mostly in those cases, for instance, where there is an ankylosis of both knees and both hips.

As for the subject of acute arthritis, this is a subject that has interested me for a long time. To date, I have a series of approximately fifty cases of acute purulent arthritis, mainly of gonorrheal, straphylococcal, or streptoccoccal etiology. Dr. Chollett has stated that gonorrheal

arthritis is mainly a medical problem. I feel that it is as much a surgical problem as the other types of acute purulent infections and as acute osteomyelitis. The gonococcus is equally as ravaging in its action in a joint as the streptococcus and must be considered as a surgical problem. Our results in aspiration and lavage of acute septic joints, preferably with 1,4000 acriflavine solution, have been most gratifying, and these results have been dependent considerably upon the early period of treatment, repeating the procedure every few days until the temperature remains normal for a prolonged period of time.

Radical incision into the joint is rarely indicated, and only in those cases where the pus in the joint is due to an adjacent osteomyelitis.

More attention to the surgery of acute arthritis will result in less indication for surgery in chronic arthritis.

The Differentiation Between Circulatory Diseases and Abdominal Conditions

W. W. BEAUCHAMP, M.D., Lima, Ohio

THE last few years have witnessed many changes in the interpretation and evaluation of symptoms, especially of the upper abdomen. Until comparatively recently a diagnosis of "Acute Indigestion", in cases that terminated fatally would have been considered no great error. The increased number of postmortem examinations in which the pathology was found in the circulatory apparatus, and operations in which the expected pathology was not found, has caused more searching investigations into the causes of the mistaken diagnoses.

From a number of cases coming under the writer's observation complaining of abdominal symptomatology in which the causative pathology was found elsewhere, it has been concluded that three common causes have been misinterpreted. They have been in their order of frequency as follows: Myocardial insufficiency, coronary disease and changes in the cardiac mechanism. One or more of these diseases have been found so frequently in patients complaining of abdominal symptoms that it has been made a routine part of the examination in all of these patients.

Attention is called to the typical and atypical symptoms of circulatory diseases in the early part of the paper, to show how they are associated with abdominal symptomatology as well as easily mistaken for them.

The basis of this paper is the data derived from a small series of cases that were met in private practice or in consultation. A short history of seven of these cases is included.

CORONARY DISEASE

1. *Typical Cases:* The symptoms are:

1. Sudden, severe anginoid pain, substernal or upper abdominal.

2. Pinched, ashen gray or very pale facies often associated with a feeling of impending death.

3. Acute emphysematous, distension of the lungs with dyspnea or orthopnea and moist cracking rales at the bases of the lungs.

4. An early thready pulse (compressable) with almost any form of arrhythmia.

5. Sudden drop in systolic pressure and severe pain associated with myocardial exhaustion.

6. A cardiac impulse, which if felt at all, is a diffuse feeble tap.

7. Distant heart sounds and often gallop rhythm.

8. A localized precordial friction rub, which is evanescent appearing within a few hours, a day or two, after the sudden onset. (This is the most important differential finding.)

9. Fever of short duration and of mild type associated with leucocytosis (this does not appear in simple angina pectoris).

10. Inversion or iso-electric position of the T wave and sometimes evidence of interventricular lesion in the electrocardiogram.

CORONARY DISEASE VS. ANGINA PECTORIS-LAMBERT

Coronary Disease

1. Epigastric pain more common.
2. Dyspnea present.
3. Arrhythmia frequent.
4. Frequency of rales in lungs.
5. Pain is of long duration.
6. Nitrates give no relief.
7. Attacks may occur at night.

Angina Pectoris

1. Epigastric pain less common.
2. Dyspnea absent.
3. Arrhythmias absent.
4. Lung signs absent.
5. Pain of short duration.
6. Pain relieved by nitrates.
7. Attacks rare at night except late in the disease.

Additional

Coronary Disease

8. Fever present in mild degree.
9. Leucocytosis present up to 30,000.
10. Fall in B. P.
11. Attacks may last days or weeks.
12. Requires large doses of morphine, may not relieve.
13. May be jaundice.

Read before the Medical Section, Ohio State Medical Association, at its 84th Annual Meeting, Columbus, May 13-15, 1930.

Additional

Angina Pectoris

8. Fever absent.
9. Leucocytosis absent.
10. Fall in B. P.
11. Attacks of short duration.
12. Small doses of morphine usually relieve.
13. Jaundice absent.

2. *Atypical Cases:*

The attack simulates the "acute surgical abdomen", in which the attacks are fulminating in character, the pain almost entirely limited to the upper abdomen at least during the first few hours of the attack. Vomiting is a common symptom; there is rigidity of the abdominal muscles; a mass may be felt in the upper abdomen; jaundice may or may not be present; tenderness usually limited to the right upper quadrant; fever and leucocytosis occur. These symptoms are quite characteristic of gall stone colic, rupture of gastric or duodenal ulcer, mesenteric thrombosis, acute pancreatitis, acute appendicitis or may call to mind acute intestinal obstruction. In fact, any one of the above diagnoses is commonly made and an unsuccessful laparotomy follows. Or if the patient succumbs, there is frequently the diagnosis of "acute indigestion" made without postmortem examination by the coroner or attending physician.

The above description, of course, is of the acute coronary disease. If the occlusion comes on more slowly there is a somewhat different class of symptoms. In this event the symptoms are less spectacular—less acute and may be over a longer period of time. The symptoms closely simulate the abdominal masquerade of myocardial insufficiency. This is not difficult to understand when it is remembered that the both sets of organs have the same vagus nerve supply. Gasseous distension may cause palpitation and precordial distress (and are due to passive congestion of the stomach.

CASE HISTORY

Series A

Case 1. Dr. S. S. H., died at the age of 58. Ten years before, had massive hematemasis, diagnosed pancreatic hemorrhage. Six months later developed severe diabetes mellitus. From this time on had recurrent attacks of upper abdominal central pain with elevation of temperature, fever, leucocytosis, tympanitis, jaundice, tarry stools and marked weakness. These attacks occurred three, or four, or more, times a year until time of death and would last from two to four weeks. He frequently requested operation, thinking of the possibility of stone in the pancreatic duct. Three years before death, had first attack of pain in left upper quadrant. This attack came on while at hard work. Attacks gradually increased in frequency and severity for next two years. First saw the patient in one of these attacks about one year before death. It was plain that the attack was anginal in character. About three months later, attacks took on the characteristic of coronary thrombosis with pain of the atypical or upper abdominal type. Pain in the upper left quadrant radiating to the right with an increase in the leucocyte count, elevation of temperature, jaundice, marked weakness and marked prolongation of the attack. Pain is not relieved by nitrites. During the course of his sickness, he had become addicted to the use of morphine of which he used large amounts. During attacks of the latter part of his sickness, it would often require as much as eight grains of morphine hypodermatically at a time to relieve the pain. Attacks were more prolonged and more severe. He died about ten years from the time of his initial hemorrhage following a prolonged attack of coronary thrombosis. Postmortem revealed a pancreas about one-fourth size, sclerotic, destruction of the isles of Langerhans. No evidence of past ulceration of the stomach. Complete occlusion of both coronary arteries.

Case 2. Dr. C. A. B., died at the age of 56. First seen ten years before death in diabetic coma. His diabetes was complicated with double pyelitis, bacillus coli communis infection. Diabetes fairly controlled by scrupulous dieting until the advent of insulin. (My first insulin patient.) Urine never free from bacillus coli. One year before death, had first attack of angina pectoris. The symptoms were of the atypical type with fever, leucocytosis, jaundice, rigidity of the abdominal muscles in upper right quadrant, vomiting, vomitus streaked with blood, collapse, ashen skin, etc. There was hypostatic congestion of the bases of both lungs, cough—almost typical asthmatic picture. Made a fairly satisfactory recovery from the first attack. This attack of angina was undoubtedly coronary in origin. Was in bed six weeks. Was up and about doing light practice until February 16th, 1929. Had second attack 11 P.M. This attack was accompanied by marked dilatation, undoubtedly of both ventricles, extreme dyspnea, double basal static congestion, cough, bloody expectoration, moderate temperature, rapid pulse, vomiting, ashen facies, profound collapse. Nitrates of no therapeutic value. Required massive doses of morphine. During the last two years of sickness had developed hypertension, hypertrophy, protein in the urine. During this time was easily exhausted, dyspneic, no edema. Three weeks before death, became a bed patient. Thirty-six hours before death, kidney function ceased. He died April 6, 1929, of uremic poisoning.

Case 3. J. H. J., retired farmer, aged 65. Retired three years before on account of digestive disturbances. Seen at 9:00 P. M., July 4th, 1928, in consultation with two other physicians. Had done a hard day's work, ate a large supper at 5:00 P. M., took sick at 7:00 P. M. with sudden severe, sharp pain in the epigastrium, vomiting, later became blood streaked, rigidity of the upper abdominal muscles, ashen skin, profound collapse and unconsciousness. Operation was considered. Delay was advised on the assumption that it was not an "acute abdomen". Patient died at 11:00 P. M. Postmortem, at the request of his son, who was a physician, revealed an almost complete obstruction of both coronary arteries.

MYOCARDIAL INSUFFICIENCY

Under this heading are grouped all types of myocardial insufficiency, regardless of the etiology, whether of coronary disease or other types of myocarditis. Myocardial insufficiency gives the gastric masquerade par excellence. Here the history is of little help in differentiation for both the myocardial disease and the abdominal con-

ditions run very similar courses with almost identical symptoms.

1. *Typical Symptoms:—*

These include easy fatigue, shortness of breath, cyanosis, and on through the category that need not here be repeated.

2. *Atypical Symptoms:—*

The masquerade here is that of gaseous distention, loss of appetite, fullness and oppression after meals, a sense of weight in the epigastrium, nausea, vomiting, and at times, jaundice. These symptoms are almost universally relieved by belching of large amounts of gas and it becomes exceedingly difficult to convince the patient that the heart is at fault instead of the stomach. It is not difficult to explain why this is so, since the nervous supply of the heart and stomach are through the vagus.

Case 1. W.H.J., retired oil speculator. First seen June, 1918, at the age of 60. He died at 70 years of age. Complaint:—"Peculiar attacks of semi-consciousness—dazed feeling." Attacks first came on while a manufacturer of nitro-glycerine. Was advised that attacks were due to the effects of nitrates. Changed business. No relief from attacks. Over a long period of time the attacks became more frequent and it was noticed that they came on following exertion. Attacks were invariably relieved by belching enormous quantities of gas and passing large quantities of flatus. When first seen, a walk of four or five squares would bring on an attack. Patient would sit down on curb or elsewhere, would have expulsion of gas and relief. Physical examination revealed a man prematurely aged, of small stature, of nervous type. Rigid physical examination revealed nothing grossly wrong except a mouthful of bad teeth and complete achlorhydria and marked arteriosclerosis. Complete dentistry, removal of all the teeth with double plates; medication to substitute the achlorhydria was not followed with any relief of symptoms. Advised to seek help elsewhere. Treated with another physician for three months. Then returned. No change in the physical condition. No improvement in symptoms. Treated continuously for some time and advised to make another change, which he did. Eighteen months before death, returned to me again. Physical examination was the same as before and the attacks had become more frequent. The attacks were prolonged, and more severe. Some relief with small doses of luminal. On account of the evanescence of the attacks, I never saw him in one until about nine months before death. This attack lasted about two hours. He belched continuously enormous quantities of gas, passed large amounts of flatus with no relief. His pulse was rapid, small and thready, anxious countenance, no pain except a feeling of fullness in the abdomen. There was no anxiety or fear of impending death. His blood pressure had been 110/80, which was the same during the attack. Following the attack for the next few days, the blood pressure dropped to 95/60. Recovery from the attacks was slow and he never quite regained his former capacity for exertion. Three months before death, he became totally blind. Was unable to be up much of the time. He died with all the evidences of myocardial insufficiency.

Case 2. O. H., minister. Has always been very active. Never did heavy physical labor. Has large congregation. Has always made his calls on foot. During 1927, he had to slow up some in walking. He assisted his son in agricultural pursuits, but found he could not measure up to his former capacity. Over-exertion was invariably followed with upper right quadrant distress. Expulsion of gas gave immediate relief. There was some tenderness in upper right quadrant. Was told that he had chronic appendix with secondary involvement of the gall bladder. Attacks have become more easily provoked. Past history, negative. Physical examination, well nourished man. Nervous system, normal. Kidney function normal. Blood count, nothing unusual. Gastric study, shows proper emptying time with normal hcl. curve. The intestinal motility, normal. No constipation. His symptoms have become exacerbated to the extent that a walk of two squares against a slight wind brings on a feeling of exhaustion, pain and distress in the epigastrium and upper right quadrant, relieved by belching of gas. B.P. 110/80. On a four square walk from the office, an attack was brought on during which the blood pressure dropped to 100/80, increase in pulse rate. Relief followed expulsion of gas. It is difficult to convince this man that his heart and not his stomach is at fault.

I cite these two cases as examples of myocardial insufficiency with atypical or unusual symptoms. Both give syndromes of gastric and colonic make-up. Both believe the trouble to be gastro-intestinal and are convinced only with difficulty.

SUDDEN CHANGE IN CARDIAC MECHANISM

1. The *typical symptoms* are so characteristic as not to need presentation here.

2. The *atypical symptoms* in cases of acute paraxysmal tachycardia, take on the characteristics of acute abdominal conditions in a certain percentage of cases. These may be somewhat as follows: Acute abdominal pain, epigastric in location, loss of appetite, nausea, vomiting, vomitus frequently containing blood in small amounts, leucocytosis, slight elevation of temperature. All of these symptoms are more likely to be found with paraxysmal tachycardia than with block. Due to the congestion there may also be jaundice.

CASE HISTORY—*Series C*

Case 1. Mrs. J. H. J., widow, age 80. Complains of loss of appetite and nausea, almost to the extent of vomiting. Appetite so poor that she is undernourished. Weight, 84 pounds. All her symptoms are exaggerated by any emotional stress—joy, or sorrow. Minor affairs with servants about meals or any trivial matter bring on the above described stomach symptoms. P. E., undersized woman, lacks musculature, flabby abdominal walls, enteroptosis rather marked. Pelvic floor distorted from childbirth forty-eight years ago. Some hemorrhoids. Blood count, urinalysis, gastric analysis, normal. Cardiac examination, blood pressure 90/70. Pulse 39. Still farther depressed under emotion. Has had two attacks of decompensation with edema, slight ascytes, dyspnea, etc.

Case 2. Mrs. H., banker's widow by the grace of the law. Age 56. Large, well built, florid complexion. Complains of attacks of nausea and vomiting coming on suddenly, provoked by anger, rage, or severe emotion. Vomiting profuse, prolonged, at times blood stained. Extreme weakness, almost collapse. Blood pressure 180/80, pulse in first examination too rapid to be counted. Relieved by moderate doses of quinidine.

I cite two cases of change in cardiac rhythm, accompanied by gastro-intestinal symptoms. Case 1, is complete heart block. Case 2, acute paraxysmal tachycardia.

CONCLUSIONS

1. Errors in the Differentiation of Circulatory Diseases and Abdominal Conditions are less frequently made than formerly.

2. For convenience of study a review of the usual and unusual symptoms of circulatory diseases are added.

3. "Acute indigestion" should not be diagnosed unless and until all other possible causes of the symptomatology have been eliminated.

4. The most common sources of error, in order of their frequency, are myocardial insufficiency, coronary disease and changes in the cardiac mechanism.

5. The best safeguards are careful history followed with an exhaustive physical examination.

6. The electrocardiograph is of definite assistance in the differentiation in certain of the cases. Daily tracings are necessary.

7. In a small percentage of cases differential diagnosis may be impossible.

BIBLIOGRAPHY

1. W. W. Hamburger, M.D. "The Differential Diagnosis of Cardiac and Gastrointestinal Lesions, with Particular Reference to Extrapectoral Angina". Med. Clin. North Amer. May, 1920, p. 1677.
2. Samuel A. Levine, M.D. "Coronary Thrombosis, Its Varied Features". Williams & Wilkins, 1929.
3. M. H. Nathanson, M.D. "The Electrocardiagram in Coronary Disease". The American Heart Journal, Feb., 1930, p. 357.
4. George R. Herrmann, M.D. "The Unusual Manifestations of Heart Disease". The Med. Clin. North America, Jan., 1926, p. 985.
5. Chester S. Keefer and William H. Resnik. " 'Angina Pectoris' ", a Syndrome Causing Anoxemia of the Myocardium". Archives of Internal Medicine, June, 1928.
6. T. H. Coffin, M.D., and H. P. Rush, M.D. "Acute Indigestion in Relation to Coronary Disease". The Journal, A. M. A., Dec. 8, 1928.
7. David Reisman, M.D. "Myocardial Disease and its Masquerade". The Journal, A. M. A., Nov. 17, 1928.
8. H. A. Christian, M.D., "Chronic Nonvalvular Disease of the Heart". The Journal, A. M. A., Aug. 25, 1928.
9. I. S. and E. G. Ravdin, M.D. "Heart-block Simulating Peptic Ulcer" International Clinics. Series No. 31, Vol. 3, p. 136.
10. Don C. Sutton, M.D. "Coronary Occlusion". Med. Clin. North Amer., July, 1928, p. 67.
11. David Reisman, M.D. "Diseases of the Coronary Arteries". Med. Clin. North Amer., July, 1929, p. 895.
12. W. B. Holden, M.D. "Pericarditis Operated for Acute Appendicitis". North West Medicine, Sept., 1921.
13. William J. Mallory, M.D. "Dissecting Aneurysm Operated for Suspected Ruptured Gall-bladder". The Journal, A. M. A., 1925, No. lxxx, p. 1356.
14. Walter W. Hamburger, M.D. "Diseases of the Coronary Vessels. Angina Pectoris and "Acute Indigestion" (with special reference to the Coronary T-wave) Med. Clin. North Amer., March, 1926, p. 1261.
15. Burrill B. Crohn M.D. "Eearly Abdominal Symptoms of Myocardial Insufficiency". Med. Clin. North America, July, 1920, p. 289.

DISCUSSION

EDWARD B. PEDLOW, M.D., Lima, Ohio: We have learned from most grievous mistakes that the location of pain is not a positive criterion as to the source of involvement. Therefore differential diagnosis becomes vastly more and more important. Careful observance of it, frequently relieves the internist of embarrassing situations and the surgeon from possible litigation.

The essayist, Dr. W. W. Beauchamp, has dealt with the usual and unusual symptoms of coronary thrombosis, and from a surgical point of view I will attempt to differentiate these atypical symptoms which may become confusing with a few of the more common acute surgical conditions, namely, perforated gastric ulcer, perforated duodenal ulcer, acute cholelithiasis, acute pancreatitis, and acute appendicitis.

A complete history of the case preceding the onset of the present attack is of vital importance. In coronary diseases, evidence is most frequently obtained of earlier anginal attacks, varying in degree of intensity, or of cardiac decompensation, which is not observed in the acute surgical abdomen. The age incidence of coronary thrombosis is usually fifty years or over, while an acute surgical abdomen is more likely to be found in younger individuals. In a case of ruptured gastric or duodenal ulcer one notes a previous history relative to the ingestion of food. The former, food aggravating pain, the latter relieving it. The "board-like rigidity", of the upper abdomen, sometimes noted in coronary disease, will be more pronounced, more widely diffuse, as well as the pain, in case of perforation of either of these ulcers.

A patient with acute cholelithiasis, one usually finds, a female who is fair, fat and forty. The pain found in the region of the gallbladder will be more acute, more cutting, more severe, and more inclined to be paroxysmal than in coronary thrombosis. Jaundice usually follows an attack of gallstones, however, if it should precede, is of diagnostic importance in favor of cholelithiasis. An acholic stool later gives characteristic evidence of stone. The Van den Bergh test often is of valued service.

You suspect a case of acute pancreatitis in an individual who has previously had good health, except, occasionally complaining of digestive disorder, who is suddenly seized with violent pain in the epigastrium, which pain is usually more severe in character than the upper abdominal pain of coronary thrombosis. Within 24 hours or more a mass in the upper abdomen will be found, tympanitic, circumscribed and resistant. Oil in the stool, a Cammidge reaction, or sugar in the urine later gives further proof.

Acute appendicitis usually begins with epigastric or umbilical pain which later becomes localized in the right iliac fossa. The pain and rigidity of appendicitis is usually more pronounced than in coronary thrombosis. The posture of the patient, recumbent with the right thigh and knee or both thighs or knees partly flexed, furthermore, traction of the right spermatic cord may give increased abdominal pain, also a rectal examination may be of diagnostic aid; these may be helpful factors in arriving at a conclusion of appendicitis. In coronary thrombosis moist rales are frequently heard at the base of one or both lungs, if the blood pressure is known before the onset of the attack, it will be found generally high. Should the thrombus be in the usual location and if sufficient time has elapsed to establish infarction of cardiac muscle, the precordial friction rub may be heard. None of these conditions, relating to coronary thrombosis, are found in an acute surgical abdomen unless as complications.

Surgical conditions in the abdomen seldom simulate coronary thrombosis, but coronary thrombosis not infrequently masquerades as a surgical condition. An accurate knowledge of the conditions in which coronary thrombosis occurs and its manifestations will prevent serious and unnecessary errors.

CLIFFORD J. STRAEHLEY, M.D., Cincinnati, Ohio: I have enjoyed Dr. Beauchamp's excellent paper a great deal, and am glad to have this opportunity

of discussing a little more fully the electrocardiographic signs of coronary occlusion.

During the past few years due to the excellent work of Herrick, Pardee, Parkinson, Bedford and others, acute coronary thrombosis has come to our attention as a clinical entity. As the essayist has stressed, we have learned to distinguish between attacks of angina pectoris and of coronary closure. This differentiation is of real importance and helps us in arriving at the immediate prognosis of a case of sub-sternal pain. It is known that an attack of angina pectoris is rarely fatal whereas in over 50 per cent of instances of acute closure of the coronary artery death results in the midst of the seizure. I would therefore urge it upon you to remember the differential points that Dr. Beauchamp has given us. One no longer reads much about exceedingly severe attacks of angina pectoris or status anginosus as it was formerly called as we have come to realize that coronary arterial occlusion produces this condition.

In perhaps 70 per cent of cases of acute coronary thrombosis there will be an alteration in the electrocardiogram developing anywhere from a few hours to several days after the attack. Most cases of angina pectoris show no such change. The electrocardiograph has been of primary importance in explaining the cause of death in those cases that quickly succumb to a siege of severe epigastric pain. Ventricular fibrillation is frequently the cause of this sudden death. It is easily understood why more records of this arrhythmia are not found in the literature. It happens only most extraordinarily that a person with an occluded coronary artery is under immediate electracardiographic control, and in the second place when ventricular fibrillation is established life ends in but a few moments. It is of at least academic interest to know that in animals in which ligation of the coronary arteries was performed about 85 per cent developed this arrhythmia.

As the essayist brought out, heart block and bundle branch block may be found after the occlusion. Other important modifications of the ventricular complexes usually appear. These changes seem to be particularly the result of a damaged heart muscle and a damaged heart muscle such as an area of infarction produces. Hence they are more diagnostic than are the other abnormalities which may have a variety of etiologic factors. The characteristic alterations affect the ST segments and the T waves. There may be found either a high or low take-off of the ST segments. Leads 1 and 3 show this deviation most clearly and the deviation is opposite in direction in these leads. This phenomenon is but of an evanescent nature and disappears after the first week. Changes in the T wave now follow. If the ST segment was elevated above the isoelectric line a deeply inverted T wave results although the ST segment still retains a convexity upwardly directed. If on the other hand the take-off was below the isoelectric line the T wave will be a prominent upward deflection. After a period of several months or even several years a normal T may again result.

Another electrocardiographic change that should be looked for is a marked reduction in the size of all complexes, especially if this is found with a widening and notching of the QRS complexes. Levine has recently called attention to the presence or the development of a prominent Q wave in lead 3.

In the literature one occasionally sees reference to the fact that other conditions may bring about changes in the electrocardiogram similar to those outlined above. In rheumatic carditis and in pneumonia for instance, quite similar distortions have been observed. Wiggers has also shown that when solutions of potassium chloride are injected into the pericardial cavity the distortion also appears. It is of importance to recognize that an acute coronary thrombosis is not the only cause for an alteration in the ST segment and T wave, but I want to emphasize that there is no other condition in which the electrocardiogram shows changes from day to day as it does in coronary occlusion. In closing I should like to leave this point in your minds. Make tracings of your suspected cases frequently and although you will find the pathognomonic high or low take-offs and the so-called coronary T waves of Pardee in only 33 per cent, yet should you find that the complexes are of lower voltage or that daily there occurs some modification of the tracing this information though more subtle is just as diagnostic.

Advantages of the External Scleral Scalpel Incision in the Iridectomy of Acute Glaucoma

CLARENCE KING, M.D., F.A.C.S., Cincinnati

THERE are essential conditions with which the operator must comply if the iridectomy for acute glaucoma is to be effective. The incision must expose the angle of the anterior chamber. The iridectomy must be peripheric, extending to the root of the iris. In contradistinction to the optical iridectomy, the iridectomy for glaucoma must be broad.

In incision with the keratome, if it is to enter the angle of the anterior chamber, the point of the instrument must puncture the sclera two millimeters from the limbus. The turning of the keratome at the proper time from its slanting position to one parallel with the iris can be determined only by the sense of touch, as its point is not visible at that instant. In making the incision with the keratome, the external incision must be parallel with the limbus. The operator dare not take his eye off the point of the keratome. It is extremely easy, therefore, to rotate the instrument on its long axis with disastrous results as far as the proper making of the incision is concerned. Pressure must be made with the keratome on the posterior lip of the wound but not enough to cause the wound to gape, with premature outflow of the aqueous and with all the accompanying

Read before the Eye, Ear, Nose and Throat Section, Ohio State Medical Association, at the 48th Annual Meeting, Columbus, May 13-15, 1930.

dangers to the iris and the lens. An incision seven or eight millimeters is usually required, which implies an introduction of a moderately broad keratome beyond the pupil and which in a shallow anterior chamber is accomplished with difficulty and with risk to the lens. On withdrawal, the keratome must be depressed so that its point escapes the lens but does not touch the cornea. Despite slow withdrawal of the keratome, there may easily occur a sudden reduction of the intraocular tension with all the disastrous consequences directly attributed to it; namely, injury to the lens or the bursting of its capsule, expulsive hemorrhage, vitreous and retinal hemorrhages, as well as detachment of the choroid.

I have ventured to recall these well-known fundamentals in the technique of the keratome incision for glaucoma so that I may better present in contrast the advantages of the scleral incision from the outside with the scalpel.

It has been said that the worse the iridectomy the better seems to be the result in some cases of glaucoma. It may be granted that good results have been obtained, at least temporarily, when the iris has not been excised to its root or when a slight incarceration of a coloboma limb has been noted. No one, however, would advocate deliberately abandoning the established principles of the operative technique in glaucoma; namely, a peripheric incision and a deep, broad iridectomy. These essential technical features have been recently emphasized again in this country by Török, Suker and Cushmann, and Woodruff, and abroad by Elschnig. The dangers of the keratome have led the American authors mentioned to have recourse to the Graefe knife.

It has been my practice for many years in traumatic cataract with shallow or obliterated anterior chamber to make an incision with the scalpel from the outside as a preliminary to extraction. The results have been so gratifying that I have been impelled recently to make use of this incision in eyes with acute glaucoma. In this procedure I was encouraged by the writings of Elschnig, who warmly endorses this method of incision. The procedure as applied to glaucoma originated with Gayet as far back as 1884, but apparently has never been used extensively.

The technique of the incision with the scalpel from the outside is as follows: Before the operation every effort is made to reduce the intraocular tension by the usual methods. In this connection I have found the intravenous injection of salt solution, according to the method of Hertel, especially helpful. Also I regularly employ leeches (if obtainable) in such cases. If the blood pressure is high, I use venesection.

A 10 per cent cocaine solution with adrenalin is used for instillation in the conjunctival sac. A subconjunctival novocain adrenalin injection is made in the region of the incision. Elschnig makes a retrobulbar injection of novocain adrenalin and in very painful eyes a second retrobulbar injection of cocaine adrenalin, but I have had no experience with the use of retrobulbar injections except where the eyeball is removed. The bridle suture through the superior rectus is used. I have employed the scalpel devised by Elschnig for the scleral section in cyclodialysis. An incision four or five millimeters distant from the limbus is made with the scissors in the conjunctiva, concentric to the corneal margin. The ends of the conjunctival incision are extended to the corneal margin beyond the contemplated wound in the sclera. The conjunctival flap is drawn down with an anatomical forceps. The hemorrhage is controlled by pledgets of adrenalin. The sclera is denuded of episcleral tissue by scraping with the scalpel down to the edge of the cornea. An incision six or seven millimeters long is then made in the sclera two millimeters from the edge of the transparent cornea and concentric with its margin. The incision is made by slow dissection, layer by layer. Hemorrhage is to be controlled by adrenalin soaked pledgets and by frequent sponging. In making the incision, the operator's eye is aided by the sense of touch. It is possible to readily appreciate by touch with the scalpel the exact moment when the sclera is penetrated and the anterior chamber is opened. The outflow of the aqueous can be easily controlled and reduction in the intraocular tension takes place very slowly and is under the control of the operator.

After the chamber is entered, the incision is prolonged to the desired length by layer dissection, or the scalpel can be turned and its point inserted in the angle of the wound and made to cut from within out. Cocaine is then instilled to further anesthetize the iris. The conjunctival flap is folded in order not to obstruct the vision. The iris is seized near the pupillary border, subjected to slight downward traction and then drawn out of the wound. The conjunctival flap is controlled by an assistant who holds it with a toothless forceps. When the iris is drawn out of the wound, the edges of the wound are slightly further separated by very gentle traction on the conjunctival flap so as to permit a De Wecker scissors to be introduced into the wound to straddle the iris at the proximal end of the wound. The iris is snipped off close to its attachment to the ciliary body. The iris is then retracted to the opposite angle of the scleral wound. It is then cut off by the scissors introduced into the wound so as to excise it near its ciliary attachment. The iris is reposed, and the conjunctival flap replaced, and if desired, sutured.

It now seems expedient to make a more detailed reference to the work of Suker and Cushmann, Woodruff and Török in order to make more clearly evident the advantages of the incision from the outside with the scalpel. These operators are in agreement as to the advantages of the Graefe knife over the keratome. Suker and

Cushmann advocate introducing the Graefe knife by a puncture two millimeters from the limbus at one end of the proposed incision. The knife is made to enter the anterior chamber for about one centimeter. No counterpuncture is made. The incision is completed by an upward saw draw-cut along a retrolimbal line to a point opposite the point of entry.

Woodruff objects to this method of making an incision. He points out that the knife, on puncture, cannot enter the extreme angle of the anterior chamber without injury to the iris but can readily be made to do so on counterpuncture. He recalls Colonel Smith's statement that only that part of the iris which lies between the inner border of the incision and the pupillary border can be excised. One end of Woodruff's incision will be farther from the limbus than the other. The end made by counterpuncture is nearer to the ciliary body. Török makes the following significant statement in discussing peripheric iridectomy:

"Iridectomy, as performed according to our present technique, will result in failure in a certain group of cases (where there is firm adhesion between root or iris and cornea) from the iris tearing off at the anterior edge of the adhesion, leaving the root of the iris behind and not establishing communication between aqueous and Schlemm's canal, although the latter is patent. This I attribute to the faulty technique of iridectomy as it is performed today. The fault lies in the incision and in the manner in which the iridectomy is performed. Theoretically, the incision is to be made 2 mm. behind the limbus; that is to say, exactly at the junction of cornea and sclera,—it is never made there but always anteriorly to this point. This can easily be ascertained by entering the anterior chamber with an iris spatula after incision and pushing the spatula backward toward the corneoscleral junction, holding it close to the posterior surface of the cornea. The angle where cornea and sclera meet can easily be felt and will be found quite a distance behind the upper lip of the wound. Under such circumstances the incision will either lie in front of the root of the iris or it will go through the adherent portion of the iris, bisecting it. When excising the iris, either the entire root, or if bisected, its posterior portion, i.e., the one that blocks the iritic angle, will be left behind".

In describing the incision from the outside by the scalpel, I have not referred to possible adhesions of the root of the iris obliterating the angle of the anterior chamber. I have not done so as my paper is concerned with acute glaucoma where firm adhesions do not ordinarily exist.

I referred to a downward traction on the iris before drawing it out of the wound. The object of this maneuver is to free the iris at the angle of the chamber and loosen it opposite the center of the wound. If one is dealing with an acute exacerbation of a chronic inflammatory glaucoma, then the adhesion should be freed by means of a spatula before the iridectomy is done, as advocated by Török.

It appears to me that a consideration of the various methods of the authors mentioned will reveal that the incision from the outside with the scalpel is the only way by which the angle of the anterior chamber can be surely and accurately opened throughout the entire extent of the wound. Woodruff is correct in his contention that the angle of the chamber be opened by puncture but only on counterpuncture without injury to the iris, but my opinion is that the deep counterpuncture of Woodruff to reach the chamber angle is not as devoid of risk as the incision from the outside.

Scleral incision from the outside has the following advantages:

a. The incision can be made definitely peripheric under complete control of the operator.

b. There is no danger of injury to the iris or the lens.

c. The reduction of intraocular tension takes place slowly and is readily controlled, thus obviating many dangerous complications.

d. The iridectomy can be made deep and broad.

It is undeniable that the ideal keratome incision surpasses in smoothness of wound edge and ready approximation of the wound surfaces that made by any other cutting instrument. This advantage is not enough to my mind to outweigh its other disadvantages. At least in a shallow or obliterated anterior chamber, I can recommend the scleral incision from the outside as conducive to peace of mind for the operator as well as greater benefit for the patient.

UNION CENTRAL BUILDING.

REFERENCES

1. Gayet, D'un procedé réglé de la chambre antérieure de l'oeil, lorsque celle-ci est effacée suite de l'accollement de l'iris à la surface postérieure de la cornée. Bull. et mém. de la soc. franc. d'Ophth. 1884, 2. annee, p. 44.

2. Suker and Cushmann, An improved technic for iridectomy for glaucoma. Transact. of the Amer. Acad. of Ophthal. and Otolaryngol. 1925, p. 95.

3. Török, E., Iridectomy in glaucoma. A new technic. Arch. of Ophth. 1923, Vol. 52, p. 574.

4. Woodruff, The reduction of glaucomatous tension by deep iridectomy. Transact. of the Amer. Acad. of Ophth. and Otolaryngol. 1926, p. 186.

5. Elschnig, A. Zur Technik der Vorderkammeroffnung bei seichter Kammer. Klinische Monatsbl. fur Augenheilkunde, 1928, Vol. 80, p. 382.

DISCUSSION

W. A. STOUTENBOROUGH, M.D., Columbus: I appreciate very much, indeed, the privilege of opening the discussion of this most excellent paper by Dr. King.

We, perhaps, all feel that the best operation for the relief of tension in acute glaucoma, is a deep iridectomy, and we all know the dangers and difficulties in making the scleral incision with the keratome. Any improvement, therefore, in our technique which will lessen the dangers and assure a higher percentage of successful operations should merit our most serious consideration.

Dr. King has described the operations of Török, Suker and Cushmann, and Woodruff, all of whom advocate the use of the Graefe knife instead of the keratome for making the scleral incision. Dr. King has gone a step farther by making the external scleral incision as by so doing the cutting instrument is not placed in the anterior chamber and all danger of injury to the iris and lens is

thereby entirely eliminated. It would seem to me that by following the technique of Dr. King, the operator is placed in almost complete control of the situation as far as position and extent of the incision is concerned, thus enabling him to incise directly over the iris root, giving him access to the deeper part of the angle and at the same time enabling him to grasp the iris, using such maneuvers as may be necessary in the individual case to free the angle and secure a deep iridectomy. As stated by Dr. King, by making the external incision, the aqueous is permitted to escape slowly, which I consider very important as we all know the danger of a sudden reduction of tension by a quick escape of the aqueous. I feel that the conjunctival flap lessens the dangers of post-operative complications and may in some cases even provide for a filtering scar.

My personal experience with this operation is limited to one case and this was done before I became familiar with Dr. King's technique. The case in question was that of bilateral chronic non-inflammatory glaucoma in which the tension in each eye, by the McLean tonometer, was above 70 mm. In one eye I did the ordinary Elliott sclero-corneal trephine while in the other eye I dissected a conjunctival flap as far as the limbus, then made the scleral incision externally, very much as described by Dr. King. The iris was then withdrawn and excised well back. A few days ago the tension of the eyes were 50 mm. and 30 mm. respectively, showing that the iridectomy was the most effective in this case.

Reduction of tension previous to operation is important, as it not only renders the operation safer, but enables one to secure better anesthesia. Posterior scleral puncture is usually effective.

There has been some very interesting work done in the reduction of tension by intravenous injections of hypertonic solution of sodium chloride. In 1926 Duke-Elder published the results of his experiments by which he proved that intraocular tension could be reduced by sodium chloride injected intravenously. R. E. Wright has since reported a series of twenty cases. He injected 20 c.c. of a solution containing 30 grains of sodium chloride to 100 c.c. of water. Within fifteen minutes, the average fall in tension was from 47 mm. to 34 mm. This reduction was maintained with but little variation for 24 hrs.

Lambert and Silbert observed the eyes of patients whom they were treating for various conditions by means of intravenous injections of sodium chloride. They found that the reduction varied as to the amount of salt injected; 300 c.c. of a 5 per cent solution caused a fall of 40 per cent of the original, while half that amount reduced the tension 21 per cent. The maximum drop occurred within 40 minutes and the tension returned to its original level in from one and one-half to two hours.

In many of these acutely inflamed eyes, it is very difficult to secure complete anesthesia by means of a local anesthetic. I have found 1/100 gr. of scopalomin and 1/4 gr. of morphine given hypodermatically one hour previous to time of the operation of very material help. If possible, however, a dose several hours previous should be given to determine the reaction of the patient to the drugs. There are cases in which we are justified in giving a general anesthetic.

ANDREW TIMBERMAN, M.D., Columbus: I have been much interested in listening to Dr. King's paper, and in fact, a study of it because he was kind enough to send me a copy a week ago. As usual, Dr. King has given us an idea worth thinking about.

Since I have not used the scalpel in the condition under discussion, namely, acute glaucoma, mine must be a theoretical rather than a practical discussion of the paper. On the other hand, my experience in doing an iridectomy and the use of the scalpel in doing cyclodialysis, which I have done a number of times, lend appreciation of the difficulties in doing an iridectomy according to any procedure and, perhaps, an appreciation of the practicability of the incision by the scalpel.

We are interested just now in the advantages of external scleral scalpel incision in acute glaucoma. A condition in which we presuppose a blocking of the iris bay or angle, a condition in which success and failure have been the experience of every operator since the day Von Graefe did his first iridectomy.

Successful reduction of intraocular pressure in these cases, meant a successful removal of a portion of the root of the iris and a reestablishment of internal drainage through the spaces of Fontana and Schlemm's canal. Often it meant that some form of external drainage, such as a filtering cicatrix was attained. So often was this latter the result, that not a few references can be found in the literature suggesting that, after all, the successful cases were always those in which this external drainage was secured. I have never subscribed to so strong a statement and I think that most operators do not, because our experience is that in spite of all the difficulties, we have sometimes been able to get into the chamber bay and successfully remove the obstructing iris. Failure to reduce intraocular tension, of course, would always result when a portion of the iris root was not removed and scleral incision closed up throughout its whole extent. This failure being the common result in many cases, a great list of operative procedures have been suggested.

But let us stick rather closely to our text—"What is the safest, surest, way to remove a portion of the root of the iris"? When the operator has decided that is what he wants to do, he has decided that the pathology is anterior to the spaces of Fontana and Schlemm's canal, or hopes it is, and he believes internal drainage is to be preferred to external drainage. If he must resort to the latter, he will do so after he has given his patient the chance that a successful removal of a portion of the iris root seems to promise. The difficulty of all operative procedures thus far proposed, we all recognize. The comparative thickness of the sclera, its inner surface overhanging the angle bay, the close coaptation of the iris, perhaps completely obliterating this bay, the consequent danger of penetrating the iris and injuring the lens, all unite to produce a situation that tries the stoutest heart. All operators unite in saying that the incision must be begun at least 2 mm. back of the apparent corneal margin. Woodruff quotes Dr. Francis Lane, Pathologist of the Chicago Eye and Ear Infirmary, after a study of many pathological specimens, as doubting the possibility of ever getting at the root of the iris by the usual incision. That many successfully enter the anterior chamber, is not to be doubted, that the majority or even many enter it at a point at which it is possible to get at the whole root of the iris is now doubted by many. Consequently, the various procedures that are offered in the operative market of today. Suker and Cushman advise a puncture but no counter puncture, after dissection of the conjunctiva. Woodruff makes the comment that the iris angle is not reached by this method. The same author comments on Török's procedure, in which the latter makes the puncture and counter puncture 2 mm. back of

the limbus, comparing it to the incision of La-Grange who also depends on external drainage. And in reading Woodruff's description of his own method, he uses the expression, "if possible, the extreme apex of the iris angle is located and a counter puncture is made", claiming that it does not matter if the puncture is anterior to the apex if only the counter puncture is made there. Of course, we wonder what happens when it is impossible for Woodruff to locate the extreme angle in order to make his counter puncture; and thus through the whole list we find no assurance that in all cases we are going to accomplish what we set out to do.

It seems to me that the suggestion of Dr. King is a good one. We can get at the root of the iris, we can avoid penetrating the iris, we can avoid injuring the lens; we are in a position to safely use the spatula for separating any part of the iris that adheres firmly to the inner surface of the cornea, if that be necessary, and that without danger to either iris or lens. If after iridectomy there is any doubt about the removal of sufficient portion of the root to secure the desired end, it can be easily turned into a method of external drainage by use of the scleral punch since a conjunctival flap has preceded the scleral incision.

Personally, I am indeed grateful to Dr. King for his suggestion and I promise myself the pleasure of putting it into practical operation the very first opportunity that may be presented.

Progressive Facial Hemiatrophy

FRANKLIN C. WAGENHALS, M.D., Columbus

PROGRESSIVE Facial Hemiatrophy was first described by Romberg. It is an uncommon disease and generally begins when the patient is between ten and twenty years of age. It may develop earlier, but rarely starts after thirty. Females are slightly more often affected than males.

The process is essentially a progressive wasting of one side of the face. It generally commences at some definite point. The orbital region, lower jaw or cheek are often first affected. In a well advanced case all the tissues are involved. The skin becomes thin, and may be colorless or pigmented. The subcutaneous fatty tissue disappears, so that the skin may be thrown into folds, and may lie close to the bone. The muscles of the face and jaw become atrophic. This atrophy is not associated with a qualitative change of electrical excitability, and it causes little or no impairment of function. The bones on the affected side may appear smaller. In the final stages the difference in the appearance of the two sides of the face may be striking.

The case I would like to describe is that of a little girl eleven years old. Her trouble began eighteen months before the time of examination. Her mother first noticed a light streak on the face just to the left of the nose and involving the upper lip. Two or three months later the left side of the face began to appear smaller. At that time she was taken to a local physician, who made a Wassermann examination which was found to be negative. Since then the left side of the face has continued to grow smaller, especially around the nose and mouth. Six months ago the mother seemed to notice a change in the muscles on the left side of the neck. Since then the child has had a tendency to turn the head and face slightly to the left. During the course of the disturbance there has been no pain at any time. Twice during this period the child complained of a tingling sensation for a short period in the left malar region, and for one day she complained of a heaviness and weakness of the left arm.

The family history was negative.

The past history shows the birth was normal, although she is said to have remained "dark" for days. She had "flu" when two and one-half or three months old, measles when two and one-half years old, chicken-pox when four years old and mumps when seven. Otherwise the past history was negative.

On examination the left side of the face was smaller than the right, and had a sunken appearance. This change was most marked in the left submalar region and to the left of the mouth. The skin of the face seemed to be of normal color, excepting a slight patch just to the left of the nose and involving a part of the upper lip, where there seemed to be a slight loss of pigment. The left temporal area was slightly affected. The left eye appeared to be a little more deeply set than the right, and the left palpebral aperture was slightly narrower than the right. The left cheek in the submalar area had a sunken appearance and there was a slight wrinkle to the left of the mouth. The left side of the mouth was higher than the right and the upper lip had a drawn appearance. The chin on the affected side had a wasted appearance. On palpation the subcutaneous fatty tissue seemed to be diminished in the infra-orbital and submalar regions, and the left cheek. The muscles in these areas and about the left side of the chin seemed to be somewhat atrophic. The masseter muscle on the left may have been slightly smaller than the right. By palpation the malar bone on the left seemed to be smaller than normal. The tone of the left sterno-cleido-mastoid muscle seemed to be slightly increased.

There was no difference in the eye-lashes on the two sides; and no change in the hair. The skin

Read before the Section on Nervous and Mental Diseases, Ohio State Medical Association, at its 84th Annual Meeting, Columbus, May 13-15, 1930.

Assistant Professor of Medicine (Neurology), Ohio State University, College of Medicine.



Hemiatrophy of the left side of the face in a child Eleven Years Old.

may have been slightly drier on the left. There appeared to be no difference in temperature by palpation. There was no special tenderness at the points of emergence of the branches of the trigeminal nerve, and no special tenderness over the cervical sympathetics. There was no evidence of cervical sympathetic disease, such as pallor, coldness, or the oculo-pupillary symptom. The teeth were not in specially good condition, but there were none absent. There was not a furrow on the forehead or chin separating the normal from the abnormal side. There was no wasting of the eyeball, and the ears and palate appeared to be normal.

The general neurological examination shows the following: The pupils were regular in outline, equal in size, and reacted promptly to light and on accommodation. The extra-ocular movements were good, but when the eyeballs were turned to the extreme lateral positions there were slight nystagmoid movements. Visual acuity seemed to be normal. By rough tests the extent of the visual fields seemed normal. Two drops of 4 per cent cocaine were placed in each eye. After ten minutes both pupils began to dilate. After twenty minutes both pupils were well dilated, but the left pupil was considerably larger than the right. The eyegrounds were normal. On both sides of the face sensation to the prick of a pin, to hot and cold seemed to be normal. There appeared to be no disturbance of the motor branches to the trigeminus. The motor branches of the seventh nerve seemed to function normally. The muscles on both sides of the face responded well to the faradic current. The tongue protruded in the mid-line, and there was no evidence of tremor, atrophy or distubrance of movement. In the upper extremities, the grips were good and equal. Muscle tone, strength, sensation, movements and reflexes all appeared to be normal. The abdominal reflexes were active. The patella and achilles reflexes were equally active. Plantar response was flexor. There was no clonus. Muscle tone, strength, movements and sensation in the lower extremities were normal. Station and gait were normal.

An *X*-ray examination was made in the laboratory of Dr. Hugh A. Baldwin. His report indicates that there is a difference between the left and right side as far as the superior maxillary bones are concerned. Also there is a slight difference between the malar bones and zygomatic arches on the left and right.

The cause of progressive facial hemiatrophy is obscure. Some have assumed there is a congenital factor, especially in those cases where the hemiatrophy is evident at birth or soon after it. Fischer came to this conclusion, having noticed that the atrophy is often localized at the sites of the embryonal clefts of the neck and face. In a few cases a hereditary history has been obtained. It has followed injuries to the face and skull, and occasionally some infectious disease. One author considers it to be a localized scleroderma, because of its frequent association with this condition in other parts of the body.

Possibly the term progressive facial hemiatrophy does not express the whole disease process. It is often associated with changes in other parts of the body, and has been found in association with mental diseases, and other organic diseases of the nervous system. Occasionally the atrophy will extend to the other side of the face, or it may involve the shoulder-girdle, or indeed one whole side of the body. It has also been found in association with neuralgias, epilepsy, psychoses, chorea, various types of spasms of the muscles about the face and tongue, and also in isolated cases of tabes, syringomyelia and multiple sclerosis.

Some authors have suggested the sympathetic nervous system as the site of the lesion in this condition. They point out the great influence of the sympathetic upon the trophic condition through its control of the vascular system. The development of hemiatrophy during the course of various lesions of the sympathetic, and also after the removal of the cervical glands seem to be in favor of this view. The fact that the oculo-pupillary symptom is at times combined with this condition has been taken as evidence of the involve-

ment of the sympathetic. Negro concluded the sympathetic was involved because the pupil on the affected side did not dilate under the influence of cocaine.

Various pathological findings have been associated with this condition. Neustaedter states that in uncomplicated cases there is a considerable thickening of the perineurium of the trifacial with an interstitial proliferative neuritis of all branches. Bareel concluded that in the hemiatrophies localized to the territory supplied by the trigeminal or one of its branches it has not been demonstrated that there is a lesion of the true fibers of the trigeminal rather than a lesion of the sympathetic fibers which it contains. One author found the condition may occur in a polioencephalitis which has involved the nucleus of the facial nerve. Touche reported lesions in the pons affecting the root of the trigeminus, and in another case the sole lesion was in the cortex and pia of the operculum. On the other hand Grabs reported a marked case without the slightest discoverable change in the nervous system.

On the whole the methods of treatment thus far employed have not had very favorable results. The ordinary tonics are of little benefit. The galvanic current has been recommended. Chipault has operated for removal of the cervical sympathetics, but with little or no improvement. Gersuny injected paraffin subcutaneously to reduce the asymmetry. As an embolism of the central retinal artery occurred a number of times, this method can hardly be recommended. Finally, Stegmaun is said to have obtained good cosmetic results with injections of oil and vaselin.

In conclusion the writer is inclined to think some disturbance in function of the sympathetic nervous system is the basis for the origin and development of a progressive facial hemiatrophy. The case above described is apparently going through a transition and will probably show greater changes later on. The greater dilatation of the pupil on the affected side under the influence of cocaine may suggest an increased state of irritability of the sympathetic at this time. The writer cannot be sure of the localization of the lesion in this disturbance, but from the widespread occurrence of it with psychoses, with atrophies of other portions of the body, and its association with various organic diseases of the nervous system, he is inclined to agree with Wolff and Ehrenclous that progressive facial hemiatrophy is probably only a part of a general autonomic imbalance, resulting from deranged central trophic control.

188 E. STATE ST.

REFERENCES

For the ideas obtained in the above paper I am indebted to the following Text-books and Papers:

1. Oppenheim—"Text-Book of Nervous Diseases".
2. Church and Peterson—"Nervous and Mental Diseases". 1919.
3. J. S. Wechsler—"A Text-Book of Clinical Neurology". 1927.
4. Curschmaun—"Clinical Neurology". 1927.
5. M. Neustaedter—"Text-Book of Clinical Neurology". 1929.
6. C. L. Dana—"Text-Book of Nervous Diseases". 1925.
7. Negro, F.:—"A case of Progressive Facial Hemiatrophy". Minerva med. 6; 197-205. (Mar. 20), 1926.
8. Bariel, E.: De l' hemiatrophie faciale daus ses rapports arec les lesions du ganglion cervical inferieure. (Facial hemiatrophy in its relations with lesions of the inferior cervical ganglion). Thesis, Lyon, 1902.
9. H. G. Wolff and A. H. Ehrenclous—"Trophic Disorders of Central origin".—Jour. A.M.A., Mch. 26, 1927.

The Ischial-Ramic Diameter and the Uterine Cervix

JOHN GARDINER, M.D., Toledo

A CERTAIN number of women, because they have given birth to children are doomed to die of cancer of the cervix. This appalling fact has been fully appreciated by the surgeons who, after devising and executing painstaking operations for its removal, are finding themselves, in the greater hope for recovery, referring more and more of their cases to the radiologist. The pioneer radiologists on their part have, with the scientific application of the principles of physics, attacked these new growths. It is too early to pass full judgment on the experience of the radiologists in this field, but already there are disappointing reports with the same admonition as that of the surgeon, that a cure can be obtained only if the patient with cancer will come early. As a result of the stress upon the curability of the early lesions of cancer, favorably enthusiastic reports are appearing on the application of the electric cautery in the precancerous stage. Can the destroying of a portion of the cervical mucous membrane and the leaving of more scar tissue be relied upon to prevent cancer? Time will prove the truth or the falsity of this hope.

Frankl has found in the parametrium, carcinoma cells five centimeters from the beginning lesion in the cervix, inferring that the metastasis may be almost simultaneous with the primary growth. Some workers believe that cancer is a local manifestation of a lowered general resistance. One thing is certain; the nulliparous cervix, like other portions of the body not commonly the seat of irritation, is rarely attacked by a primary carcinoma. Quite the opposite is true in the multiparous cervix. The point made by the surgeon and the radiologist bears repeated emphasis—hope lies only in early treatment. The men who accept obstetric work not only see these cases

Read before the Section on Obstetrics and Pediatrics, Ohio State Medical Association, at the 84th Annual Meeting, Columbus, May 13-15, 1930.

early, but also are in a position to control the primary cervical lesion which causes the cervix to be regarded as a potential cancer risk. It is probably true that cancer never grows in healthy tissue. Therefore, it is necessary to protect the cervix from undue injury during labor, thereby reducing the extent of the locus minoris resistentiae. This is not too much to expect of those practicing obstetrics. When better care of the cervix is given, there must be fewer cervical carcinomas.

ISCHIAL-RAMIC DIAMETER

In order to appreciate the potential danger to the cervix, it is necessary to have a knowledge of the two ischial-ramic diameters, the only important obstetrical diameters of the mid-pelvis. The inter-ischial diameter has been thought to be the important diameter in this plane. Skutsch emphasized this and developed a convenient instrument to measure it. However, the head comes down obliquely through the ischial-ramic diameter and not antero-posteriorily through the inter-ischial diameter. The ischial-ramic diameters are measured by obtaining the distance from the ischial spine to the sub-pubic notch, 8.5 centimeters, and adding a centimeter to this distance as the diameter extends from the tip of one ischial spine to the junction of the ascending ischial and the descending pubic rami on the opposite side of the pelvis, making 9.5 centimeters. The shape of the spines is varied; it is astounding to find that their sharp bony roughness extends into the birth canal, sometimes nearly a centimeter. This diameter is then the very important one for the cervix, as it is in the plane of this diameter that dilatation of the cervix takes place. It is recognized on examination during early labor that the upper vagina is filled with a more or less cone shaped mass which is found to be descending usually in a left occiput anterior presentation. As the presenting part moves down the largest diameter in the plane of the ischial spine is the ischial-ramic diameter. The right and left ischial-ramic diameters are named according to the side on which the ischial spine is located. As the head, in left occiput anterior, fits into the left ischial-ramic diameter, any disproportion causes the parietal eminences of the bony fetal skull to be pressed against the pelvis on the right side at the junction of the ascending ischial and the descending pubic rami, thus forcing the left parietal eminence against the sharp left spine of the maternal pelvis.

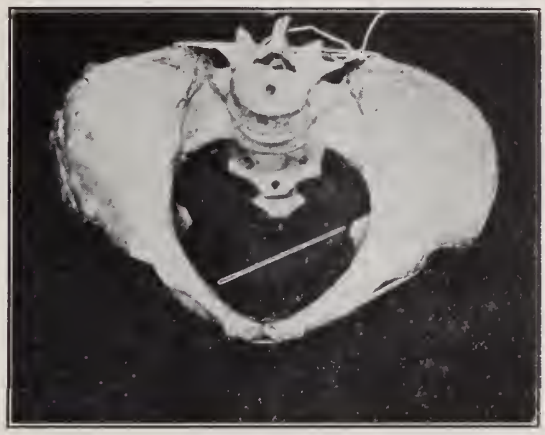
Several years ago I began making an immediate post-delivery inspection of the cervix. It was unbelievable that lacerations of the cervix occurred so frequently in labors which were thought to have been reasonably uneventful. It was noticed that most of the tears were in the left lateral portion of the cervical lip. Making the effort to account for the laceration, I found in comparing the pre-delivery pelvic examination in the primipara with that of the post-delivery pelvic examination that there was frequently a great change in the soft parts of the pelvic canal. In many cases at the pre-labor examinations in primipara the ischial spines were located with difficulty because of the attached ligaments and vaginal tissue covering the spines, however, at the post-labor examination it was astounding to find the ischial spines nearly bare and very prominent. In observing the cervix during the progress of labor it was found to dilate in the plane of the ischial spines usually in the left ischial-ramic diameter. If the cervix was not fully dilated and there was a disproportion between the fetal skull and the ischial-ramic diameter, post-natal examination revealed a laceration of the cervix. One of the greatest prophylactic measures in the prevention of cervical tears is the control of the expulsive efforts until the cervix shall have dilated in order to avoid in cases of a disproportion the repeated drive of the fetal head against the ischial spine. This driving force may last for hours until the cervix, if impinged, has been so injured that there is left a laceration even to and sometimes through the vaginal vault. My experience permits me to say that if there is no disproportion in the ischial-ramic diameter, there will be no tear of the cervix; if there is disproportion and the cervix has not had time to dilate there will be a cervical laceration. The funnel shaped pelvis frequently is associated with a narrowing of the ischial-ramic diameter and therefore special care must be taken that the cervix shall not be lacerated. In order to fully appreciate how great is the pressure on the cervical tissue and how severe the grinding, the examination of the primipara before labor compared with the examination after labor, will satisfy the most skeptical.

CERVICAL DILATATION

Bandl's careful researches of over fifty years ago, on the subject of the uterus, caused a great controversy as to the meaning of the term "lower uterine segment". The detailed studies which followed have given a newer understanding. The lower uterine segment is now definitely considered a distinct part of the uterus, extending below the fixed border of the attached peritoneum in front, downward to the internal os. The remaining portion of the uterus is the cervix including the internal os, the cervical canal and the external os. During labor the main function of the lower uterine segment and of the cervix is to allow the passage of the fetus. As interest for the present purpose is centered in the cervix it especially will be discussed. The structure of the cervix is such that the cervical canal changes during labor from a small canal of little over a few millimeters to one of ten centimeters or more. This great change takes place because the broad ligaments through their attachment on each side of the lower uterine segment and the upper part of the cervix form the sides of a small triangle.

The uterine musculature on its way around, forms the base of the triangle in which are the blood vessels, lymphatics and nerves. This loose attachment allows great stretching. The posterior portion of the cervix is free from any rigid attachment, being separated from the rectum by the pouch of Douglas. The anterior portion has a wide attachment to the bladder. However, at the time of delivery the tissues of the attachment are so changed that they permit of great stretching. It is a law of elasticity that, if given time and if active in all directions, the maximum of stretching is possible. The elasticity of the cervix is such that it has almost unlimited ability to dilate. That it has this ability is proved by the change in the cervical tissue. Lundwall shows that the cervical tissues become hydroscopic during labor to such a degree that they are invested with a n/5 salt solution even to a water escape, also the intercellular substances undergo through their highgrade hydration a change in the colloid condition.

The cause of the onset of labor is as yet unknown. Just when labor starts it is difficult to say, but, for practical purposes, when the cervix begins to dilate it is taken for granted that labor has set in. The obliteration of the lower uterine segment in a normal labor takes place in the pelvic cylinder, which lies between the superior strait and a plane passing parallel to the superior strait through the ischial spines, and here the cervix dilates. During labor the character of the contractions changes, due to the fact that the cervix is now dilated enough so that the presenting part descends, thus producing pressure on the bladder and rectum. The muscular action is analagous to the emptying of the rectum and bladder. The broad ligaments now become taut and the accessory muscles of expulsion are called upon for action at each uterine contraction. The examination of the average virginal vagina impresses one with the expectancy of dilatation at labor. Vaginal examinations find several types of vaginal canals in primipara and these types must be taken into consideration during labor. There is the cylinder-like vaginal canal, also the one with an intestinal valve-like constriction in it, and one with a distinct dome with its circular border surrounding the cervix which, in palpation or stretching with the examining fingers, gives the impression of considerable resistance. These latter structures not only delay the cervix in dilating but are an important cause of vaginal lacerations in the vault due to the rigidity of the vaginal tissues. Another anomaly which is associated with tearing is the failure of the external external os; the thinly stretched lower portion of ing part balloons the cervical tissue to such a degree that at times it is difficult to recognize the external os, the thinly stretched lower portion of the cervix resembles the unruptured membranes and may be mistaken for them. When the os is found it is readily dilated manually and labor continues.



The ischial-ramic diameter extends from the tip of one ischial spine to the opposite side of the pelvis at the junction of the descending pubic and the ascending ischial rami. In oblique occipital anterior presentations, L. O. A. and R. O. P., the largest transverse diameter of the head passes through this diameter. As the cervix dilates in the plane of the ischial spines, it can readily be seen that if the cervix is not fully dilated the descent of the head could force the undilated portion of the cervix against the sharp ischial spine, resulting in a cervical laceration.

The cervix has the physiological tendency to dilate, and I never have seen it fail to do so; however, there are grades of delay in dilatation. Whether the cervix is long or short the difference in dilatation is due to the ability of the cells to become hydrated. Can the cervix be assisted in dilatation? From the bacteriological viewpoint it would appear unwise to make any vaginal examination during labor but many theoretical questions have been solved by practical experience. The natural resistance of the birth canal and the general immunity of the patient, have proved that with care the vagina can be completely exposed during labor. Those who understand susceptibility and immunity will be properly guided and will take no undue advantage either from the point of asepsis, antisepsis or care. One of the essentials in all cases of labor, as in wounds in the other parts of the body, is that there be adequate drainage. This is the great necessity for a speedy recovery. If there is adequate drainage there is little venous congestion and therefore small opportunity for bacteria to enter. Dilatation is easily assisted if the cervix is hydrated, but if its edges are thin and dry there is not the same proportional response. Fortunately the stretching is directly under control, for the fingers can feel the sensation if tearing begins. The effort then is immediately stopped. As the onset of labor is determined by the change in the condition of the cervix, so the progress of labor is determined by the degree of dilatation of the cervix during uterine contractions.

DELAYED DILATATION

In a normal labor the cervical canal progressively widens until dilatation is complete. If,

however, the dilatation is not progressive but is too slow, it is recognized that labor is delayed. In order to properly protect the cervix it is necessary for the obstetrician to differentiate the causes of delayed labor, so that he may be in a position to decide the best method of delivery. In my experience the chief causes of delay in dilatation of the cervix in the order of the frequency of their occurrence are: 1. An umbilical cord complication. 2. A dry labor. 3. A disproportion between the fetal head and the pelvis. 4. A malposition, most frequently occipito-posterior. 5. Hydramnios. Any one of these five causes may be active in producing slow dilatation of the cervix.

1. The cervix many times dilates slowly in a cord complication because of either a short or a shortened cord. The traction of the cord does not allow the full force of the descending drive of the contracting uterine muscle to be exerted upon the cervix by the presenting part, thus delaying dilatation. In these cases it is particularly important that the progress of labor be guided by the study of the fetal heart beats.

2. Usually a dry labor signifies that the membranes have ruptured and that all, or nearly all of the liquor amnii has drained away, depriving the cervix of the dilating effect of the cone wedge of liquor amnii confined by the membranes. The advantage of the unruptured membranes as a dilating force is nil or practically so. It has been my experience that the liquor amnii serves wholly as a means of lubrication; in the absence of the liquor the parts are more likely to be dry, thus delaying the progress of the child down the birth canal. However, it is possible to have a dry labor when plenty of liquor amnii is retained in the uterus. In this case the presenting part so closely fits the cervix and the birth canal that there is no space for the liquor to pass down to lubricate the parts which are dry. A dry labor, then, is one in which there is no lubrication. There may be no liquor amnii, and still no dry or delayed labor, for there may be sufficient vernix caseosa to lubricate the birth canal for the passage of the child.

3. In cases of pelvic disproportion there is delay of cervical dilatation but the danger for the cervix is only in a disproportion in the ischial-ramic diameter, as the expulsive efforts are increased when the presenting part is engaging in this diameter. The degree of laceration is limited by the degree of control of the accessory efforts at expulsion. If these efforts are controlled until cervical dilatation has taken place there will be no laceration of the cervix.

4. In delayed labor resulting from mal-position, it is necessary to correct the mal-position in order to allow the fetus to progress in its smallest diameters.

5. The cervix may be delayed in dilating by the presence of too much liquor amnii, as well as by too little. When there is hydramnios the uterus is so distended by the liquor that the uterine muscle fibres cannot act efficiently, thereby preventing the presenting part from forcing open the cervix. Early rupture of the membranes in cases of hydramnios allows the continuance of labor.

When labor has passed beyond the average time limit one is justified if necessary in the interest of either the child or the mother, in assisting the progress of labor. Just how one will assist will depend upon his experience. At times the cervix is nearly dilated, and dilatation can be completed manually. The cervix responds best to gradual pressure in all directions. This is most easily accomplished by gently exerting pressure with the fingers on the cervix during the descent of the presenting part. Great care should be taken to avoid tearing the tissue of the cervix. If controlled pressure is exerted in all directions there will be no danger, but if in one direction a laceration can be expected. Under certain conditions the Voorhees bag may be used with good results. In other circumstances a sedative has a relaxing effect on the cervix. Forceps must not be applied too early for impinging a portion of the cervix between the blades of the forceps and the bony pelvis is certain to cause a laceration; particularly can a laceration be expected if there be a disproportion in the ischial-ramic diameter. The locked forceps acting as an unequal rapid dilator may cause the cervix to give way at the point of greatest tension. The object is to complete delivery without lacerating the cervix. If the condition is urgent and it is unwise to wait for the cervix to be dilated by any method, then, a low Caesarean section should be performed. The association of cancer with injury and chronic irritation stimulates conservation of normal tissue.

CONCLUSION

The ischial-ramic diameter is the important diameter in the mid-pelvis. Disproportion in this diameter is the most frequent cause of lacerations of the cervix. In this diameter the cervix dilates; if the expulsive efforts are controlled until the cervix has dilated, there will be no cervical laceration in unassisted labors.

The chief causes of delay in cervical dilatation are: 1. Cord complications. 2. Dry labor. 3. Disproportions between the fetus and the pelvis. 4. Mal-positions. 5. Hydramnios.

Delayed labor is recognized by slow cervical dilatation. It is therefore important to differentiate between the various causes of delayed labor in order to carry out the proper treatment and so save the life of the child and protect the cervix from injury.

2455 COLLINGWOOD AVE.

DISCUSSION

J. K. HOERNER, M.D., Dayton: I am sure we have all enjoyed Dr. Gardiner's paper on the subject of the cervix during labor for that structure is of such vital interest to every one working in the fields of obstetrics and gynecology.

He struck an important keynote when he mentioned prophylaxis. If we do not produce injuries we will have few to repair. In this connection I had an interesting experience about a year ago when I made a pilgrimage to Buffalo, New York, to see first hand the work of Dr. Irving Potter. As many of you know, he does a great many of his deliveries more or less by appointment. While dilating the outlet manually if the cervix is not quite out of the way he completes its dilatation manually as well. Of course afterwards he repairs every cervix at once and in an ingenious way all his own. Choosing a central portion of the cervix he trims away the edges laterally making the new raw area continuous with the laceration, then closes each side with a running suture allowing about a one-inch opening for drainage of the lochia.

This routine inspection of the cervix following delivery has been discussed freely of late years and advocated by many men as a prophylaxis against lesions of the cervix which may later become cancerous. There are difficulties to this procedure as a routine measure. First, operations on the cervix to be successful require anesthesia, exposure, assistance and aseptic technique. I do not know what the situation is in your localities but in Dayton three babies out of five are born at home and the mother attended there by her family physician whose only assistance is that rendered by other members of the family who are plucky enough to help. It is obvious that the essentials named are not at his command. Unless he is confronted with brisk bleeding in the presence of a well contracted uterus he would perhaps do better to leave the cervix alone, for the dangers of prolonged anaesthesia and puerperal infection greatly outweigh those of future cancer. I have seen a few women die of cancer of the cervix, but I have seen many women die of puerperal infection.

The doctor has said that the great bulk of cancer of the cervix occurs in patients who have borne children. Undoubtedly this is true but cervical cancer in the nulliparous woman is not unknown. Moreover, if you consider a group of women of the cancer age you will find the proportion of parous women to the nonparous overwhelming. Then too, many a woman with the worst sort of torn and ragged cervix refuses operative treatment and does not develop cancer. Until the cause of cancer is definitely proved I think we must preserve a healthy skepticism toward this problem.

Another interesting phase of this subject is that of cervical stenosis or rigidity giving rise to dystocia.

In this connection I want to call attention to a certain type of patient that I feel often presents this problem. The patient is usually fat and has a marked funnel type pelvis. Frequently because of her infertility she is advanced in years before achieving her first pregnancy. Her pains are nagging and unsatisfactory throughout labor. She is inclined to have gone past term and generated a large child. The membranes are apt to rupture prematurely thus adding to the problem the difficulties of a dry labor.

I have seen many cases of this type but five stand out distinctly in my memory. One was treated with Duhrssen's incisions of the cervix and forceps delivery. The late result was bad as the incisions extended by tearing into the vaginal fornix and after repair adhesions formed between the cervical and vault suture lines. The second case was treated with manual dilatation of the cervix and forceps. Inspection after delivery showed the cervix not only torn but separated from the corpus uteri by a complete annular detachment which was repaired with great difficulty. In this case the child was born asphyxiated and could not be revived. There was likely cerebral injury. The other three cases were treated with low cervical Caesarean section with excellent results.

The first two cases described were conducted by masters of the obstetrical art. When the case reports were discussed it was agreed that Caesarean section would have been better treatment.

The Present Status of the Treatment of Pneumonia

R. H. McDONALD, M.D., Cleveland

THE past two decades have shown remarkable progress in our understanding and treatment of many of the common infectious diseases. While formerly, numerous cases of typhoid fever were seen, this disease has become almost a rarity owing to better sanitation and the use of vaccine. The incidence and mortality of diphtheria have been greatly reduced by the widespread prophylactic and therapeutic use of antitoxin. Scarlet fever appears to have assumed a less virulent form and its severity has been lessened by the recent development of a specific antitoxin.

Pneumonia, however, continues its deadly work in much the same fashion as it did fifty years ago. Musser and Louis in a paper twenty years ago remarked, "The historical consideration of the treatment of pneumonia offers a gloomy retrospect, the sombre hue of which is not much lightened by the contemplation of the present. Ever since the days of antiquity, pneumonia has been observed and studied while one method of treatment after another has been vaunted with enthusiasm, only to be abandoned in despair, the disease meanwhile pursuing the even tenor of its way with scant respect for the methods employed against it." Pneumonia is still responsible for approximately 10 per cent of the deaths in most communities, the most reliable statistics showing a mortality rate varying from 20 to 35 per cent. It spares neither age nor sex and is no respecter of persons. The lobular form especially claims as its victims many in the early years of life, and in the aged and those chronically ill from other diseases, it frequently writes the final chapter. Nor does it respect the individual in his prime. Frequently the surgeon's best efforts are nullified because of the onset of this disease and he is robbed of the fruits of his work. The economic loss in a year due to this one disease is in-

estimable, to say nothing of the suffering and sorrow caused by its ravages. It still justifies Osler's designation, "Captain of the Men of Death".

The question naturally arises—why has therapeutic progress failed to include this condition in its scope? Certainly it has not been from lack of interest on the part of the profession or from failure to appreciate its importance. The voluminous amount of literature on the subject which has appeared in the past few years bears testimony to the widespread investigations which have been carried on in all parts of the world. Investigators have attacked the problem from the serological, biochemical and purely chemical standpoint, and as a result of their efforts, many new lines of therapy have been developed. Some of these methods of treatment have been hailed with enthusiasm at first, only to be given up as clinical trial revealed their inefficacy. Others have shown us the way towards therapeutic knowledge which is of real and lasting value and these represent milestones which will eventually lead us to the desired end. The ultimate in progress of knowledge of any disease is the discovery of a specific. How far we are still from such a goal in our knowledge of pneumonia, we do not know, but we firmly believe that sound progress has been made.

Lack of knowledge of the causative factor has not been the difficulty as it has been established that pneumococcus is the etiological factor in lobar pneumonia. The bronchial or lobular types are caused by pulmonary infection with a variety of organisms—Diplococcus pneumoniae, Streptococcus, Staphylococcus, Micrococcus catarrhalis, and Bacillus influenzae (Pfeiffer's bacillus). Because of this diversity of organisms, the chances for development of a specific are, of course, obviously poor but in most instances of the disease in which the etiological factor has been established, specific therapy has followed rapidly. That such has not been the case in lobar pneumonia is due to some extent to the character of the pneumococcus itself and also to the peculiar pathological conditions associated with the disease. The pneumococcus does produce a toxin which can be identified in culture and in blood, but the main factors in the disease are evidently due to mechanical interference with pulmonary function and the secondary results of this interference, rather than to toxic action. There is also a condition peculiar to pneumonia in which the purulent exudate is trapped in a sac, as it were, which obstructs the free passage of air to and from the alveolar lining, a movement absolutely essential to proper pulmonary function. This condition simulates an abscess in some other part of the body, which calls for drainage as a primary surgical procedure, but here our hands are tied. We have no adequate means of establishing such drainage.

SERUM THERAPY

The discovery by Cole[1] that all pneumococci are not of the same strain marked the beginning of a scientific effort to develop an adequate serological weapon. By agglutination reactions he classified pneumococci into three fixed groups and a fourth heterogeneous group. This last group has been more recently subdivided by Park into a number of definite subgroups. So it has developed that even in lobar pneumonia we are dealing with a family of organisms rather than with an individual organism. It is now recognized that variations in the clinical picture depend upon the type of pneumococcus involved. Thus Type III generally produces a severe pneumonia with a mortality rate of up to 50 per cent. Cecil[2] even considers that the type of organism may have something to do with complications of the disease. He terms the pneumonia due to Type I as the pneumonia of empyema and that due to Type II as that of septicemia. In his series, pneumonia due to Type II has been slightly more commonly fatal than that due to Type III.

Cole developed an antipneumococcus serum which contains antibodies against Type I. In cases of this type it has proved valuable but the difficulties encountered in administering it have made the method impractical outside of large hospital clinics as it entailed the intravenous injection three times daily, at first, of 100 c.c. of serum. Because of its large protein content the use of this serum resulted in a considerable number of reactions.

Huntoon[3] endeavored to separate off the antibodies from their protein environment and thus secured what is known as the antibody solution. It is a protein-free, water-soluble extract of antipneumococcus serum containing antibodies against Types I, II and III. However, this solution is not in concentrated form, its potency varies considerably, and its administration frequently results in severe thermal reactions.

A further refinement of serum therapy has been accomplished by Felton[4], who has produced a concentrated polyvalent serum by precipitating out the immune bodies from ordinary antipneumococcus serum by means of ammonium sulphate or distilled water and redissolving them to make a concentrated solution. In this serum, free protein is present in small amounts together with a high concentration of immune bodies against pneumococci of Types I and II, this concentration being usually five to ten times as high as in ordinary Type I antipneumococcus serum. Felton has standardized his serum in units. A single unit is defined as the amount of serum which will protect a mouse against a million lethal doses of virulent pneumococcus culture. He has shown that such a serum if administered to monkeys in which typical lobar pneumonia has been induced results in clinical improvement and rapid sterilization of the blood stream, especially if the organism be

of Type I. If it be of Type II, the improvement will be less marked.

The efficacy of the methods described above must be proved by clinical observation. Preceding the administration of antipneumococcus serum it is necessary to be sure that the patient is not sensitive to horse serum. If there is a history of asthma or hay fever or if the patient has formerly had injections of serum, its administration is attended with a certain degree of danger of anaphylaxis and such individuals should not be given this type of treatment. If there is no such history, an intradermal or ophthalmic test is made to determine the sensitivity of the patient to the serum. The ophthalmic test is made by dropping one drop of a 1-10 solution of the serum into the conjunctival sac. If in fifteen minutes there is no lacrimation, edema, or conjunctival congestion, it may be safely concluded that no sensitivity exists. Five c.c. of the solution is then given intravenously, very slowly, and if no negative signs develop, three or four doses of 15-20 c.c. each are given in the first twenty-four hours and probably the same amount the following day, depending on the condition of the patient. If the ophthalmic test shows that the patient is sensitive to the serum, small diluted doses should be given subcutaneously, gradually increasing the dose in order to bring about desensitization. Adrenalin should be at hand for use in case of any anaphylactic reaction.

Serum therapy is designed to provide a temporary passive immunity in the patient. It is not antitoxic but rather provides the patient with a supply of antibodies—agglutinins, opsonins, precipitins, and substances which aid the process of phagocytosis. Such antibodies are found naturally in the blood of pneumonic patients particularly at the crisis when ordinarily the blood stream becomes sterile. The use of serum helps to bring about, apparently, the conditions obtaining at the crisis.

Cecil's series of cases at Bellevue and Harlem hospitals constitutes by far the largest clinical investigation of the value of serum therapy. Cecil regards it as of definite therapeutic value especially in cases of pneumonia due to Type I. Practically all the patients in this classification who were treated within the first two days recovered, the early use of the serum being a very definite factor in its efficacy. The results in cases due to Type II were less striking and in other groups of cases only such benefits as may come from the injection of some foreign protein, resulted. In cases due to Types III and IV little benefit was noted. The clinical improvement in all these cases was shown by a drop in temperature, reduced respiration and cardiac rates, and a general amelioration of symptoms. Apparently the onset of the crisis was hastened although it is difficult to be sure of this since the crisis may occur at variable periods in the progress of the disease in different individuals.

The efficacy of serum is apparently not affected by the age of the patient, and Cecil[5] believes that even in the presence of such complicating factors as previous chronic ill health or chronic alcoholism, beneficial results are obtained. It is realized, of course, that further progress in the refinement of serum therapy must and will follow, but even at the present time experimental and clinical evidence combine to prove its efficacy and it is plain that investigation is along fertile lines. Further clinical trial and observation is necessary and this will be made possible by the fact that during this winter Felton's refined antipneumococcus serum will be available to the general practitioner, since it is being made in quantities by the Lederle company.

The pertinent question arises as to the necessity of typing the sputum before the serum is administered. By the older method a delay of twenty-four hours was necessitated for the incubation period of the sputum, or of washings of a nasopharyngeal swab within the peritoneal cavity of a mouse. Typing was then done by the agglutination reaction between known types of sera and the peritoneal washings. The time loss has been much reduced by the newer method which was developed by Sabin[6] at Harlem Hospital. He does a perineal puncture with a glass pipette three hours after inoculation. Typing of sputum, however, still presents technical difficulties in practice. Cecil believes that the use of Felton's concentrated serum is justified in the treatment of adults up to the age of forty without waiting for recognition of the type of organism. He bases this opinion upon his statistics showing that in two-thirds of cases of infection in patients below forty years of age the disease is of Type I or Type II, whereas in individuals in later life the disease is more commonly of Type III or Type IV. He therefore advises the prompt use of serum in the former class of patients and delay for typing in the latter class. Such use of serum must of course be carried out with the necessary precautions with regard to anaphylaxis.

VACCINE THERAPY

The question of the efficacy of vaccine therapy recurs frequently. Theoretically it is a little difficult to understand in what way the injections of dead organisms into the blood stream can influence the defensive mechanism of the body when we know that at least 60 per cent of patients suffering from pneumonia have a bacteremia. However, reliable clinicians, among them Alexander Lambert of New York,[7] believe that the administration of vaccine reduces markedly the severity of the disease and lessens the mortality. He uses a mixed stock vaccine and gives 1-2 c.c. intramuscularly, every six hours as long as the temperature is above 99° F., and when the temper-

ature falls to 99° or below he gives one to two doses every twelve hours, then one to two doses every twenty-four hours. Wynne[8] believes that when vaccine is used promptly and decisively the disease in many cases can be aborted, and the mortality can be reduced. If it is used within the first twenty-four hours of the course of the disease he believes the results are brilliant. Some writers suggest that vaccine be given in every incipient case of pneumonia in the hope of aborting the attack or lessening its severity. All are agreed that its value is enhanced by early use. There is a good deal of divergence of opinion on the subject, Lord[9] stating that "there is very little theoretical justification for the belief and no evidence, direct or indirect, that dead, living or autolyzed pneumococci used as a vaccine can be of any service whatsoever in the treatment of pneumonia."

At the present time the prevailing opinion would seem to sanction the early use of a polyvalent vaccine.

An interesting offshoot of vaccine therapy is the development of so-called Immunogen by Parke Davis & Company. Immunogen consists of antigenic agents of the same general order as vaccine and is made by washing the bacterial bodies in saline. It contains no bacterial bodies but only the material washed from fresh cultures.

QUININE

Although optochin has been used extensively, especially in Germany in dosage of 0.3 gms. five times daily, its use is attended by a certain degree of danger of optic neuritis, and more recently according to the Cohn-Bronner method, quinine has been administered in solution consisting of quinine muriate 2 gms., urethane 1 gm., in 20 c.c. of distilled water. Five c.c. of this solution containing half a gram of quinine muriate are injected intramuscularly into the thigh as soon as possible after the initial chill. This dose is repeated in twenty-four hours unless the fever has subsided and a third dose is administered after seventy-two hours if necessary. This method is given a considerable degree of support, and beneficial results are reported.

POTASSIUM PERMANGANATE

In recent years, the use of potassium permanganate in solution has come into vogue in some centres. The solution used is made of two grains of potassium permanganate in 750 c.c. of water. From four to six ounces of such a solution is given per rectum, one half hour after a cleansing enema has been given, and the dose is repeated every two to six hours. The solution must be freshly prepared every 12 hours and given slowly and carefully. Certain observers—Oerting[10] in this country and Knott[11] in England—report striking results from this method in lessened cough and cyanosis, reduction of restlessness and promotion of sleep. The mechanism of the effects of this method seems somewhat obscure. It is not known whether the benefit received is due to the oxidizing effect of the drug or to some specific effect of the manganese.

NUCLEINIC ACID

Another interesting therapeutic venture has been the use of nucleinic acid in five per cent solution, the object being to stimulate leucocytosis. It is a well-known fact that a low leucocyte count ordinarily suggests a bad prognosis. It is affirmed that there is a reactionary increase in the leucocytes of the peripheral blood following the subcutaneous injection of two c.c. of the nucleinic acid solution supplemented by the use of sodium bicarbonate and glucose by mouth, but so far no very convincing evidence has been advanced to prove that the clinical course of the disease has been affected.

Thus the problem of the treatment of pneumonia is being attacked from many different angles often with such conflict of opinion that the busy practitioner, concerned wholly with the care of individual patients, is inclined to turn his back on all these methods, so far as specific therapy is concerned, and to use such symptomatic treatment as he feels is indicated and trust to nature to carry on the fight successfully.

It is true that we are dealing with what is usually a self-limited condition. At the end of a few days the body develops a high degree of specific immunity, the infection is overcome and recovery occurs. Since we have no absolute specific as yet, it becomes doubly urgent that nature be given all possible symptomatic assistance.

OXYGEN THERAPY

The most important symptomatic therapy in any type of pneumonia is the use of oxygen. Anoxemia would seem to be a greater factor than toxemia in the cause of the disease. Normal arterial blood has an oxygen saturation of 95 per cent, venous blood has an oxygen saturation of 70 per cent. Cyanosis becomes apparent at 85 per cent saturation, is marked at 80 per cent, and at 70 per cent saturation tissue damage occurs if the situation is not quickly relieved. By arterial puncture it has been demonstrated that some degree of arterial unsaturation exists frequently in pneumonia. Clinically this condition is evidenced by headache, nausea, depression, delirium, increased and irregular respiration and pulse, weakened cardiac action and cyanosis.

The effective administration of oxygen apparently began in 1917 when the Haldane apparatus was used in the acute pulmonary edema of gas poisoning. The oldest method and the one most often used at the present time although useless, unfortunately, is the administration of oxygen through a funnel held in front of the patient's nostrils. The nasal catheter has also been widely used. A rebreathing apparatus was

another forward step in oxygen therapy, soda lime being used for the absorption of carbon dioxide. Since 1921, oxygen chambers have been used and recently this idea has been carried forward in the development of the practical oxygen tent or head tent. The Mayo Clinic, the Presbyterian Hospital of New York, and other hospitals have special oxygen rooms which are air-tight, even the doors being hermetically sealed.

Ordinarily, inspired air contains about 21 per cent of oxygen. By the above methods, the oxygen content of inspired air can be increased up to 100 per cent. It is probable that oxygen, in order to be of therapeutic value, should be administered at a certain optimum concentration and within a certain maximal and minimal range. If the oxygen content is above 70 per cent there seems to be distinct danger since animals if placed in such an atmosphere develop an acute serous pneumonia. Atmospheres having an oxygen content of 60 per cent appear quite safe and an oxygen content of over 30 per cent is necessary for any therapeutic effect. The majority of patients with an oxygen deficiency in the blood are best treated with an atmosphere of 40 per cent oxygen content.

The maximum concentration of oxygen obtainable by the funnel method as judged by samples taken from the nasopharyngeal air has been found to be about 24 per cent. Therefore the method, as well as being wasteful, is useless in relieving arterial anoxemia. The nasal catheter, when carefully employed, using two liters of oxygen per minute, gives a nasopharyngeal oxygen concentration of 30-33 per cent. This method involves the use of a good deal of oxygen and is most practicable when used with high pressure tanks. The clinical results are variable. In mild cases and occasionally in the more severe cases, a measurable increase in the arterial oxygen saturation may occur, but in no case does the rise reach normal levels. In patients who are seriously ill, it has sometimes been noted that a severe anoxemia was made worse by the nasal administration of oxygen, and was later relieved by the administration of an atmosphere having an oxygen content of 40-60 per cent in an oxygen tent or rebreathing apparatus. It would seem therefore that the intranasal method is limited in its effects to mild and moderate cases of anoxemia and that in the more severe cases it is necessary to have recourse to those methods by which it is possible to obtain a much higher percentage of oxygen in the atmosphere.

The rebreathing appliance in its various forms appears to be an effective method of administering oxygen, it being possible in most cases to provide a 40 per cent oxygen concentration without disturbing the patient. It is probably the most economical and the least wasteful method. It has the disadvantage of the necessity for wearing some form of mask and a few patients are sure to find this uncomfortable. This difficulty is overcome in the oxygen chamber, the oxygen tent and the head tent in which precise oxygen percentages can be supplied and maintained.

The oxygen tent as described by Barach[12] consists of an inverted V-shaped simple pitched-roof tent suspended above the bed and closed by a horizontal sheet fitting underneath the mattress. A relatively air-tight compartment is thus made, the material used being a rubberized fabric specially constructed of three-ply layers of cotton cemented by rubber tissue. The tent is provided with windows and flaps through which access may be had to the patient. Ventilation is accomplished by an external closed circuit which provides an oxygen-rich atmosphere free from carbon dioxide, heat and excess moisture. Adequate air motion within the tent is assured by a small fan. Roth[13] describes a head tent which fits about the shoulders only and is similar in principle to the bed tent.

Clinically, the patient appears to be more comfortable soon after his entrance to the tent, the cyanosis diminishes or disappears in truly remarkable fashion, restlessness decreases and there is usually considerable relief of dyspnea. In many cases there is a drop in the pulse rate or in the respiratory rate or in both. Slowing of the pulse is the result most usually noted and is most striking in the more severe anoxemic cases. Promotion of sleep and decreased tendency toward delirium are other results noted in the use of efficient oxygen therapy. In general it is felt that the value of oxygen therapy is supportive rather than curative. In cases of severe dyspnea accompanied by cyanosis, oxygen treatment has appeared to prolong life until such a time as the immunity mechanism was able to accomplish recovery. Subjectively, the results have been good, most patients experiencing a great relief of symptoms and an increased sense of well being. Such an apparatus as the portable oxygen tent should be part of the equipment of any hospital.

DIATHERMY

The principle of diathermy which was applied some years ago in the treatment of pneumonia is the application of the bipolar high frequency current of D'Arsonval which produces a central heat between electrodes. It can be given wherever alternating current is available and any one of several types of portable apparatus supplied with a milliamperemeter and capable of delivering 7000 milliamperes of current may be used. Usually about three treatments of 20-30 minutes each are given in twenty-four hours, although in severe cases the treatment may be repeated every four hours. As resolution advances the treatment may be cut down rapidly both in amount and frequency.

It has not been proved that the duration of the disease is affected by the use of diathermy al-

though it would appear that the period of resolution is definitely shortened. Symptomatically the results have been good. In most cases increased respiratory excursions and some decrease in cyanosis are noted, and there is usually an increase in ease and quantity of expectoration. Generally there is some decrease in both systolic and diastolic blood pressures.

These results of the use of diathermy must be due to the simple presence of increased intrapulmonary heat, with its stimulating effect upon the body's natural defenses against the organism. It is conceivable that the heat causes an analgesia of sensory nerve terminals, thus accounting for the cessation of the respiratory grunt. There is probably some improvement also in the pulmonary circulation around the area of consolidation but the consolidation itself is little affected. Furthermore since the body's defense is in part undoubtedly due to the bactericidal effect of phagocytic enzymes, a process in itself stimulated by the febrile temperature developed in the disease, the improvement is further promoted by the artificial high temperature produced within the lung by the use of diathermy.

Diathermy is not a specific cure for pneumonia. In many cases it seems to have no beneficial effect. It has proved of value as a helpful adjunct to treatment and as such it should be regarded. Innumerable methods have been developed from time to time in an attempt to reduce the mortality of this disease and if diathermy offers another means of attack, as seems to be likely according to statistics, it should be used. No untoward effects have been noted from its use and no other part of the treatment need be neglected or curtailed because of the use of it.

GENERAL TREATMENT

The methods discussed above are unfortunately mostly hospital procedures. Let us discuss briefly the important general points in the treatment of the individual patient who is cared for in the home.

He should be put to bed in a sunny, airy room. In the lobar type of pneumonia, the patients stand cold air well; in the lobular type they usually require heated air, but each type of patient should be in a well ventilated room preferably with air in motion. The covering should not be burdensome. The initial chill in a case of pneumonia has so impressed the laity that many patients are found to be almost smothered with clothing. The diet should be light but nourishing, milk frequently forming the staple part of it. More important is the ingestion daily of about 3,000 c.c. of fluid. The increased temperature with resultant perspiration, and increased respirations cause a rapid loss of water and dehydration in itself is a cause of much discomfort. A pitcher of water should always be convenient to the bedside. Initial purgation is usually advised followed thereafter by the use of enemata if necessary.

There are few diseases in which nursing care is of greater importance. Mental or physical rest is often accomplished by the ministrations of a conscientious nurse and may be sufficient to tip the balance in a favorable direction.

The relief of pain and the procuring of rest are two of the most important principles in the treatment. For the relief of pleuritic pain, which is usually a prominent feature early in the disease, the application of mustard paste, which should be renewed every four hours, is very useful. Care must be taken to prevent blistering and this may be done by removing the plaster when a good skin reaction has occurred, and by careful oiling. In many cases, strapping the chest gives relief from this distressing symptom. For severe pleuritic pain and also to control the nonproductive painful cough which is associated with pleurisy, it will frequently be necessary to use morphine. Fortunately this can be done with impunity early in the disease when the consequent depression of the respiratory center is not such a disadvantage as it is in the later stages of the disease when the center is likely to be greatly depressed. Fortunately the pleurisy will have abated or disappeared when this condition obtains. Atropine may be used in conjunction with morphine to overcome the depression of the respiratory center. However, there are few greater aids to bodily resistance to disease and to the keeping up of the morale of the patient than sleep, and there is no question that the judicious use of morphine for this purpose early in the course of the disease has saved many lives.

The conservation of an efficient circulation is a very important principle, for in spite of the negative pathological findings, most clinicians are agreed that in cases in which the disease has proved fatal the issue has been decided very often by the failure of the cardio-vascular apparatus either from right-sided cardiac failure or from failure of the blood pressure regulating mechanism or from failure of both. For this reason it becomes of the utmost importance that an efficient circulation be promoted by every possible means. The factors which throw an additional strain upon the heart are (1) impairment of circulation in the pneumonic lung, (2) toxemia, and (3) anoxemia.

Careful watch should be kept for signs of right-sided cardiac failure. These signs are increasing cyanosis, weakening of the second pneumonic sound, venous stasis in the neck, edema of the bases, a fall in tension of the pulse rate and a fall in blood pressure. Digitalis should be used early in the disease in order that digitalization may occur early. This is preferable to giving large doses of digitalis later on in order to meet a cardiac emergency when the toxic action of the drug adds itself to the bacterial toxemia. Massive dos-

age may be employed such as suggested by Eggleston—0.15 c.c. of tincture to pound of body weight in 24-36 hours. In cases in which cardiac disability is known to exist massive dosage may be used with profit from the beginning. Where cardiac failure is severe, digitalin in grs. 1/50 doses may be used hypodermically or intramuscularly. Strophanthin grs. 1/250 may be used intravenously. Where digitalis by mouth causes nausea it may be given hypodermically.

Recent opinion has questioned the value of digitalis. Cecil reports a ten per cent greater mortality in a series of cases treated with digitalis over those in which the patients received no digitalis.

Falling blood pressure is always an ominous sign and calls for energetic stimulation of the cardio-vascular system. Numerous drugs have been recommended for this purpose. The usual ones recommended are strychnine, camphor and caffeine in appropriate dosage. The first two are of very doubtful value. Adrenalin chloride may be of decided value in an emergency. One of the best drugs is pituitrin, particularly in cases where the hypotension is due to a dilated periphery. The use of alcohol as a stimulant in cases of pneumonia is probably decreasing. In certain cases of elderly and debilitated patients, however, and particularly patients who are accustomed to its use, it is useful and necessary. Certainly we should not institute an era of temperance in a patient when he is suffering from pneumonia.

Venesection may be very useful early in the disease in the case of the plethoric, obese individual with full bounding pulse, and later on in the disease, right-sided cardiac dilatation may be greatly decreased by the prompt and rapid removal of a quantity of blood. Fifteen to twenty ounces should be drawn rapidly. The vein should be incised and allowed to bleed freely or a large needle should be used.

Delirium is a symptom which may add greatly to the nursing care. Constant watching is of course necessary as these patients may harm themselves. A mild delirium just preceding the crisis is very common but occasionally a noisy delirium is seen early in the disease. A low muttering delirium is often seen before dissolution and evidences a very severe toxemia.

Respiratory failure is often cited as the immediate cause of death and there seems good reason to believe that the delicate mechanism of the respiratory center becomes so loaded with toxemia that it fails. It is therefore advisable to use some respiratory stimulant but when we cast about for one we find that our armamentarium is pathetically small and of doubtful value. The use of caffeine and strychnine as respiratory stimulant is based upon the scantiest of evidence and clinically it is practically valueless. (Recently experimental evidence has been obtained which shows the cyanides to be of some value.) The most powerful respiratory stimulant is carbon dioxide, and of course, nature has made use of this as the factor in increasing normally the depth of the respiration. Up to the present, this method has not received the consideration as a therapeutic measure which its functional influence would indicate. Experiments by Meakins and Henderson[14] would indicate that carbon dioxide has the desired effect in cases of pneumonia. In extreme cases, it has not proved effective probably because the respiratory center has become exhausted and cannot respond to stimulation. Combined with oxygen, carbon dioxide in a concentration of five to seven per cent seems to have helped greatly but the clinical evidence which has so far been obtained is insufficient to prove this.

PROPHYLAXIS

The problem of prophylaxis requires mention. Researches by workers in the Rockfeller Institute have shown that virulent strains of the pneumococcus frequently can be recovered from the mouth and throat of convalescent patients and from persons in attendance upon them, whereas they can be recovered only rarely from non-contacts. The possibility of spread of the disease should therefore be kept in mind and a careful prophylaxis instituted. Sputum should be collected in paper cups and burned. After the illness the patient's room should be thoroughly disinfected by the use of formaldehyde vapour.

The common cold ought to be regarded as a potential source of pneumonia and should be treated accordingly. There is no question that if the person with an acute cold would remain in bed for a few days, the number of cases of pneumonia would be considerably reduced. Similar treatment applied to early cases in which the disease can be only suspected would also be extremely useful in reducing the mortality.

Vaccines offer a definite hope of reducing the incidence of the disease. Cecil has shown that a high degree of immunity can be produced by the subcutaneous injection of an ordinary saline suspension of Types I, II, and III. In military practice, it was amply demonstrated that the incidence of pneumonia among soldiers living under crowded conditions was greatly reduced by this method and certainly such prophylactic treatment might well be used in the case of industrial workers who are exposed to wet and cold. Similar work by Lister[15] among the native workers in the diamond mines of South Africa, where epidemics were formerly common, has greatly reduced the incidence of pneumonia and statistics show a reduction in the death rate from 5 per 1000 in 1916 to 1.68 per 1000 in 1924. It is probable that vaccine therapy might be of distinct value to the individual who has had repeated attacks of pneumonia and lives in fear of another. Cecil recently expressed the belief that repeated attacks of pneumonia in the same individual are due to

different types of the organism and that the specific type immunity may last for life.

The prevention of postoperative pneumonia has been greatly assisted by the work of Henderson[16] and his co-workers in pointing out the value of inhalations of carbon dioxide. It has, of course, been well proved that carbon dioxide increases the depth of respiration. Henderson[17] believes that an atelectasis occurs as a result of the inhibitions of the normal mechanism to keeping open the air passages, namely, the cough reflex, ciliary action within the bronchi, and the peristaltic contractions of the bronchial musculature. With added secretion, occlusion occurs, an absorption of air takes place and a suitable nidus is formed for the development of pneumonia. The inhalation of a five to seven per cent concentration of carbon dioxide after the anesthetic has been administered keeps open the air passages and lessens the danger of massive collapse of the lungs. Such inhalations, by increasing the depth of the respirations, free the patient from the anesthetic more readily. This procedure has been definitely shown to be of value clinically.

The above findings show the extent of our knowledge of the treatment of pneumonia. Although this knowledge is incomplete and unsatisfactory in many respects yet there is evidence that in the not far distant future much more will be known of the cause and treatment of this disease. Meanwhile the fight must be carried on with such weapons as are available.

SUMMARY

1. Pneumonia is a disease for which no specific therapy has been found. It is self limited, consequently the nursing and symptomatic treatment are of great importance.

2. Treatment with drugs is largely designed to relieve discomfort and to lend support rather than to cure the disease.

CLEVELAND CLINIC.

REFERENCES

1. Cole, R., Serum treatment in Type I lobar pneumonia. J.A.M.A., 93:741-747, 1929.

2. Cecil, Russell L., The prevention and treatment of pneumonia. N. Y. State Jour. of Med., 30:210-214, 1930.

3. Huntoon, F. M., Treatment of pneumonia with pneumococcus antibody solution. J. M. Soc. New Jersey, 25:9-13, 1928.

4. Felton, L. D., Concentration of antipneumococcus serum, J.A.M.A., 94:1893-1896, 1930.

5. Cecil, Russell L., Recent advances in diagnosis and treatment of pneumonia. Penn. Med. Jour., 33:243-246, 1930.

6. Sabin, A. B., "Stained slide" microscopic agglutination test; its application to (1) rapid typing of pneumococci, (2) determination of antibody. Am. J. Pub. Health, 19:1148-1150, 1929.

7. Lambert, A., The use of mixed stock vaccines in pneumonia. Trans. Am. Phys., 41:224-230, 1926.

8. Wynn, W. H. Vaccine treatment of acute pneumonia. Brit. M. J. 2:480-483, 1927.

9. Lord, F. T. and Nesche, G. E., Antibody and agglutinin in pneumococcus pneumonia. J. Exper. Med., 50: 449-453, 1929.

10. Oerting, H. Clinical pneumonia with special reference to treatment with potassium permanganate. Wis. Med. J., 29:266-268, 1930.

11. Knott, F. A., Straphylococcal infections; active and inactive leucocytosis; method of differentiation. Guy's Hospital Rep., 80:208-212, 1930.

12. Barach, A. L., Oxygen therapy. N. Y. State J. of Med., 29:985-995, 1929.

13. Roth, P., Oxygen therapy. Anesth. and Analg., 8: 47-53, 1929.

14. Meakins, J. C., Treatment of pneumonia. Canad. M. A. J., 16:7-10, 1926.

15. Lister, Sir S., Use of pneumococcal vaccine. S. African M. Rec., 115-122, 1924.

16. Henderson, Y., Haggard, H. W., Coryllos, P. N., and Birnbaum, G. L. Treatment of pneumonia by inhalation of carbon dioxide. Arch. Int. Med., 45:72-91, 1930.

17. Henderson, Y. and Haggard, H. W., Hyperventilation of lungs as a prophylactic measure for pneumonia. J.A.M.A., 92:434-436, 1929.

A Cure for the Suicide Impulse?

The suicide impulse is a curable disease, declared Dr. J. Clark Moloney, of the division of neuropsychiatry of the Henry Ford Hospital, Detroit, an interview given to the press.

Dr. Moloney has conducted a research for several years on the causes and cure of suicidal tendencies.

Dr. Moloney points out that despite the growing prevalence of suicide little is done to try to prevent it, though in his opinion suicide is curable, the same as tuberculosis, cancer, diphtheria and other diseases which have brought about huge preventive campaigns.

United States Census Bureau death rate statistics show that in 1926 suicides outnumbered smallpox deaths 32 to one and scarlet fever five to one. From 1912 to 1926 the death rate for typhoid fever was reduced from 16.5 per 100,000 to 6.5. In the same period suicide dropped only from 16 deaths per 100,000 to 12.8. Deaths due to diphtheria were cut from 18.2 to 7.5 and meningitis from 11.5 to 3.1.

"The real suicide," said Dr. Molonoy, "like the real poet or musician, is born and not made. The born suicide may never actually take his life, just as a person born with an alcoholic personality may never take a drink. Yet he has a definite type of psychiatric make-up.

"A suicide make-up is an outgrowth of two different influences, one the hereditary and the other the environmental. If a person has the hereditary tendencies towards the suicide personality and does not kill himself it is because the environmental factor is lacking.

"He will in most cases, however, possess a marked inferiority complex. In order to balance that he will attempt to excel in some particular line of endeavor which he hopes will place him above the plane of his fellowmen.

"The direct cause of suicide is the awareness of the frustration of ideals or ambition. This may be either real or imagined. The loss of hope that he ever will be any different is by far the most important symptom, and it is the hope which must be built up at the beginning of the cure.

"Those apt to commit suicide usually are persons of ability with emotional capacity. Suicide is not an act of the intelligence, but of the emotions. The types include such persons as bank presidents, high pressure salesmen, brilliant musicians, writers or otherwise talented persons. Their ages generally are between 40 and 60."

Health and Medical Problems Arise as Important Angles in the Extensive Drought Relief Program

Conditions existing in a large area of Ohio as a result of the prolonged drought and the extensive business and industrial depression have created a situation, possibly menacing to the health and welfare of thousands of residents of the state.

Seven branches of the executive department of the state government have been at work on extensive, emergency plans designed to check, if possible, the privation and suffering now being felt in various sections of the state, and render emergency relief to those in need of food, clothing and shelter, and facing the hazards of disease and sickness.

What is probably one of the most extensive relief agencies ever created by the state is now functioning under the chairmanship of Adjutant General Frank D. Henderson, assisted by Director of Health H. G. Southard, Director of Agriculture I. S. Guthery, Director of Highways O. W. Merrell, Director of Public Welfare John McSweeney, Director of Education J. L. Clifton and Director of Industrial Relations T. A. Edmondson.

Forces of these departments have been dispatched into 27 counties of southern and southeastern Ohio, those sections of the state hardest hit by the drought and economic depression, and in which suffering and want are most prevalent.

The counties included in this drought belt are: Adams, Athens, Belmont, Brown, Clermont, Clinton, Fayette, Gallia, Hocking, Guernsey, Highland, Jackson, Jefferson, Lawrence, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pike, Pickaway, Ross, Scioto, Tuscarawas, Vinton and Washington.

Probably no state department has played, and is still playing, a more prominent or more important role in the comprehensive relief campaign now going on in the stricken counties than the State Department of Health under the direction of Dr. H. G. Southard.

For the past three weeks every available physician and engineer of the State Department of Health has been on the job in some part of the drought area, investigating water supplies, sanitary conditions and the general health situation, making daily reports on existing conditions, and giving technical and scientific advice.

These investigators have made special examinations of the public water supplies in the affected communities, both as to quantity and quality. Data on relief work of official and unofficial agencies in the various counties has been collected. Health commissioners and physicians in all the counties have been interviewed regarding the prevalence of communicable diseases and sickness generally.

For weeks and months, F. H. Waring, chief of the Division of Sanitary Engineering, State Department of Health, and his staff of engineers, have been assisting communities faced with the danger of an exhausted or curtailed public water supply in formulating ways and means to meet the crisis. New water supply sources for both rural and urban communities have been established after surveys by engineers of the State Department of Health.

A composite picture of the serious conditions in practically the entire southern half of the state as a result of the drought and economic depression is found in the stack of reports based on investigations in the drought area.

A summary of some of the important findings of the physicians and engineers who have visited the area follows:

(1). There is considerable need for food, clothing and fuel in practically all of the 27 counties.

(2). Much unemployment has been noted in a majority of the counties.

(3). Official and non-official welfare agencies have managed to cope with the situation in most of the communities.

(4). Prevalence of communicable diseases is surprisingly small, there being no outbreaks of epidemic proportion in any of the counties, and sickness generally is not as widespread as might logically be expected.

(5). Most of the public water supplies in the area are in fair shape, both as to quantity and quality.

(6). Rural communities, not served by public water supplies but dependent on individual wells for their water, are experiencing a serious shortage of water, due to the fact that most of the wells are too shallow and therefore easily exhausted.

(7). Communities in which wells bearing the "Seal of Safety" of the State Department of Health have been drilled have been less troubled with water shortage than those without the "safety seal" wells, due to the fact that wells to merit the "safety seal" of the Department must be at least 50 feet in depth and properly located and developed, insuring an adequate supply even under sub-normal conditions.

Discussing the present situation relative to water supplies in the stricken territory, Mr. Waring said:

"When the Division of Sanitary Engineering was called upon to render emergency service in the present relief campaign, fortunately we were to a great extent prepared to give immediate data and information. It has been the policy of the State Department of Health, working through this division, to keep an accurate, up-to-date record on the water supplies of all sections of the state. The inspections made within the past two weeks furnished little data which we did not already have in our files for ready analysis.

"The reports made by the division engineers reveal that most of the communities having public water supplies depending on wells for the source of their supply are getting along in fair shape.

Those places which have been depending on surface supplies are the ones hardest hit.

"A few towns in the area who have refused to heed the advice and suggestions of our engineers relative to revision and modification of their unsatisfactory water supply systems are now paying the price of delay. Others who followed our suggestions and improved their systems have been able to meet the emergency.

"Those residing in rural communities without public water supplies have been up against a critical situation. Shallow wells are soon exhausted during periods of prolonged drought. Those who reside in districts where wells bearing the "Seal of Safety" of the State Department of Health are located have been fortunate. These wells have held up in excellent shape and have been furnishing water for farmers miles distant.

"The present crisis has been a vindication for the "Seal of Safety" project of the State Department of Health. More of these wells should be drilled immediately. It is my opinion that the State Highway Department could be of great help in this work by making the location of "safety" wells a part of every road improvement project."

When questioned relative to his opinion as to the prospects for the near future in the drought-stricken area, Mr. Waring said:

"Naturally, it is difficult to forecast accurately what the situation in the 27 drought counties will be by the end of the year. If 1931 is a normal year as to rainfall, the surface water supplies will probably be back to their normal amounts. Rainfall during January and February, however, has not been up to normal figures.

"Regarding the ground water supplies, the situation is more serious. We have been drawing extensively on our reserve—the ground water. Emergency wells have been brought into use and many new wells have been drilled. Unless we should have an abnormal amount of rainfall during the year, it is my opinion that the ground water supply will be considerably below normal. This offers a problem which communities depending entirely on wells for their water supplies would do well to consider."

Dr. Finley VanOrsdall, chief of the Division of Communicable Diseases, State Department of Health, has been keeping a close check on disease incidence in the drought belt. His figures at present show no unseasonable increase in communicable diseases in the area generally.

However, Dr. VanOrsdall sounds the warning that physicians and health workers should be prepared to combat an increase in disease and sickness before the end of the year.

"I would not make the unqualified prediction of an increase in disease and sickness within the next six or eight months. We are surprised at the small amount of disease and sickness prevalent in Southern Ohio at the present time. However, there are several factors which lead me to believe that we may be reasonably sure of disease outbreaks and more sickness as the year progresses.

"In the first place, lack of proper food, exposure and worry are almost certain to lower natural resistence against disease and result in acute and chronic illnesses.

"Secondly, as soon as we begin to have a few hard rains, the pollution that has collected on the surface will be washed into water supplies, both ground and surface, making it extremely likely that, unless diligent measures are taken, we will be faced with outbreaks and epidemics of communicable diseases.

"Physicians and health commissioners who have been doing such splendid work in preventing outbreaks so far in the drought area should increase their efforts at once and continue to keep the people informed as to ways and means to stamp out these menacing health hazards."

Just how much Ohio will receive from the Federal Government's special fund of $2,000,000 to be distributed among 21 states in the drought area for emergency relief health work has not been determined, according to State Health Director Southard.

Dr. Southard on February 10, was present at a meeting at Memphis, Tenn., called by Dr. Hugh S. Cumming, surgeon general of the United States, and attended by the directors of health of the 21 drought states, officials of the United States Public Health Service and the American Red Cross, for the purpose of discussing the conditions in the various states and determining how the federal appropriation should be used by the different states.

The conference went on record as favoring the use of the federal funds allotted each state for prevention and control only, and that only medical supplies classed as biological should be purchased and distributed by the various state health departments. The conference also urged the Red Cross to furnish and distribute only such medical supplies in the drought-area as would be absolutely necessary for medical relief during this emergency.

Official reports of the conference credit Dr. Southard as one of the first to oppose the use of the federal funds for the purchase of medicine for widespread distribution and for the employment of physicians to administer to the sick in the stricken area. Dr. Southard's comments on this question, it is reported, went far toward dissipating a suggested plan under which the state health departments would have been permitted to use the federal funds for placing physicians in the stricken counties and for the purchase of medicine for community needs.

Some idea of the economic and health conditions in some of the counties in the drought territory may be obtained from the following excerpts from recent reports made by members of the staff of the State Department of Health:

Belmont County—Institutions caring for the needy are overcrowded with a prospect of an increased demand. Funds for meeting future demands insufficient. Need for clothing, food, fuel and medical service in many districts greater than official and non-official organizations can provide. Families of the "renter farmers" in the greatest need. Children in some communities being fed at public soup kitchens. No epidemics. Water for domestic purposes and livestock being hauled by farmers from municipal water supplies.

Monroe County—Relief organizations coping with situation. Farmers hauling water from the Ohio River. Except for water shortage, situation no worse than it was last year. No undue prevalence of communicable disease.

Washington County—Unemployment problem in rural communities acute. Many farmers report total crop failures. Local relief agencies functioning well. Highway work furnishing some with jobs. Need for water in inland sections acute. Trucks used to haul water from municipal water supplies. No epidemics. Indigents being cared for.

Athens County—Two hundred farmer families and 100 miner families in destitute circumstances. Water hauled in trucks to rural areas. Acute water shortage at several centralized schools. Dairy herds driven three miles to river for water in some cases. Conditions in mining districts not as bad as three years ago during the strike.

Meigs County—Small farmer hard hit, as well as farm laborer and miner. Much clothing distributed by schools. About 350 families supplied money, food and clothing by Red Cross. Water hauled in trucks. Livestock driven two to three miles for water. Large percentage of children in mining camps undernourished, but percentage among the farmers is much lower.

Hocking County—Estimate 200 persons fed daily in City of Logan. Many persons have moved in from rural districts and are occupying every available shack or hovel. Estimated that 40 per cent of the farmers of the county will need credit extended for seed and fertilizer in spring. Many children in need of milk with the supply extremely limited.

Perry County—Approximately 1200 persons being supplied with food, clothing and shoes. Water situation in rural communities acute. Water being hauled in some areas six miles. Half of farmers in need of credit extension. Many undernourished children in the schools. Three active practicing physicians too ill to call upon patients. Nursing service inadequate. County institutions overcrowded. No undue prevalence of communicable disease.

Scioto County—Water being hauled to rural districts with some evidence of commercialization by private agencies. Little communicable disease. Welfare agencies furnishing much clothing and food to indigents.

Lawrence County—Need for relief in some portions but farmers in general are meeting the situation created by economic depression and the drought. Township trustees' funds for poor relief in most cases exhausted. Except for venereal disease there is little communicable disease. Schools feeding many children.

Morgan County—Many farmers unable to provide food for families because of crop failures. Money tight and many in need of credit. About 100 families being cared for by relief agencies.

Guernsey County—Water situation acute but general economic conditions not as bad as in some surrounding counties. However, many farmers badly in need of credit for spring planting.

Gallia County—Relief needed throughout the county but farmers are meeting conditions fairly well. Much livestock being butchered and sold. Township trustees helping needy. County institutions overcrowded. Water situation acute but no real suffering because of this. Mining communities in greatest need of relief. A fifty per cent increase in number of families being given poor relief is reported.

Muskingum County—No acute water shortage for domestic purposes. Much feed stuffs being shipped into county for livestock.

Ohio Physicians on Program of College of Surgeons

Groups of surgeons from Ohio, Indiana and West Virginia attended recent sectional conference of the American College of Surgeons held at Cincinnati when the progress in the field of modern surgery as well as the new achievements in the hospital and laboratory fields were discussed.

At the business session of the conference, the following officers were elected by the various state groups: Ohio—Dr. Dudley W. Palmer, Cincinnati, chairman; Dr. John H. Weber, Akron, secretary, and Dr. E. R. Arn, Dayton, councilor; West Virginia—Dr. R. H. Walker, Charleston, chairman; Dr. R. M. Bobbitt, Huntington, secretary, and Dr. H. L. Goodman, Roncievert, councilor; Indiana—Dr. James Y. Wellborn, chairman; Dr. G. D. Scott, Sullivan, secretary, and Dr. Edward B. Ruschli, Lafayette, councilor.

Among those who addressed various sessions of the meeting were: Drs. Malcolm T. MacEachern, Chicago; Walter Simpson, Dayton; L. G. Bowers, Dayton; Bowman C. Crowell, Chicago; Harry E. Mock, Chicago; Henry W. Bettman, Cincinnati; Dudley W. Palmer, Cincinnati; George Curtis, Chicago; Joseph C. Bloodgood, Baltimore; Alfred W. Adson, Rochester, Minn.; A. H. Freiberg, Cincinnati; William B. Gatch, Indianapolis, and Robert Jolly, Houston, Texas, and Miss Helen Leader.

Introducing Ohio's New State Director of Health

DR. HARRY G. SOUTHARD, Marysville, health commissioner of Union County since 1924 and president of the Union County Medical Society, has assumed the duties of State Director of Health in the cabinet of Governor George White.

Dr. Southard succeeds Dr. Charles A. Neal, Cincinnati, who was appointed to the post in January, 1929, by Former Governor Myers Y. Cooper after serving for nine years as health commissioner of Hamilton County, outside of Cincinnati, during which services he has won recognition as one of the leaders in public health work in Ohio and as an expert in military sanitation due to his meritorious service with the A. E. F. during the World War and his activity in the Medical Reserve Corps in which he holds the rank of colonel. Dr. Neal has not yet announced his future plans.



DR. H. G. SOUTHARD

The new State Director of Health, Dr. Southard, is a graduate of Starling Medical College, Columbus, of the class of 1906, following two years of pre-medical work at Ohio State University. Dr. Southard served as an intern at St. Francis Hospital for two years following his graduation from medical school, after which he returned to Marysville to associate with his father, the late Dr. John Q. Southard, in the practice of medicine. Dr. Southard's uncle, Dr. J. M. Southard, was also a prominent member of the medical profession of Union County.

During the World War, Dr. Southard served as a member of the Volunteer Medical Service Corps, Council for National Defense. He spent many months in New England on the staff of the surgeon-general of the United States and took an active part in combatting the influenza epidemic. Following the war, Dr. Southard returned to Ohio State University for a special course in public health administration.

In 1924, Dr. Southard was appointed health commissioner of Union County, succeeding the late Dr. C. W. Hoopes. He has always been

prominent in public health work in Ohio, serving one term as president of the Central District Health Commissioners Society.

Dr. Southard also has always been active and prominent in civic and political affairs of his community, having served two terms as a member of the Marysville City Council and two terms as a member of the Marysville Board of Education. He is a member of the Marysville Presbyterian Church and is active in local and state Masonic circles.

The first official announcement made by Dr. Southard regarding his plans and policies as State Director of Health was published in the February 1 issue of the *Ohio Health News*, official organ of the State Department of Health.

Under the heading, "Greetings", Dr. Southard said:

"We wish to extend greetings to the health commissioners and health workers of Ohio, to the medical profession, the volunteer agencies, and to everyone interested in this most vital and fundamental question of public health.

"At this time we are advocating no radical change in policy, unless it be a reminder that preventive medicine must develop along the line of professional ethics which meet the approval of the medical profession, who are willing and anxious to cooperate for the good of mankind.

"To the medical profession and the vast army of volunteer agencies we acknowledge a debt of gratitude for what they have done in the past; and we realize that the future holds still greater accomplishments if these organizations are coordinated and directed by official health departments, which must guide the ship of health if they are to serve the greatest number and do the greatest good for all.

"We must also remind you that this is your department, and invite short constructive articles for the good of public health, these articles to be signed by the writer and to be published at the discretion of our editor."

Important Notice to Delinquent Members

In compliance with federal postal regulations, the names of all unpaid members must be removed from *The Journal* mailing list after this issue.

If you are among those on the "delinquent" membership list of the State Association, your membership dues for 1931 should be transmitted to the Secretary-Treasurer of your county medical society of academy immediately. Prompt payment of dues will insure the continuance of *The Journal*, as well as other organization advantages.

Membership dues for 1931 were due on or before January 1. This obligation was met promptly by a large percentage of the members. As a courtesy to those few who through neglect or oversight, have thus far failed to pay their 1931 dues, *The Journal* has been mailed for the first three months of this calendar year.

Make Hotel Reservations Now For Annual Meeting in Toledo

Ohio physicians planning to attend the Eighty-Fifth Annual Meeting of the Ohio State Medical Association to be held May 12 and 13 at the Secor and Commodore Perry Hotels, Toledo, should make their hotel reservations as promptly as possible to insure the choice of convenient and comfortable accommodations during the gathering.

Requests for hotel reservations should be made in writing direct to the hotel selected and verification should be requested.

While Toledo is well supplied with hotels of first-class accommodations, hotel facilities there are generally in much demand because of the heavy flow of railroad and lake traffic through Toledo. So those who delay in reserving accommodations may be unable to secure quarters readily accessible to the annual meeting hotels, the Secor, the headquarters hotel, and the Commodore Perry where several sessions of the gathering will be held.

The Convention Bureau of the Toledo Chamber of Commerce, which is cooperating with the committees on arrangements of the Toledo Academy of Medicine for the annual meeting, has furnished the following list of Toledo hotels and their rates for the convenience of physicians expecting to attend the Toledo meeting. The rates quoted, the Association has been informed, will be adhered to during the annual meeting:

The list follows:

Secor Hotel, corner of Jefferson Avenue and Superior Street, 325 rooms; *Convention Headquarters;* single room with bath, $3.00 to $5.00; single room without bath, $2.00; double room with bath, $5.00 to $7.00; double room without bath, $4.00; twin beds, $6.00 to $9.00.

Commodore Perry Hotel, (where some of the sessions will be held), corner of Jefferson Avenue and Superior Street, across the street from the Secor, 500 rooms; all rooms with bath; single room, $3.00 to $6.00; double room, $5.00 to $7.00; twin beds, $6.00 to $8.00.

Waldorf Hotel, Madison Avenue and Summit Street, 500 rooms; three blocks from the headquarters hotel; single room with bath, $2.50, $3.00, $3.50 and $4.00; single room without bath, $1.75; $2.00 and $2.25; double room with bath, $4.00, $4.50, and $5.00; twin beds, $6.00.

Fort Meigs Hotel, 224 North St. Clair Street, between Madison and Jefferson Avenues, 240 rooms; two blocks from headquarters hotel; all rooms with bath; single room, $2.50, $3.00 and $3.50; double room, $4.00, $4.50 and $5.00; twin beds, $5.00 and $6.00.

Hotel Lorraine, Jefferson Avenue and 12th Street, 150 rooms; six blocks north of headquarters hotel; all rooms with bath; single room, $2.50, $3.00 and $3.50; double room, $3.50, $4.50 and $5.00; suites, $6.00 and $7.00.

An Institute of Legal Medicine is Proposed in Cincinnati

Cincinnati may become the site for an Institute of Legal Medicine, where medical examiners could be trained to aid police to bring criminals to justice and aid judges to administer justice, and an agency of justice developed which would in time displace the sometimes criticized and much discussed county coroner system, if present plans now under way in the Queen City materialize.

The idea, which has been discussed on several occasions by the Cincinnati Academy of Medicine, the Cincinnati Lawyers' Club and the Cincinnati Bar Association, was given impetus recently by an address made before the Academy of Medicine by Dr. Oscar T. Schultz, Chicago, a member of the Committee on Medico-Legal Problems, National Research Council, Washington, D. C.

Dr. Schultz, in his talk on "Medical Science and Criminal Justice", declared that in his opinion Cincinnati offered an ideal situation for such an institute and for the development of this new system because of the close affiliation which exists between the University of Cincinnati with its colleges of medicine and law, the various municipal and county institutions, including hospitals, and the present county coroner's office.

In suggesting the formation of a medico-legal institute in Cincinnati, Dr. Schultz explained that it would be necessary for municipal and county forces to start the project before financial aid from outside agencies could be expected. However, he stated that a large foundation interested in this work would undoubtedly be glad and willing to contribute to such a project once it is started. Present plans are to endeavor to set up a nucleus for the proposed institute at the University of Cincinnati which has a large enrollment of scientific and legal students.

In his address on medico-legal problems, Dr. Schultz declared that the present county coroner system is inadequate to meet the present-day situation. Trained medical examiners, versed in law, should be made available in all communities in order to give prosecuting attorneys and the courts the benefit of more accurate findings based on sound scientific and legal training.

Some of his comments and ideas on the subject were in part as follows:

"Crime is one of the major problems of contemporary American civilization. In its various aspects of legislative definition, prevention, detection, trial, judicial review and punishment, it vies with that other major activity of society, namely, education, as to money and human effort expended. The increase in more serious and more sinister forms of crime during the last decade presents to the forces of good citizenship ever-increasing difficulties and perplexities.

"Gang warfare and organized criminality, which are outstanding law-defying developments of the past decade, probably make greater practical application of scientific knowledge to their nefarious purposes than do the forces of justice in the prevention and detection of crime.

"Modern scientific medicine is in possession of facts and methods that should be of inestimable value to society in the administration of justice. In most of the states of our Union, the only established agency of criminal justice through which any utilization of medical science can be made is the elective Coroner's office.

"The chief medical function of this office is the determination of the exact cause of death in cases of suspected violence and the exclusion of possible causes of death other than those brought about by the violent act. The scientific determination of the cause of death requires the specialized training and experience of the pathologist. Even in cases of death into whose causation no suspicion of criminality enters, only the experienced pathologist knows how frequently he must call to his aid not only the knowledge of his own field of morbid anatomy, but also every fact that may be obtained by the application of the kindred sciences of bacteriology, immunology, chemistry, toxicology, and general microscopy. How much more important, then that the Coroner's office should also be in position to utilize to the fullest these medical sciences.

"Even the most cursory comparison of the records of post-mortem examinations made by the average Coroner's office with those made in hospitals will demonstrate to how great a degree the Coroner system fails to utilize medical science in its important work.

"In a few localities, namely, the New England states and especially Boston, and in New York City, the Coroner system has been replaced by the more efficient medical examiner system. The latter places the highly important medical duties of the Coroner in the hands of an appointive medical scientist, who serves either for a relatively long stated period or definitely under civil service. If the medical examiner system fails to function as well as it should, the fault lies with our governmental system, which subjects the financial support of the office to the vagaries of politics.

"In the important matter of mental responsibility, as it relates to the criminal act of the accused or the reliability of witnesses, there is again, in most states, no readily available procedure by which Court and jury may obtain essential information. Prosecution and defense may each call as many experts in matters psychiatric as each side may choose or may be able to employ. As the result of diametrically opposed testimony of paid biased and partisan medical experts,

Court and jury are left floundering as to actual facts.

"Both the medical and the legal profession have come to feel that expert medical testimony needs drastic reform. No one would deny the constitutional right of prosecution or defense to hire as many medical experts as either side might choose. But the trial Court, acting in an impartial manner, should be able to obtain unbiased information from non-partisan experts of the highest scientific attainments.

"No police department or prosecuting agency in the United States makes practical application of the medical and natural sciences in the detection of crime and in the evaluation of facts that may have value as circumstantial evidence. An occasional expert in some line or other may be available in one locality or another. But nowhere is there a well equipped and properly manned laboratory of police science. Such laboratories, under municipal or state control, are numerous in continental Europe and almost daily perform exploits that rival the storied feats of Sherlock Holmes or Philo Vance.

"In Europe, the application of modern scientific facts to the administration of criminal justice is a function of the Institute of Legal Medicine, which is an integral part of the Department of Ministry of Justice. No counterpart of such institutes exists in the United States. It is possible that our system of judicial procedure is not well adapted to the utilization of the scientific aid that might be rendered by institutes of legal medicine. But some method of procedure should be devised that would make more readily available to the agencies for the administration of criminal justice the advances in scientific knowledge that modern medicine is able to offer."

New Ohio Physicians

The following physicians have been granted licenses by the State Medical Board to practice medicine and surgery in Ohio through reciprocity: Paul H. Bassow, Youngstown, University of Michigan; Byron E. Boyer, Cincinnati, Vanderbilt University; George D. Cameron, Jr., Cleveland, New York Homeopathic Medical College; Lazarus Cohler, Cleveland, University of Illinois; Linfred L. Cooper, Columbus, University of Pennsylvania; George M. Curtis, Columbus, Rush Medical College; Charles A. Doan, Columbus, Johns Hopkins University; William J. Engel, Cleveland, Kansas University; Burton A. Finne, Portsmouth, University of Illinois; Jonathan P. Gibbel, Gettysburg, University of Illinois; Barton W. Johnson, Mansfield, Barnes Medical College; Alonzo A. Petty, Dayton, Indiana University; Bradford C. Scudder, Cleveland, Hahnemann Medical College; Harold W. Seff, Cleveland, General Medical College; James C. Sparks, New Holland, Hospital College of Medicine; George C. Taylor, Van Wert, Chicago College of Medicine and Surgery; Adam F. Weiss, Marietta, Hahnemann Medical College; Raymond N. Whitehead, Toledo, State University of Iowa; Carl O. Kent, Cleveland, Meharry Medical College.

Annual Clinical Session, College of Physicians

The Fifteenth Annual Clinical Session of the American College of Physicians will convene in Baltimore, Maryland, March 23-27, and in Washington, D. C., March 28, 1931. The organization holds this Session in Baltimore through the cordial invitation of the Johns Hopkins University School of Medicine, the University of Maryland School of Medicine, the Medical and Chirurgical Faculty of the State of Maryland, the Baltimore City Medical Society, and the further cooperative interest manifested by the various Baltimore hospitals and civic societies. Dr. Sydney R. Miller, of Baltimore, President of the American College of Physicians, has prepared the program for the General Scientific Sessions, while Dr. Maurice C. Pincoffs, General Chairman, also of Baltimore, has arranged the program of clinics, demonstrations, entertainment, etc.

As an added feature of the Clinical Session this year, an additional day, March 28, will be spent in Washington, D. C., where a special program of clinics and inspection tours has been arranged under the auspices of the Medical Departments of the U. S. Army, U. S. Navy, U. S. Public Health Service and Georgetown University. Dr. William Gerry Morgan is acting as Chairman of the Washington Committee.

Hotel headquarters will be at the Lord Baltimore Hotel, while general headquarters, at which the registration of members, commercial exhibits and all general sessions will be held, will be The Alcazar, Cathedral and Madison Streets, Baltimore.

Dr. Willard C. Rappleye, former director of study for the Commission on Medical Education and a member of the faculty of the Harvard Medical School, has accepted the position of dean of the College of Physicians and Surgeons, Columbia University. Dr. Rappleye is well known to Ohio physicians. He was one of the principal speakers at the 1930 annual meeting of the Ohio State Medical Association, held in Columbus.

Recess appointments by Former Gov. Cooper of Dr. John R. Shoemaker, Akron, and of Dr. J. Stewart Hagen, Cincinnati, as members of the State Medical Board for terms ending March 16, 1937, and March 1, 1933, respectively, were confirmed by the Senate of the 89th General Assembly on January 6. Dr. Shoemaker was appointed to succeed himself and Dr. Hagen named to fill the unexpired term of the late Dr. John K. Scudder.

Another Recent Court Decision Relating to the Responsibility of a Hospital for the Acts of its Employes

Another chapter in the historic controversy relative to the liability of a charitable institution for damages caused by the negligence of its agents and servants was written recently by the Ohio Supreme Court in a decision handed down in a case involving a public charitable hospital and a private duty nurse engaged in caring for a patient at the hospital. (Sisters of Charity of Cincinnati v. Duvelius, 123 Ohio St.)

The plaintiff, the nurse, in the original action filed suit for damages against the hospital, charging she suffered injuries due to the alleged negligence of an employe of the hospital who was operating a passenger elevator. The petition alleged that the plaintiff was nursing a patient with the consent of the management of the hospital; was given the use of certain facilities of the hospital, including the elevator, and alleged that the operator of the elevator was unskilled, incompetent and unfit for such employment, of which the hospital management either knew or ought to have known.

After the evidence on the part of the plaintiff was introduced, a motion by the defendant for a directed verdict was sustained and the common pleas court stated that the hospital could only be held for the negligence of its agents and servants in the event that the management of the hospital failed to exercise reasonable care in the selection of its agents and servants. The jury, therefore, was directed to return a verdict in favor of the defendant hospital, the court holding that there was no evidence of a failure on the part of the hospital to exercise such care.

Error was prosecuted in the Court of Appea's, and the judgment was reversed and remanded to the trial court for new trial, on the ground that the court erred in instructing a verdict for the defendant at the close of the plaintiff's evidence.

The case was admitted to the Supreme Court upon allowance of a motion to certify the record and resulted in the judgment of the Court of Appeals being affirmed and the cause remanded to the court of common pleas for a new trial.

The syllabus of the Supreme Court decision emphasized and established the following two points:

(1) A charitable institution *may not* claim total exemption from liability for damages caused by the negligence of its agents and servants, on the ground that it is supported by gifts and bequests in trust for charitable uses and purposes.

(2) Charitable institutions, public and private, are on the same basis as other corporations and individuals as to liability for negligence to those who are not beneficiaries of the charity.

The court's opinion, written by Chief Justice Marshall, reviewed similar cases decided by the court and regarding the first point in the syllabus declared:

"This court is committed, . . . to the doctrine of liability to a beneficiary only for the failure to exercise due care in the selection of servants. By the fact of affirming the liability to a beneficiary for negligence in selecting a servant, . . . it follows that this court has impliedly repudiated the doctrine of complete exemption of charitable institutions. If any liability against the charitable institution for negligence is recognized upon any ground it destroys the theory of general exemption."

Regarding the legal proposition whether there can be a recovery at the suit of one other than a patient receiving treatment in a hospital, for damages caused by the negligence of a servant, the opinion said:

"It is due to considerations of public policy that a patient in a charity hospital is held to have assumed the risks of the service, but it does not follow that the same considerations of public policy preclude a stranger from recovering compensation for damages caused by the negligence of a servant. Fully recognizing the soundness of the policy of partial exemption, there are other considerations of public policy which are equally important. No valid reason is apparent for granting immunity to a charitable institution for the negligence of its servants, and for placing the entire responsibility of an injury upon innocent third persons and their families.

"Charitable institutions are frequently conducted upon a large scale, with all modern conveniences and appliances of a highly complicated nature, which enormously increase the risk of injury to operatives and strangers, and any doctrine of complete exemption would lead to carelessness, neglect, and injury to both person and property. While such institutions should be encouraged, and those who are charitably inclined should likewise be encouraged to support them, this encouragement must not be carried to the point where injustice will be done to others. Innocent persons should not suffer through another's fault. It is believed that the duty to exercise care to prevent injury to strangers will result in the exercise of greater care to patients, and the converse of this proposition is equally true that any encouragement to negligence toward strangers will inevitably be reflected to service rendered to beneficiaries of the charity. . . .

"In the view we have taken of the case, it is not necessary to determine whether or not there was any evidence tending to show a want of care in the selection of the servant who operated the elevator. We are in accord with the numerous cases which treat charitable institutions on the

same basis as other corporations and individuals as to liability for negligence to strangers and invitees who are lawfully upon the premises of the institution.

"The judgment of the Court of Appeals, reversing the judgment of the court of common pleas will be affirmed, and the cause remanded to the court of common pleas for a new trial."

Change Made in Regulations Governing Prescriptions for Medicinal Liquor

Ohio physicians undoubtedly have received notification, or will shortly, regarding the revision of the federal regulations promulgated under the Federal Prohibition Act so that it will no longer be necessary for a statement of the ailment for which medicinal liquor is prescribed to be entered on the stub of the prescription.

Supervisors of Permits have been ordered by Dr. J. M. Doran, Commissioner of Industrial Alcohol, to notify all physicians holding permits to prescribe medicinal liquor of the change in the regulations and for physicians to ignore filling in this item printed on prescription blanks now in use. When new prescription blanks are printed, this item will be omitted.

However, physicians should keep in mind that they are still required to keep in their offices, book records of prescriptions for medicinal liquor, including records of the ailments for which it is prescribed, subject to inspection by prohibition officers. The new order merely eliminates the certification of ailments on blanks filed with the Supervisors of Permits where they would be open, and have been, to public inspection.

This change in the prohibtion regulations is the first step to carry out any of the several recommendations made by the Wickersham Commission regarding modification of the laws and regulations governing the use and prescribing of medicinal liquor and alcohol. Several bills have been introduced in Congress providing for changes in conformity with the Wickersham report recommendations but none has been acted upon to date.

One chapter of the Wickersham report discussed and analyzed in a thorough manner the present situation relating to medicinal liquor and offered the following recommendations:

"(1) Abolition of the statutory fixing of the amount which may be prescribed and the number of prescriptions; (2) abolition of the requirement of specifying the ailment for which liquor is prescribed upon a blank to go into the public files of the supervisor of permits, leaving this matter to appear on the physician's own records and accessible to the inspector; (3) leaving as much as possible to regulations rather than fixing details by statute, and reliance upon cooperation of the Bureau of Industrial Alcohol with medical associations, National and State, in the same manner in which the Bureau cooperates with distillers and with trade associations; (4) enactment of uniform State laws on this subject, or, in the alternative, repeal of State laws and leaving the whole matter to Federal statutes and regulations."

The Commission's report prefaced its recommendations on the medicinal liquor problem with the following observations:

"There is division of opinion in the medical profession as to the therapeutic value of alcohol", the report stated. "Originally the statute allowed physicians to prescribe any kind of liquor, if duly licensed and in active practice, upon obtaining a permit. It was forbidden to prescribe except after careful examination or, if that was impracticable, upon the best information obtainable and belief in good faith that use of the liquor as a medicine would afford relief from some known ailment. Not more than a pint of spirituous liquor every ten days might be prescribed for the same patient. The physician was required to keep a record of prescriptions and the prescriptions were to be upon blanks furnished by the government and under regulations whereby strict supervision was possible. In 1921, the Willis-Campbell Act imposed further stringent limitations. The provision for prescribing malt liquors was eliminated. No vinous liquor containing more than 24 per cent of alcohol by volume was to be prescribed, nor more than a quart of vinous liquor, nor any vinous or spirituous liquor containing separately, or in the aggregate, more than one-half pint of alcohol (equivalent to one pint of spirituous liquor) for use by one person within any period within ten days, nor for more than one hundred prescriptions in ninety days.

"For a time there was much resentment at this act on the part of the medical profession. But more recently the profession generally has accepted the situation to the extent of admitting the need of some regulation. Physicians still protest, however, against three features of the act and regulations, namely, the limitation of the amount below what they feel may well be necessary, the limitation on the number of prescriptions a physician may make, and the requirement that the ailment for which liquor is prescribed be set forth on the blank which goes on file in the office of the supervisor of permits and is accessible to the public. This requirement runs counter to fundamental conceptions of professional ethics.

"An additional embarrassment exists in the diversity of State laws on the subject and the divergence between State laws in many jurisdictions and the Federal statutes and regulations. There are no less than four well marked types of State law, ranging from states which wholly forbid prescribing of liquor in any form for any disease, through different limitations of kind and quantity, to those which impose no restrictions as to what is prescribed and for what purposes or how. Naturally, the medical professions resents the proposition that a lay legislative body may

tell physicians what to prescribe and how much. Yet there have been serious abuses which have led to such legislation. While the bulk of the profession undoubtedly have been scrupulous in adherence to the law, prosecutions have been necessary from time to time and palpable evasions or violations come to light continually. Recently in one city, the Federal grand jury called attention to the disproportionate increase in liquor prescriptions with no apparent legitimate reason. Moreover, many physicians feel that however unfortunate it may be on principle to regulate by law what may be prescribed for the sick, it is a protection to the honest practitioner to relieve him from the pressure of those who seek prescriptions for beverage purposes. On the other hand, there is evidence that many general practitioners will not take out permits because of the inconvenience and disagreeable features, but advise patients on occasion that they should take this or that amount or kind of liquor and leave it to them to obtain it as they can.

"As in other situations already discussed, a balance between the needs of medical practice and the demands of prohibition is called for and is far from easy to attain. But we are satisfied that in several particulars the causes of resentment on the part of the medical profession operate against a favorable public opinion to such an extent as to outweigh the advantages to enforcement."

U. S. Senate Passed New Maternity and Infancy Bill

The Jones Bill (S. 255) "for the promotion of the health and welfare of mothers and infants, and for other purposes", which is substantially the same as the Sheppard-Towner Act which expired June 30, 1929, was passed January 10 by the United States Senate by a vote of 56 to 10.

The measure was introduced in the Senate, April 18, 1929, by Senator Jones of Washington; was reported out by the Committee on Commerce on April 9, 1930, and had been on the Senate calendar as the first item of unfinished business since the beginning of the present session of Congress. A similar bill (H.R. 1195), introduced in the House by Representative Cooper of Ohio, is at present pending before the House Committee on Interstate and Foreign Commerce.

This new infancy and maternity subsidy proposal authorizes an appropriation of $1,000,000 per year to enable state agencies of health in cooperation with the Children's Bureau of the U. S. Department of Labor to promote health and welfare work among mothers and infants. The appropriation thus provided is apportioned as follows: Fifteen thousand dollars to each state and the remainder to each state in proportion to population, provided that an equal sum has been made available by the state itself to match the federal funds.

An effort by Senator King of Utah to amend the bill prior to its passage to limit the life of the measure to five fiscal years was defeated. Those who opposed the measure included Senators King, Bingham of Connecticut and Tydings of Maryland, all of whom voiced the opinion that the bill constitutes an invasion of the sovereignty of states and pointed out other objectionable features of the proposal.

The attitude of the medical profession and organized medicine regarding federal legislation of this nature is so well known to members of the State Association that little, if any, repetitious analysis seems necessary.

However, the following editorial comment on the Jones Bill made some time ago by the *Cincinnati Enquirer* is so much to the point on such legislation that it is herewith quoted.

Under the heading, "A National Nursemaid", the *Enquirer* stated:

"Club women of America seem to be demonstrating the fallacy of woman's helpful influence in political affairs. At present they favor the perpetuation of a Federal bureau which would assume to take better care of the Nation's babies than the sovereign states can take in this respect. The club women are for this national nursemaid departure. The doctors of the Nation do not agree with them.

"The Senate is giving attention to what has come to be known as the "Baby Bill." It is the Jones maternity and infancy bill. It is the proposed successor of the Sheppard-Towner act.

"The American Medical Association and other medical groups, constitutionalists and sensible people generally, are against this proposed Government interference with the rights of individual states. If, for example, the Government has the right to dictate in the matter of handling infant health problems, what is to prevent it from assuming and exercising the right to dictate in adult health problems, as Senator Bingham suggested.

"The Government has no business to interfere in what should properly be recognized as state and local affairs. The Government might just as properly claim the right to compel men to become experts in embroidery work or frying griddle cakes. Senator Tydings correctly said of the new Jones bill that Congress becomes nothing but a glorified city council when it extends meddling hands into local affairs and tries to tell Wheeling, San Antonio, New York and Tompkins Corners how they ought to raise their babies."

Former Congressman John S. McSweeney, Wooster, has been appointed by Governor White as director of the State Department of Public Welfare, succeeding H. H. Griswold, Cleveland.

The 58th annual meeting of the Northern Tri-State Medical Society will be held at Ann Arbor, Michigan, Tuesday, April 14. The morning program will be given over to clinics conducted by Drs. Cyrus Sturgis, John Alexander and Frank Wilson. The afternoon and evening sessions will be addressed by prominent physicians from various parts of the country.

Accident Prevention Program Brings Gradual Results

A slight gain in accident prevention in Ohio industry was recorded during the year 1930, according to an announcement by the Division of Safety and Hygiene of the State Industrial Commission.

The safety progress made by the industries of the state during the 12 months period ending December 31, 1930, is analyzed as follows by Thomas P. Kearns, superintendent of the Division of Safety and Hygiene, in a recent issue of the Ohio Industrial Commission Monitor:

"Judged solely by statistical standards, Ohio industry made some definite, but not remarkable gains for safety in 1930," writes Mr. Kearns.

"While it is true that the record for the year discloses the fact that there were 36 fewer fatal accidents, 49,114 non-fatal accidents and 946,379 days less time loss as a result of industrial mishaps in 1930 than in the preceding year, decreased exposure undoubtedly played an important part in bringing about this reduction of approximately 2.8 per cent in fatalities, 18.8 per cent in non-fatals and 18.4 per cent in time loss. In the matter of fatalities, it might be said that the percentage of decrease would have been much larger had it not been for the Millfield mine disaster in November, which claimed 84 lives.

"Opinions differ as to the per cent of decrease in employment in 1930 as compared with 1929, but fairly reliable sources of information considered in lieu of actual figures on man hour exposure, would indicate an average decrease of approximately 17 per cent in all industrial employment in 1930. Using this figure as a basis for computation, it will be seen that the actual statistical gains in accident prevention in 1930 were comparatively small.

"Tentative totals prepared by our statistical laboratory show that Ohio industries had 1,259 fatal and 211,492 non-fatal accidents, with 10,780,117 days' time loss in 1930, as compared with 1,295 fatal and 260,606 non-fatal accidents in 1929 causing 11,726,486 days time loss. Reduced to percentages, the decrease in both accident frequency and severity during the past year, exclusive of fatalities, is approximately the same.

"These figures represent claims filed, without reference to their subsequent disposition. Herein lies one of the serious difficulties of actually gauging the state's progress in accident prevention for the past year. In the 1928-29 period, a report of the Department of Industrial Relations shows that approximately 25 per cent of death claims filed were held to be without merit and were disallowed. Also, for the past three years, it is shown that of 70 death claims filed under the provisions of the Occupational Disease Act, only 18 were approved and 52 dismissed, yet all were charged against the records as fatalities. While it is impossible to estimate at this time the percentage of non-fatal claims disallowed, it is certain that it is not far below that of fatal claims and that it is steadily increasing.

"Another factor that cannot be overlooked in consideration of the figures is the greater susceptibility to accident that accompanies periods of depression, when the mental attitude of workers not too certain of being retained in service, adds a hazard not present in seasons of prosperity with their accompanying stability of plant morale. The shifting of men to unaccustomed work in an effort to keep them on the payroll increases the possibility of industrial mishaps and the tendency in some quarters to extend retrenchment policies to safety organizations adds new perils to offset the reductions in exposure on a payroll basis. Our contention is, that the psychological influences that must be combated in periods of depression are as much of a handicap to accident prevention activities as is an increase of accident exposure under normal conditions.

"Another condition that has to be faced, but which, being perennial, has no particular bearing on the statistics, is the inability of groups, not organized to carry on safety work, to control their accident experience. We refer particularly to the public and commercial employment groups and also to the construction classifications, which are just beginning to sense the full import of organized safety work. One of the most hopeful signs of the past year has been the gradual awakening of safety sentiment among construction employers and workers and the development of the first state-wide trend toward systematic organization.

"Viewed from all angles, the past year has witnessed marked progress for safety. Numerous plants, heretofore apathetic toward the cause, have set up safety systems, organization efforts have been crystallized in groups and communities previously untouched and the general industrial attitude toward the problem has been greatly enhanced.

"Thus it is that we are content to confidently report progress and venture the prophecy of greater returns for 1931."

Dr. Heuer Leaves Cincinnati

Dr. George J. Heuer, surgical director of the Cincinnati General Hospital, Holmes professor in the College of Medicine, University of Cincinnati, has accepted a position as surgeon-in-chief of the New York Hospital and professor of surgery at the College of Medicine, Cornell University.

Although Dr. Heuer's appointment as successor to Dr. Charles L. Gibson, retired, for more than 30 years a member of the faculty at Cornell Medical College and its professor of surgery since 1918, will take effect July 1, 1931, Dr. Heuer's work at Cornell will not begin until late in 1932 upon the completion of the New York Hospital-Cornell Medical College Association medical center. Dr. Heuer expects to remain in Cincinnati until the summer of 1932 to complete several projects which he has begun. One of his chief duties after leaving Cincinnati will be to organize the surgical department of the new medical center located in New York City.

Dr. William D. Andrus, assistant professor of surgery at the University of Cincinnati and who accompanied Dr. Heuer to Cincinnati from Johns Hopkins University in 1922, will be associated with Dr. Heuer in his new duties at Cornell.

Dr. Mont R. Reid, associate professor of surgery at the University of Cincinnati, has been appointed acting head of the department of surgery pending the appointment of a successor to Dr. Heuer.

Deaths in Ohio

Sylvester A. Broughman, M.D., Dayton; Medical College of Ohio, Cincinnati, 1890; aged 74; former member of the Ohio State Medical Association; died January 18 of heart disease. He had practiced in Dayton for many years.

Alfred Gaither, M.D., Cincinnati; Miami Medical College, Cincinnati, 1897; aged 68; died January 29 after a brief illness. He had practiced in Cincinnati until his retirement a few years ago.

Hallet B. Hunt, M.D., St. Paris; Medical College of Cincinnati, 1874; aged 85; member of the Ohio State Medical Association and the American Medical Association; died February 10. He had practiced in Champaign county for forty years. Surviving him are two sons.

Edward B. Meade, M.D., Sedalia; Starling Medical College, Columbus, 1888; aged 71; former member of the Ohio State Medical Association; died suddenly on January 21 of heart disease. Dr. Meade opened offices in Sedalia following his graduation, and continued in active practice in that community for 42 years. He was a former mayor of Sedalia; had served on the village council and board of education, and devoted much of his time to other civic affairs. Surviving him are his widow and one son.

Karl P. Reefy, M.D., Elyria; Eclectic Medical College, Cincinnati, 1906; aged 50; member of the Ohio State Medical Association and the American Medical Association; died January 24 at Cleveland Clinic Hospital. Following graduation, he became associated in practice with his father, the late Dr. Philip D. Reefy. His widow and one son survive him.

Cyril J. Shiring, M.D., Cleveland; St. Louis University School of Medicine, St. Louis, Missouri, 1928; aged 24; died January 3 following injuries received in a traffic accident. Dr. Shiring, intern member of the Academy of Medicine of Cleveland, was on the staff of Maternity Hospital. He also had served as an intern in Mercy Hospital at Pittsburgh.

Lincoln A. Wheelock, M.D., Cleveland; Western Reserve University School of Medicine, 1900; aged 66; member of the Ohio State Medical Association and Fellow of the American Medical Association; died January 24 at Brooksville, Florida. Dr. Wheelock served his internship at Charity Hospital, Cleveland, and had practiced in East Cleveland for thirty years. He is survived by his widow and three daughters.

Frederick J. Wood, M.D., Cleveland; Cleveland College of Medicine and Surgery, 1902; aged 54; member of the Ohio State Medical Association and the American Medical Association; died January 24 at St. John's Hospital, Cleveland, a few hours after being stricken with a heart attack. Dr. Wood had practiced in Cleveland since his graduation. Surviving him are his widow one brother and one sister.

KNOWN IN OHIO

Abby Dyer Allen, M.D., DeLand, Florida; Dunham Medical College, Chicago, 1900; Denver College of Physicians and Surgeons, 1908; aged 75; died January 11 at Fort Hamilton Hospital, Hamilton, Ohio, following a long illness. Dr. Allen for several years was superintendent of the Hamilton Training School for Girls, and later was connected with the John B. Stetson University, DeLand, Florida, as Dean of Women. She is survived by two sons and a daughter.

Charles L. Harrod, M.D., Indianapolis, Indiana; University of Tennessee, College of Medicine, 1893; aged 68; died January 24 of heart disease. Dr. Harrod practiced in Columbus, Ohio, before removing to Indianapolis seven years ago.

Jacob L. Hausman, M.D., Marysville, Kansas; Ensworth Medical College, St. Joseph, Missouri, 1895; aged 70; Fellow of the American Medical Association; died February 2 at the home of a son in Columbus. He had practiced in Marysville for 37 years. He is survived by his widow and five sons.

Albert Messner, M.D., Chicago; Hahnemann Medical College and Hospital, Chicago, 1890; aged 66; died January 18. He formerly practiced in Bucyrus, and Mt. Clemens, Michigan, before his retirement eight years ago. Two brothers and a sister survive him.

Data on Sources and Selection of Nurses for Private Duty Cases

The patient's own physician and the hospital registry are the two chief sources through which patients get their special nurses, according to a report on a survey recently completed by the Committee on the Grading of Nursing Schools preliminary to a study of the standards of agencies greatly influencing the quality of bedside nursing.

The report was based on a study of questionnaires returned by approximately 1,892 patients and 4,000 physicians in various sections of the country.

The idea motivating the survey was to obtain data for a campaign to have nurse registry agencies maintain uniform acceptance requirements so that only highly qualified applicants would be available to the community.

Some of the information obtained in the recent study by the Committee on the Grading of Nursing Schools follows:

About one in every three special nurses was secured by the patient through his own doctor. Twenty-nine per cent of the registered nurses were obtained in this way; and 51 per cent of the practicals. The hospital registries supplied 46 per cent of the R.N.'s, and 15 per cent of the practicals. Together, the physicians and the hospital registries supplied three-fourths of the registered nurses, and two-thirds of the practicals.

The third most frequently used source is the central, professional registry, with the commercial registry at the foot of the list. The R.N.'s were secured as follows:

46%, through a hospital registry
29%, through the patient's own physician
15%, through the central, professional registry
3%, through friends
2%, through a commercial registry
5%, through other sources

The practicals:

51%, through the patient's own physician
15%, through the hospital registry
14%, through the central, professional registry
13%, through friends
3%, through commercial registries
4%, through other sources

Other aspects of the nursing situation, as the doctors and the patients see it, were studied by the Committee, as a basis for finding out how to provide adequate and economical nursing for the patient. They include reasons why special nurses are employed, the type of nurse most in demand, and satisfaction with nursing service received.

The physician's desire to have expert nursing care for the patient was the largest single reason patients gave for employing special nurses. The percentage for each type of case was as follows:

Contagious .... 69% of the physicians advised the special nurse
Mental or nervous ..... 53% of the physicians advised the special nurse
Pediatric ..... 47% of the physicians advised the special nurse
Medical ..... 47% of the physicians advised the special nurse
Surgical ..... 41% of the physicians advised the special nurse
Obstetric ..... 22% of the physicians advised the special nurse

This would seem to indicate that physicians wish to have specialized and expert nursing care for certain types of cases since, in many instances, they took pains to recommend a special nurse; and that, not only for surgical cases, but for other types of illness, special training on the part of the nurse is desirable.

More than one-fifth of the patients employed a special in the hospital because they felt the regular nursing service would be inadequate. The physicians also felt that, given adequate floor service in a well-run hospital, two-fifths of their cases would not have needed a special. It seems probable, therefore, that with improved hospital nursing service, some patients might be able to eliminate the expense of a special from the sickness bill.

On the other hand, expense does not deter two out of 100 patients from "keeping up with the Joneses," by employing specials because their friends always have them.

Patients gave the following reasons for employing special nurses in the hospital:

40%—the doctor urged one for special care
33%—the family wanted a special on the case
22%—the patient felt the hospital nursing service was inadequate
3%—the hospital suggested it as usual
2%—their friends always have a special

The wish for expert care on the part of patients and physicians was also the largest single reason for employing special nurses in the home. Aside from this, patients took a nurse largely because a capable, intelligent worker was needed to take charge. The figures seem to indicate that patients want their nurses first of all to be thoroughly trained in taking care of their type of illness; and that adaptability is an important qualification for a nurse for the home patient.

Patients employed special nurses in the home because:

58%—expert care was wanted
19%—the family was too busy
11%—the patient wanted freedom from responsibility
6%—the family was tired out
6%—some one was needed to take care of the household

Eighty-eight per cent of the nurses employed by the 1,892 patients were registered graduates; 11 per cent, practicals; 1 per cent, unclassified. The same decided trend toward general use of the registered nurse was found in the study made through the 4,000 physicians, with fully eight times as many registered nurses used.

When practical nurses are employed, they are used much more frequently for home cases than for hospital ones.

When the desire for expert care is the reason for getting a nurse, patients employed the R.N. far more frequently than the practical. Sixty-three per cent of those employing the R.N. did so for this reason; and only 38 per cent of those employing practicals.

When the patients wanted some one chiefly for household duties, 15 per cent of those employing practicals did so for this reason; and only 3 per cent of those employing R.N.'s wanted the nurse for household duties.

As for satisfaction with the nurse, both types seem equally popular with the patients. Physicians, however, are even more desirous to have the registered nurse for their cases than are the patients, and are more pleased with the work they do. Asked, "Which do you prefer for your own patients?" 84 per cent of the doctors chose the registered nurse, and only 8 per cent preferred the practical.

A typical comment from a patient was, "Prefer registered nurse. By having a practical and a registered nurse at the same time, we learned the benefits derived from three or four years of professional training."

When patients were asked in general if they would like the same nurse again, 86 of each 100 said they would, 2 per cent would hesitate, and 12 per cent would not. Physicians were even more satisfied with the nurses their patients had, nine out of ten saying they would like the same nurse on the next case.

NEWS NOTES of OHIO

Columbus—Dr. John W. Wilce has been elected president of the Central Ohio Area Council, Boy Scouts of America.

Columbus—Dr. Joseph Price, president of the Columbus Academy of Medicine, traced the progress made in medicine during the past 50 to 75 years in a recent address to the Columbus Mercator Club.

Marietta—Dr. A. F. Weiss, formerly of Philadelphia, Pa., has opened offices here.

Ashtabula—Dr. P. J. Collander was a recent speaker before the Zonta Club of this city.

Leipsic—Dr. Weyland B. Recker addressed the Leipsic Commercial Club at a recent dinner meeting.

Columbus—Dr. Wells H. Teachnor, Jr., and Dr. Frank C. Wagenhals have been appointed to the staff of the Columbus Tuberculosis Dispensary as consulting surgeon and consulting neurologist, respectively.

Youngstown—A monthly publication is being issued by the Mahoning County Medical Society entitled *The Bulletin*. It is the official organ of the society and is being published under the direction of a committee composed of Dr. J. L. Fisher, chairman, Dr. Morris Deitchman, Dr. C. M. Reed, Dr. W. M. Skipp and Dr. B. W. Schaffner.

Steubenville — Commissioners of Jefferson County have appointed Dr. I. C. Foster physician for the county infirmary and county jail.

Youngstown—Dr. E. H. Jones is taking special work in skin diseases at the Massachusetts General Hospital.

Grafton—Dr. James A. Schurgot, Grafton, has been appointed district examiner for the Organized Army Reserve Corps.

Youngstown—Dr. P. R. McConnell is taking special work in urology at the New York Post-Graduate Hospital.

Troy—Dr. Burton E. Hyde has been appointed physician for the Miami County Infirmary and Miami County Jail.

Canton—Canton's new assistant city physician is Dr. Kenneth Greenwald. He will be assistant to Dr. S. L. Agnone.

Portsmouth—Dr. W. H. Sisson has been named county physician for Scioto County.

Youngstown—Dr. Joseph Rosenfeld has returned from Vienna and Berlin where he took special work in internal medicine and fluoroscopy.

Reynoldsburg—Dr. C. H. Wilson is spending the winter in California.

Cleveland—Announcement has been made of the marriage of Dr. Samuel Oscar Freedlander of Cleveland to Miss Adeline Kaden of New York City.

Urbana—An illustrated lecture on his recent trip to Alaska was given before the Urbana Lutheran Brotherhood recently by Dr. G. C. Ullery, Springfield.

Fremont—The marriage of Miss Charlotte E. Dillon and Dr. Edgar M. Ickes, both of Fremont, has been announced.

Lima—Dr. J. P. Gibson, formerly of Cincinnati, has opened offices here.

Fremont—Dr. H. McCaffrey, formerly of St. Paul, Minn., has moved here and has opened offices for general practice of medicine.

Akron—Akron physicians recently entertained the members of the eye, ear, nose and throat section of the Cleveland Academy of Medicine at a dinner session.

Wilmington—Dr. E. Briggs recently underwent an operation at the McClellan Hospital, Xenia.

Cleveland—Physicians of Cleveland have been urged by the Committee on Public Health of the Cleveland Academy of Medicine to cooperate with Dr. Richard A. Bolt, director of the Cleveland Child Health Association in a study being conducted by him on the underlying causes of maternal and infant mortality in Cleveland and vicinity.

Cleveland—Dr. Geo. Edw. Follansbee has been elected president of the Cleveland Medical Library Association, succeeding Dr. W. T. Corlett. Other officers are: Dr. C. L. Cummer, chairman of the board; Dr. C. W. Stone, director of finance; Dr. C. H. Lenhart, director of the Library; Dr. A. A. Jenkins, director of maintenance; Dr. Howard Dittrick, director of program and extension; Dr. Theodore Miller, director of membership; Dr. L. A. Pomeroy, secretary; Dr. Frank S. Gibson, treasurer; Drs. John Dickenson, Dittrick, Gibson, Lenhart and Pomeroy, members of the board of trustees.

Cleveland—Speakers at a recent meeting of the Cleveland Clinical Club at the Hotel Hollenden were: Drs. W. I. LeFevre, S. C. Lind, F. G. Leonard, J. V. Seids, R. K. Updegraff, G. W. Moorehouse, A. J. Skeel, J. C. Placak, R. J. May and J. E. Tuckerman.

Cleveland—Dr. Donald C. Bell has returned to Cleveland after studying neuro-surgery at London, Edinburgh and Boston.

Cleveland—City Welfare Director Blossom has appointed Dr. Robert H. Browning medical director of the municipal tuberculosis sanatorium, Warrensville.

Cleveland—Dr. John Nichols returned recently from six months of study in Vienna.

Cleveland—Dr. Stanley Gardner has been elected commodore of the Cleveland Yachting Club.

Parkman—Dr. Edward M. Cowles, formerly of Cleveland but recently of California, has moved to this Geauga County town to take over the practice of the late Dr. George G. Smith.

Cincinnati—Dr. Albert H. Freiberg delivered the "Mayo Foundation Lecture" on orthopedic surgery during the Mayo Clinic Week held recently at Rochester, Minn.

HOSPITAL NOTES

The following appointments have been made in the College of Medicine, University of Cincinnati, and the Cincinnati General Hospital:

Medical Service—Assistant director, Dr. Mark A. Brown; attending physician, Dr. Alfred Friedlander; assistant attending physicians, Drs. Louis G. Heyn, William L. Freyhof, Hiram B. Weiss, Julien E. Benjamin, Clarence A. Mills, Stanley E. Dorst. Medical Service, Neurological Division—Attending neurologist, Dr. Howard D. McIntyre; assistant attending neurologists, Drs. J. F. Bateman and A. R. Vonderahe; consulting neurologist, Dr. Phillip Zenner.

Tuberculosis Service—Attending staff, associate medical director and resident physician, Dr. Vera Norton; assistant resident physicians, Drs. Mary McClellan, James N. Christiansen, Michael Ganim, Susan Brown, William H. Lippert, Louis Schneider; resident pathologist, Dr. J. W. Leichliter; attending physician, Dr. John Skavlem, attending pediatrician, Dr. Robert H. Kotte; attending surgeon, Dr. B. Noland Carter; attending oto-laryngologists. Drs. H. G. Nelson, Louis J. Hendricks, Albert P. Hofmann, Samuel Seltz; attending gynecologist, Dr. V. B. Roberts; attending dental surgeons, Drs. Vernon Chenowith and Carl G. Henn; attending neurologist, Dr. Howard D. McIntyre; attending urologist, Dr. Henry Freiberg; attending orthopedic surgeon, Dr. J. W. McCammon; attending dermatologist, Dr. Harry Claassen; assistant resident pathologist, Dr. John Phair. Tuberculosis Service consulting staff: consulting surgeon, Dr. George J. Heuer; consulting orthopedic surgeon, Dr. A. H. Freiberg; consulting dermatologist, Dr. Elmore B. Tauber; consulting pediatrician, Dr. A. Graeme Mitchell; consulting psychiatrist, Dr. Charles E. Kiely; consulting pathologist, Dr. R. S. Austin.

Surgery Department—Assistant director, Dr. Mont R. Reid; attending surgeons, Drs. Dudley W. Palmer, J. Louis Ransohoff, W. DeW. Andrus, John A. Caldwell, L. H. Schriver, B. Noland Carter; consulting surgeons, Drs. John C. Oliver, Arch I. Carson, Frank Fee, Carl Hiller, W. D. Haines.

Pediatric Service—Assistant director, Dr. Frank E. Stevenson; attending pediatricians, Drs. Albert J. Bell, Edward A. Wagner, J. Victor Greenebaum, Robert A. Lyon, George M. Guest, Merlin L. Cooper, Waldo E. Nelson; assistant attending pediatricians, Drs. Salmen K. Siebler, Robert H. Kotte, George Renner, Thomas J. Glenn; consulting pediatricians, Drs. Max Dreyfoos and Frank H. Lamb.

Pediatric Service, Contagious Division—Assistant director, Dr. Albert Faller; attending physicians, Drs. M. B. Brady and David Tucker; assistant attending physicians, Drs. Leo S. Friedman, Benjamin Hoyer, George Renner, Robert H. Kotte, Robert Biltz, consulting physician, Dr. E. W. Mitchell.

Pediatric Service, Tuberculosis Division—Attending pediatrician, Dr. Robert H. Kotte.

Obstetrical Service—Assisting director, Dr. Franz H. Miketta; attending obstetricians, Drs. E. N. Beatty and Daniel J. Davies; assistant attending obstetricians, Drs. Robert L. Crudginton and William P. Gillespie; consulting obstetrician, Dr. W. D. Porter.

Gynecological Service—Assistant director, Dr. Frank M. Coppock; attending gynecologists, Drs. Joseph E. Heiman and Edwin M. Straehley; consulting gynecologists, Drs. John M. Withrow, John D. Miller, James W. Rowe.

Psychiatric Service—Assistant director, Dr. Charles E. Kiely; attending psychiatrists, Drs. T. A. Ratliff and Clyde Shinkle; assistant attending psychiatrist, Dr. A. W. Fortmeyer; consulting psychiatrists, Drs. P. W. Langdon and David I. Wolfstein; consulting psychologist, Burtis B. Breese, Ph.D.

Orthopedic Service—Assistant director, Dr. Robert B. Cofield; attending orthopedic surgeons, Drs. Joseph A. Freiberg and John W. McCammon.

Oto-Laryngological Service—Assistant director (laryngology), Dr. Edward King; assistant director (otology), Dr. M. F. McCarthy; attending oto-laryngologists, Drs. Henry Goodyear, Harris H. Vail, Victor W. Fischbach, A. J. Light, H. G. Nelson, Henry Gruener, Samuel Seltz, Robert E. Howard, Louis J. Hendricks, Albert P. Hofman, Philip Gath, H. H. Haggart, Philip E. Pogue; consulting laryngologist, Dr. J. A. Thompson.

Ophthalmological Service—Assistant director, Dr. Clarence King; attending ophthalmologists, Drs. Horace Reid, Victor Ray, Jr., Charles Hofling; assistant attending ophthalmologists, Drs. Clarence Hans and D. T. Vail, Jr.; consulting ophthalmic surgeons, Drs. Robert Sattler and Frank B. Cross.

Urological Service—Assistant director, Dr. Gordon F. McKim; attending urologists, Drs. R. W. Staley, E. O. Swartz, Henry B. Freiberg; assistant attending urologist, Dr. Park G. Smith.

Dermatological Service—Attending dematologist, Dr. H. L. Claassen; assistant attending dermatologists, Drs. R. R. DuCasse and H. Jerry Lavender; consulting dermatologist, Dr. A. Ravogli.

Radiological Service—Assistant director, Dr. William M. Doughty; attending radiographer, Dr. Ellis R. Bader; assistant attending radiographer, Dr. Samuel Brown.

—Trustees of Western Reserve University have approved the following appointments recommended by the Faculty of the School of Medicine for positions on the staff of the Cleveland City Hospital:

Medical Division, Dr. R. W. Scott, chief; department of general medicine, Dr. R. W. Scott, chief; Drs. S. J. Webster, Harold Feil, R. C. McKay, H. H. Brittingham, C. P. Huston and J. J. Selman, visiting physicians; Drs. E. E. Beard, R. M. Stecher, I. H. Einsel, C. S. Stone and L. G. Steuer, assistant visiting physicians; department of neuro-psychiatry, Dr. C. W. Stone, chief; Dr. L. J. Karnosh, assistant chief; Drs. L. R. Ravitz, K. S. West and S. C. Lindsay, visiting physicians; department of dermatology and syphilology, Dr. H. N. Cole, chief; Dr. J. R. Driver, assistant chief; Drs. Sidney Littman and J. E. Rauschkolb, visiting physicians; department of pediatrics, Dr. H. J. Gerstenberger, chief; Dr. J. D. Pilcher, assistant chief; Drs. C. W. Burhans and O. L. Goehle, visiting physicians; department of contagious diseases, Dr. H. J. Gerstenberger, chief; Dr. J. A. Toomey, assistant chief; Drs. F. Beekel, C. W. Burhans and O. L. Goehle, visiting physicians; department of tuberculosis, Dr. J. C. Placak, chief; Dr. R. C. McKay, assistant chief; Drs. C. P. Edwards and E. L. Russell, visiting physicians.

Surgery Division, Dr. C. H. Lenhart, chief; Dr. S. O. Freedlander, assistant chief; department of general surgery, Dr. C. H. Lenhart, chief; Dr. O. T. Thomas, assistant chief; Dr. S. O. Freedlander, L. M. Glover, and D. C. Bell, visiting surgeons; Dr. H. R. Trattner, visiting urologist; Dr. A. B. Eisenbrey, visiting oral surgeon, and Dr. A. M. Smith, resident surgeon in charge; department of orthopedic surgery, Dr. C. I. Bauman, chief; Dr. L. M. Starin, visiting orthopedist; department of otolaryngology, Dr. W. B. Chamberlin, chief; Dr. C. L. McDonald, assistant chief; Drs. S. B. Cowen, C. W. Engler and J. T. Collins, visiting surgeons; department of ophthalmology, Dr. W. E. Bruner, chief; Dr. Paul Moore, assistant chief; Drs. H. H. Wyand and D. S. Hepburn, visiting surgeons; department of obstetrics, Dr. A. H. Bill, chief; Dr. J. J. Thomas, assistant chief; Drs. J. L. Reycraft, O. B. Pomeroy and A. E. Bennett, visiting physicians; department of dental surgery, Dr. P. J. Aufderheide, chief; Drs. A. J. Aufderheide, Herbert Hoppe, William Nichols and Henry Toomey, visiting surgeons; Dr. Harold Sell, assistant visiting surgeon; Dr. John Saniels, visiting dental surgeon in reconstruction work.

Division of Laboratories, Dr. H. T. Karsner, chief; Dr. V. C. Myers, visiting biochemist; department of pathology, Dr. H. T. Karsner, chief; Dr. David Seecof, assistant chief; Drs. H. Goldblatt, visiting pathologist; Dr. E. E. Ecker, visiting immunologist; department of roentgenology, Dr. H. L. Farmer, visiting roentgenologist; Dr. L. A. Pomeroy, visiting radium therapist; Dr. D. Steel, assistant visiting roentgenologist; Dr. A. E. Bennett, assistant radium therapist; out-patient department, Dr. R. W. Scott, chief.

—The new Lakeside Hospital, Cleveland, has been opened to the public and will be officially dedicated next June. Among the features of the new institution are: service units for nurses on each floor; utility rooms near wards and private rooms; numerous 16-bed wards with adjustable divisions into smaller units by means of curtains; one receiving department for dispensary patients

irrespective of complaints; isolation ward of 18 beds.

—Dr. H. L. Taylor has been elected president of the board of trustees of the Glenville Hospital, Cleveland. Other officers are: Dr. J. F. Evans, vice president; Dr. C. D. Waltz, secretary, and Dr. E. W. Henn, treasurer.

—The following have been named members of various committees of the staff at the Elyria Memorial Hospital by Dr. J. P. Rankin, newly elected president of the staff: Executive committee, Drs. C. O. Jaster, G. E. Moyer and R. H. McClure; program committee, Drs. H. C. Stevens, A. S. McKitrick and G. A. Hoke; interne committee, Drs. H. J. Austin, K. P. Scott and G. E. Townsend.

—Dr. Andre Crotti was re-elected chief of the staff at White Cross Hospital, Columbus, and Dr. William F. Millhon, vice chief. Others chosen to departmental directorships included: Dr. Wayne Brehm, director of obstetrics; Dr. Carl D. Hoy, director of orthopedics; Dr. William P. Smith, director of gynecology; Dr. A. B. Landrum, director of urology; Dr. William F. Millhon, director of general medicine; Dr. M. E. Millhon and Dr. R. A. Ramsey, associate directors of general medicine; Dr. R. W. Kissane, director of electrocardiology; Dr. S. D. Edelman, director of pediatrics; Dr. A. M. Hauer, director of the department of ear, nose and throat; Dr. William C. Davis, director of the department of the eye; Dr. Louis Mark, director of department of the chest; Dr. Ernest Scott, director of laboratory and consulting pathologist; Dr. John H. Mitchell, resident pathologist; Dr. H. V. Weirauk, director of *X*-ray department; Dr. George H. Haveman, director of anesthesia; Dr. Earl Gaver, director of psychiatry; Dr. E. A. Hamilton, director of proctology; Dr. Walter Hamilton, assistant director of proctology; Dr. W. E. Masters, director of records, and Dr. Gale Powell, D.D.S., director of dentistry.

—Dr. John H. Selby, radiologist at the People's Hospital, Akron, has been named head of the new *X*-ray department of the Barberton Citizens Hospital.

—Dr. Lloyd I. Ross, New York City, has been named senior resident surgeon at the Cleveland City Hospital. He formerly lived in Alliance.

—Dr. W. A. Hobbs and Dr. C. H. Bailey have been re-elected trustees of the East Liverpool City Hospital.

—Out-patient department of Good Samaritan Hospital, Cincinnati, is giving periodic health examinations free of charge to persons who cannot afford to pay for such examinations by private physicians.

—Harold W. Wagner has been appointed superintendent of the Alliance City Hospital, succeeding Alfred H. Simmons, resigned.

—The new nurses' home at the Fort Hamilton Hospital, Hamilton, has been completed.

—A social service department has been opened by St. Joseph's Hospital, Lorain.

—Dr. V. H. Hay has been re-elected president of the staff at St. Rita's Hospital, Lima. Dr. J. R. Tillotson is vice president and Dr. Klor S. Parent, secretary.

—Dr. O. B. Monosmith has been elected president of the staff at St. Joseph's Hospital, Lorain. Other officers are: vice president, Dr. L. A. Stack, and secretary-treasurer, Dr. H. F. Ross.

—The following members of the staff of Deaconess Hospital, Cincinnati, whose terms had expired have been reappointed: Seniors, Drs. O. J. Seibert, Charles Heisel, Walter Griess, Dudley W. Palmer, Henry Freiberg, F. C. Theiss, W. W. Klement, D. J. Davies, C. E. Shinkle, A. J. Light, Charles Goosmann, F. M. Oxley, E. V. Kitzmiller, Karl Zwick and A. G. Beyer; Juniors, Drs. E. N. Beatty, D. H. Reps and F. W. Heinhold.

—Mrs. Melissa Armstrong, formerly superintendent of nurses at the Cincinnati Deaconess Hospital, has accepted a position as chief nurse at the Cincinnati Sanitarium for Nervous and Mental Diseases.

—The Central Neuropsychiatric Hospital Association, an organization of private sanitaria for nervous and mental diseases, is contemplating publishing a series of announcements in a general medical journal, relative to the objects of the association and educational subjects on psychiatry in general, according to an announcement by Dr. D. A. Johnston, Cincinnati, secretary of the association.

—At the annual meeting of the staff of the Alliance City Hospital, Dr. G. O. Rowland was elected president; Dr. N. W. Hole, vice president; Dr. G. J. King, Jr., secretary, and Dr. H. L. Weaver, treasurer.

—Staff of the Elyria Memorial Hospital at its recent annual meeting elected Dr. J. P. Rankin, president; Dr. G. A. Hoke, vice president, and Dr. F. A. Lawrence, secretary-treasurer.

—A new kitchen has been added to the Heller Memorial Hospital, Napoleon. The old kitchen has been converted into a dining room and the old dining room into a nurses' lounging room.

—Staff of the Ohio Valley Hospital, Steubenville, has elected the following officers for the year: President, Dr. J. P. McMullen, Wellsburg; vice president, Dr. R. L. Focer, Weirton; secretary, Dr. M. H. Rosenblum, Steubenville; executive committee, Dr. Carl Goehring, Dr. A. E. Weinstein, Dr. F. B. Harrinton, Dr. J. R. Caldwell and Dr. Reed Cranmer.

—Dr. V. H. Hay has been elected president of the St. Rita's Hospital staff. Other officers are: Dr. J. R. Tillotson, vice president, and Dr. K. L. Parent, secretary.

Another Ohio Cure-All Is Exposed by A. M. A.

Inasmuch as elaborate advertising campaigns have been put on in numerous communities of Ohio by the sponsors of Sanovapor, a preparation advertised as a remedy for a wide variety of human ailments, and owing to a considerable number of questions and complaints, the following analysis of Sanovapor, published in the November 1, 1930, issue of the *Journal* of the American Medical Association, following an investigation of the A.M.A., will no doubt be of interest to many Ohio physicians:

SANOVAPOR

Another Cure-All of the Liquozone Type

Sanovapor Laboratories, Inc., of Huntington, W. Va., put out a nostrum, Sanovapor, that is recommended for such conditions as: Catarrh, colds, hay fever, asthma, bronchitis, tonsilitis, sore throat, stomach, liver, kidney and bowel disorders, diseases of women, pyorrhea, gastritis, gastric ulcer, diabetes, Bright's disease, high blood pressure, piles, cuts, scalds, burns, wounds, sprains, abrasions, insect bites, cold sores, boils, carbuncles, abscesses—and halitosis!

The therapeutic modus operandi of Sanovapor has been thus described:

"Sanovapor sterilizes the blood and vitalizes it; it neutralizes the poisons and enables the poisons to pass through the bowels kidneys, lungs and skin; the four channels of elimination.

"Sanovapor gives to the blood an additional amount of the same elements obtained by the atmosphere through the lungs. When Sanovapor is used nothing injurious remains in the system.

"Sanovapor stimulates healthy cell growth, causing unhealthy tissue to be thrown off, then eliminated through the system. It has a permanent value to the entire body through its tonic action."

The advertising matter also goes into detail regarding what is described as the "Specific Action of Sanovapor", thus:

"First action—Sanovapor penetrates the air passages—nose, mouth, throat, sinuses, Eustachian tubes in the ears, bronchial tubes and lungs, from lungs into blood-stream by inhalation.

"Second action—When swallowed Sanovapor enters Alimentary canal, or gastro-intestinal tract, consisting of mouth, gullet, stomach, appendix, small and large intestine, rectum to anus.

"Third action—Sanovapor reaches every part of the body through the blood-stream."

Especially does Sanovapor seem to be pushed as a remedy for diabetes. Like practically every other "patent medicine" sold for this condition, the exploiters emphasize the fact that the patient must carefully diet. Where this is done, the Sanovapor, of course, could be poured down the sink and equally good—or better—results obtained.

Because of the inquiries that have come to the Bureau of Investigation regarding this product, an original specimen of Sanovapor was submitted to the A.M.A. Chemical Laboratory with the request that some analytical work be done on the product. The Laboratory report follows:

LABORATORY REPORT

"One original bottle of Sanovapor (Sanovapor Laboratories, Inc., Huntington, W. Va.,) was submitted to the A.M.A. Chemical Laboratory for examination. The bottle contained 475 c.c. (approximately one pint) of a lemon-yellow liquid of a pungent odor and bitter taste, and possessing a specific gravity of 1.0016 at 25 degrees C. Qualitative tests indicated the presence of sulphur dioxide, sulphate and a yellow coloring material, Chlorides and heavy metals were not cound.

"Quantitative determination yielded the following:

Total solids	0.095 per cent.
Sulphur dioxide (S02)	0.064 per cent.
Sulphate (S04-)	0.157 per cent.
Total acidity after oxidation with hydrogen peroxide	1N x 0.0585

"Those values may be calculated to:

Sulphuric acid	0.16 per cent
Sulphur dioxide (calculated to sulphurous acid equivalent to 0.08 per cent)	0.06 per cent

"From the foregoing it appears that this product consists essentially of a solution containing approximately 0.06 Gm., of sulphur dioxide and 0.17 Gm. of sulphuric acid, U.S.P., in 100 cc., and possessing a yellow color."

It is evident from the chemists' report that Sanovapor is yet one more imitation of the old Radam's Microbe Killer. Many years ago, Radam's Microbe Killer, which emanated from New York City, consisted of a trifling amount of sulphuric acid and sulphurous acid, in water to which was added a little red wine. Twenty-five years ago when it was being pushed in the United States, the exploiters had dispensed with the wine (which merely added to the cost) and the stuff was reported by Dr. Harvey W. Wiley, on the basis of an analysis made by the federal chemists, to have the following composition:

"Sulphuric acid	0.59 per cent
"Sulphurous acid	0.016 per cent
"Inorganic matter	0.013 per cent
"Water by difference	99.381 per cent

Radam's Microbe Killer was repeatedly declared misbranded under the national Food and Drugs Act, but like all medical fakes, continued to flourish so long as the public was ignorant of the facts and newspapers could be found to carry the advertisements.

Out of the ashes of Radam's Microbe Killer, there arose a similar product, exploited from Chicago under the name Liquozone. This preparation was recommended for fifty-seven varieties of human ailments ranging alphabetically from asthma, blood poison, cancer, consumption and goiter to leucorrhea, malaria, rheumatism and throat trouble. Liquozone was analyzed and reported to have the following composition:

"Sulphuric acid	0.9 per cent
"Sulphurous acid	0.3 per cent
"Water	98.8 per cent".

Then, there was Septicide, a Milwaukee nostrum, which was recommended for practically everything from cancer to "sweaty feet". When analyzed by the government chemists, it, also, was found to consist of small quantities of sulphur dioxide and sulphuric acid in water!

Then came Oxytonic, which like its predecessor, Liquozone, also hailed from Chicago. It was advertised as a "tonic germicide" for internal and external use. This preparation, according to the analysis of state chemists of North Dakota, contained:

"Sulphurous acid	0.13 per cent
"Sulphuric acid	0.16 per cent
"Water to make	100.00 per cent'.'

Following Oxytonic, there was Zymatoid, exploited from Rockford, Ill., and described as an "antiseptic, germicide and antiphlogistic", which had "absolutely no peer in medicine". Analyzed in the A.M.A. Chemical Laboratory, Zymatoid was found to be one more weak solution of sulphur dioxide and sulphuric acid in water.

LABORATORY APPARATUS

Coors Porcelain Pyrex Glassware
R. & B. Calibrated Ware
Chemical Thermometers
Hydrometers Sphygmomanometers

J. T. Baker & Co's C. P. Chemicals

Stains and Reagents
Standard Solutions

BIOLOGICALS

Serums Bacterins Media
Antitoxins Vaccines Pollens

We are completely equipped, and solicit your inquiry for these lines as well as for Pharmaceuticals, Chemicals and Supplies, Surgical Instruments and Dressings.

The Rupp & Bowman Co.
319 Superior St. Toledo, Ohio

Physicians' Service

QUALITY FIRST

We are exclusive manufacturers of Pharmaceuticals, U. S. P. and N. F. Preparations, Specialties, Tablets, Ointments, Ampoules, Suppositories, Effervescents, etc., for Physicians Dispensing and Prescribing.

NOTHING SOLD AT RETAIL EXCEPT ON ORDER OF PHYSICIAN

Offices and Laboratories
330-336 OAK STREET, EAST
One-half Square North of Grant Hospital and Carnegie Library.

THE
COLUMBUS PHARMACAL CO.
COLUMBUS, OHIO



. . . whenever milk is an important part of the diet

Cocomalt not only renders it more palatable but increases its food value over 70%

COCOMALT is a delicious, high-caloric food—ideal for convalescents, expectant and nursing mothers and undernourished children.

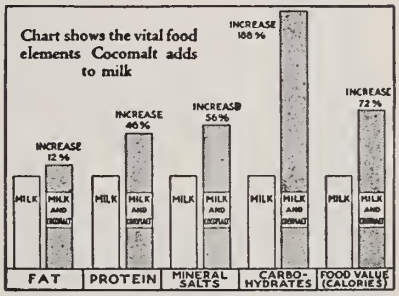
Not only does Cocomalt make milk a tempting chocolate flavor drink; *it actually increases its food value* 70%—adding 46% more protein, 56% more mineral salts (Lime and Phosphorus), 188% more carbohydrates.

Laboratory tests show that Cocomalt contains Vitamins A, B complex and D. Vitamin D is present in sufficient quantity to make a definite contribution to the anti-rachitic potency of the child's diet.

Cocomalt is available at grocery and drug stores in ½ lb., 1 lb. and 5 lb. hospital can.

FREE
to Physicians

Use the coupon below. It will bring you a trial can of Cocomalt without cost.



Cocomalt
DELICIOUS HOT OR COLD



ADDS 70% MORE NOURISHMENT TO MILK

R. B. DAVIS CO., Dept. 192, Hoboken, N.J.
Please send me, without charge, a trial can of Cocomalt.
Name .....
Address .....
City ..... *State* .....

Some Problems of Old Age in Relation to Public Health, Social and Economic Relations as Seen by One Writer

Questions growing out of the problem of old age have gained a prominent place in written and oral discussions of public health and public welfare.

New and elaborate movements and programs for the purpose of bringing about an increase in the length of human life are continuously being launched. There are some taking an active interest in this kind of work who are extremely optimistic and who freely predict that it is possible for a large portion of the population to live to the 100-year mark or longer.

One school of thought among these individuals and groups is certain that the advancement of the eugenics movement will do much to increase the length of human life. Another stresses the intensive development of the public health program. Still another points to better personal hygiene, including periodic health examinations, as the solution to the problem.

On the other hand there are equally as well-versed students of the old age question who voice the opinion that their colleagues are too optimistic. This latter group sees little hope at the present time that the life span could be materially prolonged and are inclined to believe that the public has been thrown into unnecessary confusion about a question which is unsolvable with present-day scientific knowledge.

Dr. Louis I. Dublin, life insurance statistician and a nationally known authority in his field, is one of those who holds to the belief that there is little evidence at present to indicate that the adding of many more years to the present life span is possible. Although he does not feel that the special movements in life conservation are entirely out of place, Dr. Dublin hints that those who are so optimistic concerning a definite solution of the question of lengthening the life span are battling one of nature's unsolved riddles, armed with little tangible evidence that success awaits them.

Writing in a recent issue of *Harper's Magazine*, Dr. Dublin says:

"We have not as yet learned how to check the processes of degeneration. Today, ever larger numbers of people are dying of heart disease, cancer, cerebral hemorrhage, arterial diseases, Bright's disease and diabetes. Together, these so-called degenerative diseases account for 66 per cent of the entire mortality after the age of 70, as compared with 52 per cent 20 years ago. This is in a sense inevitable, for people must die. If children and young folks no longer fall victims to the diseases characteristic of early years, they must in the end succumb to the illnesses typical of old age. It is, therefore, not surprising that in spite of increasing knowledge and improving medical practice, the mortality from heart disease, from cancer and from diabetes is constantly rising. Even where a definite specific has been discovered, such as insulin, its effectiveness seems to be limited to the younger ages, for after middle life the trend of the death rate from diabetes is distinctly upwards. We seem, in fact, to be confronted at the older ages with the gradual breakdown of the human organism. Apparently the human body, like the machine in industry, has a fairly definite working life and each year of activity produces a certain amount of depreciation. Consequently we see little hope of any improvement until we find out more about the causes of senescence. Perhaps medical research in the future will give us a new point of departure, but this also remains veiled in mystery."

In concluding his discussion, Dr. Dublin offers a bit of philosophy regarding the attitude which should be taken toward the question of old age.

"After all," he asserts, "is it not vain to complain that we cannot extend indefinitely the term of our life? Within the space of a century, or even the more practicable period of eighty years, cannot man attain the fulfillment of every reasonable ambition? Instead of harassing our minds with a futile desire for added years at the dusk of life, should we not rather in a spirit of peace and submission face facts as they really are? A period of old age free from the pain and hardpships of early years, serene and calm in the possession of one's mental faculties, is the most beautiful, but it should be enjoyed in the untroubled realization that the final scene in the drama of life will necessarily be brief. The unwarranted sacrifice of infants and young children, of youths and of adults in their prime is an unpardonable social waste; to control and check it calls for the employment of every device within our power. And it is our hope that an ever greater proportion of people will be enabled to utilize all their productive years, arrive at the threshhold of old age, and even life well beyond into the fullness of years. But, at the same time, nothing is to be gained by loading down the rising generation with a staggering burden of helpless old age. The social welfare does not demand the indefinite continuance of the profitless and often senile existence of those who have completed their work. Perhaps, after all, it is well arranged that nature is inexorable and will not permit our life span to be extended. The old order changes and gives way to the new."

Annual meeting of the American Association for the Study of Goiter will be held April 7, 8 and 9 at Kansas City, Missouri. Ohio physicians who will take part in the program include: Dr. Allen Graham, Cleveland; Dr. E. R. Arn, Dayton, Dr. William Dinsmore, Cleveland, and Dr. Andre Crotti, Columbus.

RADIUM THERAPY
DEEP X-RAY THERAPY
ELECTRO COAGULATION

BEN RENICK KIRKENDALL, M.D.
EDWARD TAYLOR KIRKENDALL, M.D.

137 E. State Street, Columbus, Ohio
Or Mt. Carmel Hospital

Office Phone Adams 7656 **Res. Phone** Gahana, Ohio 44 F. 14

W. H. MILLER, M. D.

X-Ray

328 East State Street **Columbus, Ohio**

Complete Diagnosis and Therapy

Diseases of Chest
Gastro-Intestinal Tract
Genito-Urinary Tract
Gall Bladder
High Voltage X-Ray Therapy
Portable X-Ray
Electro-Coagulation
Fractures and Dislocations

PROMPT AND FULL REPORT

News Notes From County Societies and Academies

First District

ACADEMY OF MEDICINE OF CINCINNATI
(D. T. Vail, Jr., M.D., Secretary)

February 2—Program: "The Pathology of Goitre", by Dr. A. S. Warthin, Ann Arbor, Michigan.

February 9—Program: "Medical Science and Criminal Justice", by Dr. Oscar T. Schultz, of Evanston, Illinois.

February 16—Program: "The Treatment of Gonorrhea", by Dr. Henry B. Freiberg; "Public Health a Public Business", by Dr. Wm. H. Peters, Health Commissioner of Cincinnati; "Boy Scouts in Our Community", by Mr. Arthur E. Roberts.

February 23—Program by the Department of Pathology, College of Medicine, University of Cincinnati, Dr. R. S. Austin, chairman.—Bulletin.

Clinton County Medical Society met at lunch at the Shreve Hotel, Wilmington, February 3, with sixteen members present. Papers by Dr. F. A. Peele, on "The Acute Abdomen" and Dr. W. L. Regan, on "Infantile Paralysis", were features of the meeting. A part of the program was devoted to short case reports by all members. The report of the Committee on Revision of the Constitution and By-Laws was accepted, and the revised Constitution and By-Laws were adopted by the society.—Robert Conard, Secretary.

Fayette County Medical Society met in regular session Thursday, February 5 at 1 P.M. at the Y.M.C.A., Washington C. H., and listened to a very interesting and complete paper on "Coronary Thrombosis", by Dr. George I. Nelson, of Columbus. Dr. Nelson was highly complimented on the paper during the discussion by members present. —James F. Wilson, Secretary.

Second District

Clark County Medical Society held its annual meeting on Wednesday evening, January 21, with a banquet at the Woman's Town Club, Springfield. Speakers included Dr. E. M. Huston, Dayton, Councilor of the Second District, and Dr. E. F. McCampbell, Columbus. Dr. McCampbell discussed the subject of "Errors in Diagnosis". Sixty members were in attendance.—News Clipping.

Miami County Medical Society met Friday afternoon, February 6 at Memorial Hospital, Piqua. The program, which was devoted entirely to a discussion of Public Health Activities in Miami County and Piqua, included the following speakers: Drs. E. R. Hiatt; J. F. Hill, and W. W. Trostel; discussion by Drs. G. J. Hance, C. E. Hetherington; H. W. Kendall. The program was followed by a dinner.—Bulletin.

Montgomery County Medical Society held its regular meeting on Friday evening, February 6, in the auditorium of the Fidelity Medical Building. Program included a symposium on "Pneumonia", given by Dr. Clarke Sullivan and Dr. A. F. Kuhl, with discussion by Drs. Brower, Breidenbach, Simpson, Weiss, and Taggart.—Bulletin.

Preble County Medical Society met on Thursday evening, January 15, at Central Hotel, Eaton. Following a dinner, Dr. Walter M. Simpson, Dayton, gave an address on "Personal Observations of British Panel System".—News Clipping.

Allen County Academy of Medicine held its regular meeting on Tuesday evening, January 20, in Lima. Dr. W. W. Beauchamp, president, spoke on "The Academy, Its Origin, Development, Present Status and Future". Other officers for 1931, are: Vice President, Dr. E. C. Yingling; secretary, Dr. J. V. Pace; treasurer, Dr. T. T. Sidener (re-elected); legislative committeeman, Dr. R. A. Buchannan (re-elected); medical defense committeeman, Dr. E. B. Pedlow; delegate to State Meeting, Dr. Ezra Burnett, and alternate, Dr. W. A. Noble.—News Clipping.

Hancock County Medical Society held a dinner meeting on Wednesday evening, January 7, at the Elks Club, Findlay. "Medical or Surgical Treatment of the Traumatic Head Injuries", was the subject of an illustrated lecture presented by Dr. Louis Miller, of Toledo.—News Clipping.

Logan County Medical Society met at Hotel Ingalls, Bellefontaine, on Friday evening, January 16. Following a dinner, Dr. Robert B. Pratt, spoke on "A Summary of Present Day Knowledge of Vitamins".—News Clipping.

Fourth District

ACADEMY OF MEDICINE OF TOLEDO
(A. P. Hancuff, M.D., Secretary)

February 6—General Meeting of the Academy. Program: "The Neurology of Emotions", with Lantern Slide Demonstration, by Dr. Louis J. Karnosh, director of Psychopathic Division, City Hospital, Cleveland.

February 13—Section of Pathology, Experimental Medicine and Bacteriology. Program: "Traumatic Arteriovenous Aneurism of the Internal Carotid, causing Exophthalmos" (Case Report), by Dr. H. L. Green; "A Laryngeal Case", by Dr. Louis Ginsburg; "A Case of Tularemia, Autopsy Findings", by Dr. T. L. Ramsey; "Asthma Relieved by Thyroidectomy" (Case Report), by Dr. Norris W. Gillette.

February 20 — Medical Section. Program: "Ring Worm of Hands and Feet", by Dr. Edward Binzer; "Mesenteric Thrombosis following Phle-

RADIUM RENTAL SERVICE

BY

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to Physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

CAREFUL CONSIDERATION WILL BE GIVEN INQUIRIES CONCERNING CASES IN WHICH THE USE OF RADIUM IS INDICATED.

The Physicians Radium Association

1307 Pittsfield Bldg., 55 E. Washington St.,
CHICAGO, ILL.

Telephones Central 2268-2269

Wm L. Brown, M.D., Director.

BOARD OF ADVISORS

William L. Baum, M.D. Bennett R. Parker, M.D.
Frederick Menge, M.D. Walter S. Barnes, M.D.
Louis E. Schmidt, M.D. S. C. Plummer, M.D.

RADON

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

We offer to the Medical Profession a Prompt and Dependable Radon Service

GOLD RADON IMPLANTS FOR INTERSTITIAL USE. RADON TUBES FOR TOPICAL AND CAVITY CONDITIONS.

RADON COMPANY, Inc.

1 East 42nd St., New York

Telephones: Vanderbilt 3-2811; 3-2812

CHAS. F. BOWEN, M.D.

SPECIALIZES

in

Superficial Malignancies

Removal of Foreign Bodies

Radium and X-Ray

Diagnosis and Therapy

332 E. State Street
COLUMBUS, OHIO

Columbus Radium Laboratory

Radium
and
Deep X-Ray Therapy

EDW. REINERT, Ph.G., M.D.
350 E. State St., Columbus, O.
Bell, Main 1537

bitis", by Dr. John E. Schrider; "Cancer of the Appendix", by Dr. H. D. Brown; "Glandular Fever", by Dr. M. J. Larkin.

February 27—Surgical Section. Program: "Benign Tumors of the Breast—Diagnosis and Treatment", by Dr. L. F. Smead; discussion opened by Drs. F. M. Douglass and N. W. Gillette. "Rectal Bleeding" (Case Report), by Dr. H. L. Wenner; "Retro-peritoneal Carcinoma" (Case Report), by Dr. F. L. Eyestone.—Bulletin.

Putnam County Medical Society met Thursday evening, January 15, at the DuMont Hotel, Ottawa. Dr. G. E. Miller, of Lima, spoke on "Treatment of Colitis".—News Clipping.

Wood County Medical Society held its first meeting of the year on Thursday evening, January 15, at the Woman's Club, Bowling Green, with sixteen members in attendance. Following a business session, Dr. J. L. Stifel, of Toledo, spoke on the subject of "Migraine, Epilepsy and Allied Disorders". The president, Dr. O. S. Canright, has announced the appointment of the following officers: Censor, Dr. G. C. Aurand; correspondent for *The Journal*, Dr. H. J. Powell; legislative committeeman, Dr. E. A. Powell; medical defense committeeman, Dr. T. O. Whitacre; delegate to State Meeting, Dr. E. D. Foltz, and alternate, Dr. J. W. Rae.—Bulletin.

Fifth District

ACADEMY OF MEDICINE OF CLEVELAND

(Clarence H. Heyman, M.D., Secretary)

February 4—Obstetrical and Gynecological Section. Program: "Treatment of Sterility", by Dr. Sarah Marcus; "Economic and Physical Advantages of Gynoplastic Repairs after Childbirth", by Dr. J. L. Bubis; "Summary of Two Thousand Hysterectomies", by Dr. W. D. Fullerton and Dr. Robert L. Faulkner; "Occipito-Posterior Positions; Treatment of Five Hundred Cases", by Dr. Samuel M. Dodek.

February 6—Clinical and Pathological Section. Program consisted of a clinical-pathological conference, with cases presented by the clinical and pathological staffs of the City Hospital.

February 13—Experimental Medicine Section. Program (arranged by the Department of Anatomy): 1. Clinical Studies in Skeleton Growth: a. "Significance of Ossification Centers", (by invitation), Dr. C. C. Francis; b. "The Growing Epiphysis", (by invitation), Dr. Burton Held; c. "Skeletal Growth in the Adolescent", (by invitation), Dr. T. T. Zuck; 2. The Gastric Response to Solid Meals", (by invitation), Dr. T. P. Eberhard; "Embryology and Some Dermatological Conditions", by Dr. N. W. Ingalls.

February 20—Regular Academy meeting. Program: "The Technic of Hysterectomy", by Dr. W. H. Weir; "Pleural, Pericardial and Peritoneal Pain", by Dr. Joseph A. Capps, Professor of Clinical Medicine at the University of Chicago; discussion opened by Drs. M. A. Blankenhorn and F. S. Gibson.

February 25—Pediatric Section. Program: "Pathological Specimens", by Dr. R. A. Moore; "Still's Disease (age 15 months), by Dr. C. L. Ruggles; "Ascending Landry's Palsy", by Dr. J. E. McClelland; "Luetic Laryngitis", by Dr. J. Hart Davis; "Ketogenic Treatment of Epilepsy", by Dr. J. I. Hartman; "The Feeding of Premature Infants", by Dr. John D. Nourse; "S. H. G.—Diet in Tuberculosis", (by invitation), Dr. Otto Beck; "Combined Anemia and Polycythemia", by Dr. A. J. Horesh; "Hemoperidardium", by Dr. C. H. York; "Interlobar Exudates in the Roentgenogram", by Dr. H. S. Reichle; "Two-one Bundle-branch Block", by Dr. N. C. Wetzel; "Multiple Thrombosis with Leukopenia", by Dr. H. J. Gerstenberger.—Bulletin.

Ashtabula County Medical Society held a joint meeting with the Ashtabula County Bar Association on Tuesday evening, January 13, at Hotel Ashtabula. Dr. Walter G. Stern of Cleveland, spoke on "The Doctor in Court", relating some of his experiences as a special witness in court. Attorney J. E. Helman, of Conneaut, discussed the same topic from the viewpoint of the attorney. Mr. D. F. Dunlavy, president of the Ashtabula County Bar Association, also spoke on the subject. The program was preceded by a dinner. Forty-nine members and guests were present at the annual banquet and dance of the Society, held Tuesday, February 10, at Hotel Ashtabula.—News Clipping.

Lake County Medical Society met at the Lake County Memorial Hospital, Painesville, on Tuesday, January 27. Dr. W. Bucher of Cleveland, delivered an address on "The American Doctor in Vienna". His talk was preceded by motion pictures. Dr. W. R. Carle, president of the Society, presided at the meeting.—F. J. Dineen, Secretary.

Lorain County Medical Society held its regular meeting at Hotel Lorain Restaurant, on Tuesday evening, February 10, beginning with a five o'clock dinner. The following program was presented: "Spinal Anesthesia", by Dr. Leonard A. Stack, Lorain; discussion opened by Dr. W. B. Hubbell, Elyria.—Bulletin.

Trumbull County Medical Society held a dinner meeting at the Trumbull County Club, Warren, on Thursday evening, January 22. The guest speaker was Dr. J. A. Doull, of Baltimore, who discussed some interesting research findings in his work as chairman of the Chemical Foundation for Study of the Common Cold.—News Clipping.

Sixth District

Ashland County Medical Society held its regular meeting at Samaritan Hospital, Ashland, on Friday evening, January 9. Dr. C. B. Meuser

This laboratory is approved by the Council on Medical Education and Hospitals of the American Medical Association

Langdon-Meyer Laboratories

OFFER A COMPLETE 24 HOUR SERVICE ON WASSERMANNS—
INCLUDING, WATER-BATH; ICE-BOX; AND KAHN TEST.

Fee—$5.00

Send for our Fee Table

519 Main Street CINCINNATI, OHIO

The Wendt-Bristol Company

Two complete ethical stores in Columbus

51 E. State St. 721 No. High St.

for the convenience of the Physicians and Surgeons—and the many people they serve

Two Prescription Departments

maintained in a high class manner with eight registered Pharmacists

Other Complete Departments

OFFICE EQUIPMENT
PHYSIO THERAPY APPARATUS
HOSPITAL SUPPLIES
HEALTH FOODS

W-B Pharmaceutical Supplies

JOBBING STOCKS ALL LEADING MANUFACTURERS

Antitoxins and Vaccines in Special Refrigeration Plants

Prompt Service on Phone Orders

URINE
BLOOD
SPUTUM
EFFUSIONS
STOMACH CONTENTS
WASSERMAN & KAHN
PRECIPITIN TESTS
GONORRHEAL COMPLEMENT FIXATION TEST
BLOOD CHEMISTRY
PROTEIN SENSITIZATION TESTS
BASAL METABOLISM
AUTOGENOUS VACCINES
FAECES
GENITO-URINARY
SURGICAL and GYNECOLOGICAL
PATHOLOGY
DARK FIELD ILLUMINATING FOR SPIROCHETA PALLIDA
MEDICO-LEGAL POST-MORTEMS
X-RAY

LABORATORY

Clinical and Pathological

Approved by the American Medical Association

Columbus, Ohio 370 E. Town Street

DIRECTOR

J. J. Coons, B. Sc., M.D., D. Sc.
Dorris Coss, B. Sc., M. Sc.
Frances Coup, A. B.
Flora Moone

PROMPT SERVICE
Immediate Report on Frozen Sections of all Tumors.
ESTABLISHED 1904

DIABETICS

have palatable

Starch-free Bread

when you prescribe

Listers

DIETETIC FLOUR

Self-rising — contains no starch, no gluten

Ask for nearest Depot or order direct

LISTER BROS. Inc. 41 East 42nd Street NEW YORK, N. Y.

LABORATORY

Service and Consultation

James A. Beer, B.Sc., A.M., M.D.

21 East State Street Columbus, Ohio

Telephone, ADams 3847

gave a lecture-demonstration on "Infantile Paralysis in Children".—News Clipping.

Mahoning County Medical Society at the monthly meeting on Tuesday evening, January 27, enjoyed an interesting lecture on "The Removal of Adhesions of Pericarditis", by Dr. Hugh Trout of Roanoke, Virginia. The operation was demonstrated by motion picture. Dr. Trout has obtained some brilliant results. The Society unanimously endorsed the World Peace League, to which it will delegate a member. The World Peace League was founded by Rev. J. W. Van Kirk, of Youngstown, who also designed the World Peace flag, which he, himself, has carried practically over the world.—John U. Buchanan, Correspondent.

Portage County Medical Society met at the residence of Dr. L. A. Woolf, Ravenna, on Thursday evening, February 5. Dr. Thomas P. Shupe, Cleveland, presented a paper on "Uro-Selectan in Clinical Diagnosis", with discussion by Dr. J. S. Deyell, of Ravenna. Dr. S. U. Sivon presented a "Report of a Case of Scarlet Fever". Proposed plans for the new Portage County Hospital building were presented by the architects.—Bulletin.

Stark County Medical Society held its regular meeting at the Medical Library Room, Canton, on Tuesday evening, February 10. The following program was presented: "Some Chemical and Physiological Aspects of Arthritis", by Dr. W. A. McConkey; discussion by Dr. R. T. Shipley; "Some Dangers Accompanying the Use of Irradiated Ergosterol", by Dr. H. W. Beck.—Bulletin.

Summit County Medical Society met at the Akron City Club on Tuesday evening, February 3, for its regular meeting. Dr. J. B. Carnett, Professor of Surgery, Graduate College of Medicine, University of Pennsylvania, Philadelphia, gave an address on "The Simulation of Various Intra-abdominal Lesions by Intercostal Neuralgia of the Abdominal Wall". During the morning a clinic was held at Akron City Hospital, and at the Peoples Hospital in the afternoon.—Bulletin.

Seventh District

Columbiana County Medical Society held its regular meeting on Tuesday evening, February 10, at the Nurses Home, Salem. Two moving pictures were presented by Dr. Guy E. Byers; first, "Clinical Aspect of Hernia" and second, "Operative Technique of Hernia". Dinner was served in the dining room of the hospital after the close of the program. The meeting held on Tuesday evening, January 20, at the Travelers Hotel, East Liverpool, was addressed by Dr. William Cullen Bryant of Pittsburgh. His subject was "Tumors of the Bladder".—Bulletin.

Eighth District

The semi-annual meeting of the Eighth Councilor District of the Ohio State Medical Association, was held in Zanesville on Thursday, Feb-

INTENSIVE TWO WEEKS' COURSE IN SURGICAL TECHNIQUE

Arranged for the General Surgeon to make every minute count. General, Gynecological, Rectal, Urological, Orthopedic and Goiter Surgery.

Supervised cadaver and dog surgery by the student surgeons. LOCAL, Spinal and Regional anesthesia emphasized.

Beginning the first Monday of each Month

ALSO COURSES IN X-RAY, LABORATORY AND ANESTHESIA

Write for descriptive pamphlets

POST GRADUATE HOSPITAL AND MEDICAL SCHOOL

2400 S. Dearborn Street CHICAGO, ILL.

X-Ray Film Consultation



A service for Physicians who do their own X-Ray work and are in doubt as to the interpretation. Detailed reports will be made.

A brief case history sent with the films will assist in the diagnosis.

Correspondence solicited.

HUGH J. MEANS, M.D.

683 East Broad St.,

Columbus, Ohio

X-RAY DIAGNOSIS AND THERAPY

THE NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL
(Organized 1881)

(The Pioneer Post-Graduate Medical Institution in America)

EYE, EAR, NOSE and THROAT

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street NEW YORK CITY

Mellin's Food

ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods

A Real Milk Modifier

accomplishing more than supplying maltose and dextrins in building up the carbohydrate content of a baby's diet—*important as this is acknowledged to be*—for Mellin's Food assists materially in the digestion of milk by changing the physical condition of the coagulated casein into a soft, flocculent, sponge-like curd, readily permeated by the fluids of the stomach and incapable of forming in tough, tenacious masses.

It is a matter of common knowledge that the chief obstacle to surmount in the management of an infant's diet is the trouble most babies have in digesting the casein portion of milk protein, so the fact that Mellin's Food overcomes this difficulty is a long step toward simplifying infant feeding, for other necessary adjustments are relatively easy.

Literature and samples sent to physicians upon request—carrying charges prepaid.

Mellin's Food Company **Boston, Mass.**

ruary 19. Professor Doctor Erwin von Graff, Professor of Obstetrics and Gynecology, University of Vienna Austria, Faculty of Medicine, addressed the members at the afternoon session at Bethesda Hospital, and again at 7:30 p. m., at the Rogge Hotel. The evening address was preceded by a banquet, held in the Ball Room of the Rogge Hotel.

Fairfield County Medical Society held a luncheon and business session at the Florentine, Lancaster, on Tuesday noon, January 20. A very interesting talk was given by Dr. R. W. Kissane, of Columbus, on the subject of "Heart Disease".—News Clipping.

Guernsey County Medical Society had as guest speakers at the meeting on January 15, Mayor J. B. Stewart of Cambridge; Juvenile Judge Samuel Schlup, and Prosecuting Attorney, Willard D. Campbell. All made excellent addresses to the Society. Dr. M. S. Lawrence, Quaker City, was the speaker at the meeting of the Society on February 6. He read an excellent paper on "The Common Cold". This paper was well received and was discussed by several members of the Society. —D. L. Cowden, Correspondent.

Perry County Medical Society met at the Park Hotel, New Lexington, on Monday, January 19, for a luncheon and regular monthly business meeting. Hon. Dwight Cusick, Prosecuting Attorney for Perry County, addressed the society.—News Clipping.

Washington County Medical Society held its regular meeting on Wednesday, January 14, at Marietta Memorial Hospital. Dr. N. M. LeBarre, Marietta, presented a paper on "Infectious Arthritis".—Bulletin.

Ninth District

Gallia County Medical Society held its regular meeting on Tuesday evening, January 13, at Holzer Hospital, Gallipolis. A highly interesting illustrated lecture on how serums are made in a laboratory was given by Prof. G. W. Trusdall, of Cincinnati. Nurses at the hospital were guests of the society. At the business session, the following officers were re-elected for 1931: President, Dr. O. A. Vornholt; vice-president, Dr. Ella Lupton; secretary-treasurer, Dr. Milo Wilson; and Dr. R. A. Howell, chairman of the legislative committee.—News Clipping.

Scioto County—The regular meeting of the Hempstead Academy of Medicine was held at the Nurses Home, Portsmouth, on Monday evening, February 9. "Indications for Tonsillectomy", illustrated with lantern slides, was presented by Dr. A. Graeme Mitchell of Cincinnati. Discussion was opened by Dr. Tunis Nunemaker of Portsmouth. A buffet lunch was served following the meeting.—Bulletin.

Tenth District

ACADEMY OF MEDICINE OF COLUMBUS

(James A. Beer, M.D., Secretary)

January 19—Program: Symposium on Pneumonia: "Etiology and Diagnosis", by Dr. Henry A. Baughn; "Bacteriology", by Dr. Charles A. Doan; "Treatment", by Dr. C. C. Sherburne.

January 26—Program: "Economics as it Affects the General Practitioner", by Dr. Cassius M. Shepard; "The Art of the Practice of Medicine", by Dr. Robert B. Drury; "Therapeutics in the Practice of Medicine", by Dr. I. W. Sherwood.

Crawford County Medical Society met at the Elk's Club, Bucyrus, on Monday evening, January 5. Dr. R. R. Kahle, Columbus, addressed the society on the subject of "Toxic Goitre".—News Clipping.

A characteristic of Mead's Powdered Lactic Acid Milk No. 1 (containing Dextri-Maltose) is the finely divided soft curd which never clogs the nipple. In a few moments, any mother can carry out the simple procedure required without error — a saving in time to her and an assurance to the physician that the feedings are correctly prepared. This product never curdles; it is always ready, and quickly reliquefied. No ice is necessary to keep the powder. It is convenient while traveling. Samples and literature on request. Mead Johnson & Company, Evansville, Indiana, U.S.A.



To the PEDIATRICIAN:



"Babies deprived of mother's milk find a food closely resembling it chemically and physically in formulas prepared with evaporated milk . . . In the transformation of raw cow's milk into evaporated milk, the protein and fat are given physical properties like the protein and fat of breast milk. . . . Laboratory tests, therefore, would indicate that Unsweetened Evaporated Milk is the best form of cow's milk for preparing the feeding formula."—*Archives of Pediatrics, October, 1930.*

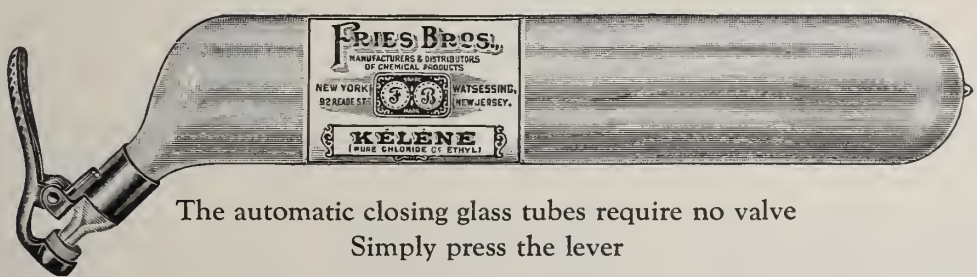
Wilson's Evaporated Milk brings to you the maximum of wholesomeness and safety in your feeding formulas. Clinical samples, also information and literature will be forwarded to physicians upon request.

WILSON'S MILK COMPANY
728 CHAMBER OF COMMERCE BLDG., INDIANAPOLIS, IND.

For Local and General Anesthesia

KELENE

PURE ETHYL CHLORIDE



The automatic closing glass tubes require no valve
Simply press the lever

Sole Distributors for the United States and Canada:

MERCK & CO. INC.

Main Office: **Rahway, N. J.**

Pickaway County Medical Society held its annual meeting on Friday, January 2, at Berger Hospital, Circleville. Dr. John B. May, New Holland, the oldest practicing physician in the county, who recently was made a life member of the society, was elected as president-emeritus. Other officers chosen for 1931 are: President, Dr. G. D. Sheets, Williamsport; vice-president, Dr. G. C. Stewart, of Circleville; secretary, Dr. E. S. Shane, Circleville; treasurer, Dr. R. S. Hosler, Ashville; delegate to State Meeting, Dr. D. V. Courtright, Circleville, and alternate, Dr. A. F. Kaler, New Holland; medical defense committeeman, Dr. H. D. Jackson, Circleville.—News Clipping.

Ross County Academy of Medicine met Thursday evening, February 5, at the Warner Hotel, Chillicothe, with the following members present: Drs. John Franklin, Iden, Breth, L. T. Franklin, Tatman, Perrin, Harman Sproat, Scholl, Hass, Merkle, Kirby, Fearney, Hoyt, Marr, Hanley, Nisley, Smith, Bower, Holmes, Brown, Sentiff, and Ewing; and Drs. F. W. Harrah and J. H. Warren, Columbus, guests. Following a business session, Dr. Warren spoke on "Common Disorders of the Colon and their Treatment", illustrated with *X*-ray plates.—W. C. Breth, Correspondent.

PUBLIC HEALTH NOTES

—"When will the commonsense of Ohio rise in its might, throw the antis and the cultists into discard—and vaccinate?" asks the *Ohio Health News*, official publication of the State Department of Health, as a conclusion to an article giving the statistics on smallpox in Ohio for the past 10 years. The statistics cited by the *Health News* are as follows:

Years	No. Cases	Years	No. Cases
1920	7209	1925	4018
1921	7286	1926	2133
1922	2422	1927	1558
1923	2415	1928	1236
1924	5597	1929	3223
		1930	5116

—Considerable controversy has ensued for some months relative to the use of methyl alcohol as an antifreeze solution for automobiles because of a number of deaths resulting from the use of it for beverage purposes. The following discussion of the question was published in the February 1, issue of the *Ohio Health News:*

"The recently perfected method of producing methanol, i.e., methyl alcohol (the essential constituent of wood alcohol) synthetically, has made this product apparently available for much wider usage than heretofore. It is now being advertised as an antifreeze solution for automobiles and considerable publicity has been given both for and against its use. Inasmuch as this publicity may have left some misunderstanding in the minds of the public as to the true nature of the compound, it was felt that more definite information should be given at this time.

" 'Methanol' is one of the French terms for methyl alcohol, according to 'Occupation and Health', International Labour Office, League of Nations, brochure No. 55.

"It is agreed by chemists that distilled wood alcohol and synethetic methanol are basically the same. 'Wood alcohol' consists chiefly of methyl alcohol, but contains other distillates representing 10 per cent or thereabouts of its content, such as acetone, methyl acetate, and other ketones, and some other impurities including a coloring matter in small quantities which is derived from the wood in distillation. Its toxicity, however, depends upon the percentage of its methyl alcohol content. The presence of these other distillates give wood alcohol its distinctive penetrating odor and yellowish tint. Pure methanol, or methyl alcohol, has a slightly fruity odor and is practically colorless.

" 'Observations made by the U. S. Bureau of Mines' (Industrial and Engineering Chemistry, News Edition, December 10, 1930, Vol. 8, No. 23-4-5) have indicated that there is no danger of poisoning from the reasonable use of methanol as an antifreeze for automobile radiators. It says:

The evidence that methanol poisoning has been

CLASSIFIED ADVERTISEMENTS

Rates for advertisements under this heading are 50 cents per line, payable in advance. Minimum charge of $1.00 for each insertion. Price covers the cost of remailing answers. Forms close 16th of the month preceding publication.

Situation Wanted—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan Chicago. Established 1896. Member of Chicago Association of Commerce.

Situation Wanted—Position as secretary with one or more physicians or a hospital office in or within a radius of twenty miles of Columbus. Write S. F., care *Ohio State Medical Journal.*

Speeches, special articles, papers on special subjects, prepared from the latest data and authorities, for busy physicians. Prompt service extended at reasonable rates in an expert manner to your requirements. Authors' Research Bureau, 516 Fifth Ave., New York.

Assistance Offered to Medical Writers. Research. Abstracts. Translations (all languages). Papers prepared from authors' data. Ten years' experience with leading physicians and appointments on medical journals of highest standing. I employ no assistants, all my work is done personally and is reliable. Florence Annan Carpenter, 413 St. James Place, Chicago.

For Rent—Reasonable. Doctor's office with or without furniture and equipment, occupied the past eight years, on a main street in Mansfield, Ohio. Owner has left city. Address C. G., care *Ohio State Medical Journal.*

For Rent—Ground floor office in main street, three rooms and lavatory, side exit. Used as physician's office thirty years; town of 4,000. Rent moderate. Lock Box 86, Medina, Ohio.

For Sale—Two (2) Britesun A-70 "Specialist" Model Carbon Arc Lamps. Slightly used. Special price, $50.00 each. Address K. K., care *Ohio State Medical Journal.*

For Sale—Ideal location for physician or surgeon. Southern Ohio, 10,000 population. Bargain. Terms. Address, W. S. J., care *Ohio State Medical Journal.*

In Feeding Well Babies

KLIM INSURES

a Correct and Adequate Food Supply for the Well Baby

PURE milk is the greatest single factor in the successful raising of babies. In many instances, milk of high quality is abolutely necessary for supplementary feedings. In such important cases, there is one outstanding requirement—CLEANLINESS.

Clean Milk, from the scientific and medical point of view, is thoroughly tested cows' milk which is free from pathogenic microörganisms and which, at the same time, contains all the desirable properties of milk in their accepted quantities—vitamins, proteins, fats, carbohydrates and minerals. Klim is such a milk.

It is powdered whole milk, prepared to suit the digestion of the infant's stomach. Readily digested and thoroughly assimilated, it meets the requirements for growth, activity and development of the well baby.

Send for samples and literature.
Feeding schedule sent on request.

MERRELL-SOULE CO., INC.
Dept. O.S. 350 Madison Ave., New York, N. Y.

ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods

(Recognizing the importance of scientific control, all contact with the laity is predicated on the policy that Merrell-Soule products be used in infant feeding only according to a physician's formula.)

KLIM

POWDERED WHOLE MILK

INSURE THE WEIGHT CURVE ~ *PRESCRIBE* KLIM

CURDOLAC FOODS
aid the physician in outlining
DIABETIC DIETS
With these foods an attractive, palatable, satisfying and diversified diet is possible for every diabetic. Literature and samples on request.
CURDOLAC FOOD COMPANY Box 299 Waukesha, Wisconsin

The Ohio State Nurses' Association

Official Registries for Nurses

District No. 1—42 Hawthorne Ave., Akron, Ohio. Phone: Lincoln 0600
District No. 3—149 Hollywood Ave., Youngstown, Ohio. Phone: 2-1171
District No. 4—2157 Euclid Ave., Cleveland, Ohio. Phone: Prospect 1951
District No. 8—Room 1112 Chamber of Commerce Bldg., Cincinnati, Ohio Phone: Main 7142
District No. 9—1930 Robinwood Ave., Apartment 40, "The Scotwood," Toledo, Ohio. Phone: Main 7962
District No. 12—398 N. Garfield Ave., Columbus, Ohio. Phone FAirfax 3615
District No. 15—Portsmouth General Hospital, Portsmouth, Ohio. Phone: 559

caused by adsorption through the skin is rare and inconclusive.

Practically continuous exposure to low concentration and short intermittent exposure to high concentrations of methanol cause no apparent harm; but, on the other hand, continued exposure to high concentrations will cause serious poisoning.

All methanol, whether made by wood distillation methods or synthetic methods, or whether it is crude, refined, or highly purified, is poisonous when taken internally. It will cause serious poisoning, blindness, and possibly death when as little as two ounces is taken into the stomach.

To avoid misuse it is recommended that, in the future, all anti-freeze methanol be brightly colored to enable garage attendants and the public to identify it as methanol; and to warn against misuse, particularly for beverage purposes.

The largest producers of methanol antifreeze label their containers so as to call attention to the hazards of misuse of methanol and also issue information and instructions to garage attendants and the consuming public warning against its misuse. It is recommended that these precautionary measures be adopted by all producers.

"*Health News*, U. S. Public Health Service, G-52-A, received December 15, 1930, reports as follows:

" 'It appeared from the study so far that there was much more danger from exhaust gas (carbon-monoxide) than could possibly come from methanol when used strictly as an antifreeze liquid in automobiles.

" 'The greatest danger is that some one might drink methanol, especially in view of its being used in place of ordinary denatured alcohol as an antifreeze, and in view of its other name, methyl alcohol. Methanol when taken internally is more certainly poisonous and more highly fatal than any denatured alcohol.

" 'Another danger is in the use of methanol in shellacs which might be applied over considerable surfaces without adequate ventilation. The presence of the coloring matter is recommended by the Bureau of Mines and the addition of 23 per cent water as at present dispensed, guard anti-freeze methanol against such dangerous use.

" 'A complete study is advisable as to how far methanol can be used safely in other ways; in the meantime, the Surgeon General recommends that methanol be used by the general public as an anti-freeze only, and that the precautions advised by the Bureau of Mines be strictly observed.' "

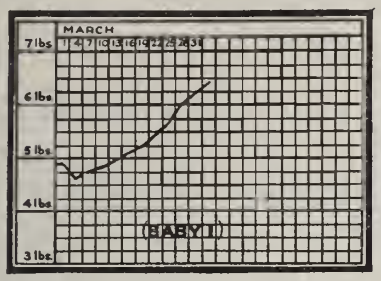
—Dr. Hugh C. Thompson has been appointed health commissioner for the newly created health district comprising the city of Bexley, Franklin County.

—A historical record of the activities of the State Health Department during the past 15 years has been issued by that Department.

—Dr. C. D. Barrett, health commissioner of Lorain County, has resigned to accept the position of chief of the Bureau of Communicable Diseases, Michigan State Department of Health. Dr. Barrett had also served as health commissioner of Wayne County and of Richland County and the City of Mansfield.

—Nineteen Ohio villages which attained a population of 5,000 or more by the census of 1930 and automatically became cities are facing the question of establishing health departments of their own or combining with other health departments of the county. Some have already set up their own health departments. The 19 places affected include: Bexley, Grandview, Bedford, Berea, Euclid, Maple Heights, Parma, Rocky River, Garfield Heights, Shaker Heights, Cheviot,

SIMILAC PROVES ITS WORTH WITH Premature!



These charts have been taken from the hospital records of the prematures born in this hospital* between December 15, 1929, and March 1, 1930, and fed with Similac, the scientific milk modification for infants deprived of breast milk.

* Name of hospital on request.



BABY I. Born March 1, 1930

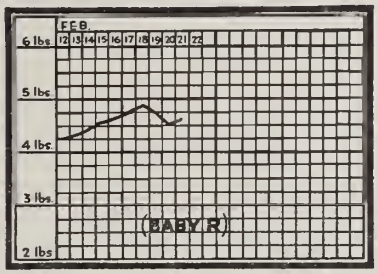
Birth Weight 4 pounds, 14 ounces

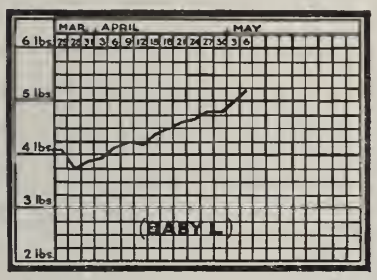
Day		Feeding History	No. Feedings in 24 hrs.
Mar.	1-30	Similac, 1 ounce, every 2 hrs. Fed with Breck Feeder	12
Mar.	2-30	Similac, 1 ounce, every 2 hrs. Fed with Breck Feeder	12
Mar.	6-30	Similac, 1 ounce, every 2 hrs. Fed with nursing bottle	12
Mar.	7-30	Similac, 2 ounces, every 2 hrs. Fed with nursing bottle	8
Mar.	31-30	Similac, 3 ounces, every 3 hrs. Fed with nursing bottle	8
Mar.	31-30	Discbarged from Hospital	

BABY R. Born Feb. 12th, 1930

Birth Weight 4 pounds, 4 ounces

Day		Feeding History	No. Feedings in 24 hrs.
Feb.	12-30	Similac, ½ drahm every 2 hrs. Fed with medicine dropper	12
Feb.	13-30	Similac, 1 drahm every 2 hrs. Fed with medicine dropper	12
Feb.	14-30	Similac, 1½ ounces every 2 hrs. Fed with Breck Feeder	12
Feb.	15-30	Similac, 2 ounces every 2 hrs. Fed with Breck Feeder	12
Feb.	16-30	Similac, 2 ounces every 2 hrs. Fed with Breck Feeder	12
Feb.	19-30	—Breast—every 2 hrs. Complemented with 1 oz. Similac	12
Feb.	21-30	Breast feeding discontinued. Similac 2 ounces every 2 hrs. Fed with nursing bottle	12
Feb.	22-30	Similac, 2 ounces every 2 hrs. from nursing bottle	12
Feb.	22-30	Discharged from Hospital.	





BABY L. Born March 25, 1930

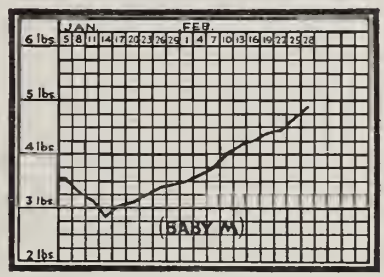
Weight at birth, 4 pounds and 1 ounce

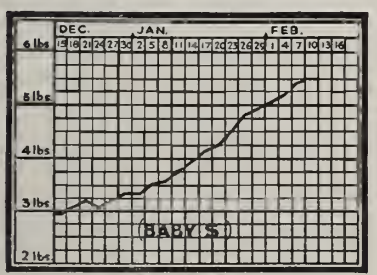
Day		Feeding History	No. Feedings in 24 hrs.
Mar.	25-30	Water, every 2 hrs. Fed with bottle	12
Mar.	26-30	Similac, 1 drahm every 2 hrs. Fed with bottle	12
Mar.	27-30	Similac, 1 drahm every 2 hrs. Fed with bottle	12
Mar.	28-30	Similac, 2 drahms every 2 hrs. Fed with bottle	12
Mar.	29-30	Similac, ½ ounce every 2 hrs. Fed with bottle	12
Mar.	31-30	Similac, 1 ounce every 2 hrs. Fed with bottle	12
Apr.	11-30	Similac, 1½ ounces every 2 hrs. Fed with bottle	12
Apr.	15-30	Similac, 2 ounces every 2 hrs. Fed with bottle	12
May	1-30	Similac, 2½ ounces every 2 hrs. Fed with bottle	12
May	6-30	Similac, 2½ ounces every 2 hrs. Fed with bottle	12
May	6-30	Discharged from Hospital.	

BABY M. Born Jan. 5, 1930 at 11:25 A. M.

Birth Weight 3 pounds, 9 ounces

Day		Feeding History	No. Feedings in 24 hrs.
Jan.	5-30	Similac, 2 drahms every 2 hrs. Fed with medicine dropper	12
Jan.	6-30	Similac, 2 drahms every 2 hrs. Fed with medicine dropper	12
Jan.	7-30	Similac, ½ ounce every 2 hrs. Fed with medicine dropper	12
Jan.	10-30	Breast Feeding, every 2 hrs.	12
Jan.	16-30	Breast discontinued. Similac, concentrated double strength). 1 ounce every 2 hrs. Fed by Gavage	12
Jan.	19-30	Similac, concentrated, 1 ounce every 2 hrs. Fed with Breck Feeder	10
Jan.	22-30	Similac, standard dilution, 1½ ounces every 2 hrs. Fed with nursing bottle	10
Jan.	31-30	Similac, 2 ounces every 2 hrs. Fed with nursing bottle	10
Feb.	10-30	Similac, 2½ ounces every 2 hrs. Fed with nursing bottle	8
Feb.	28-30	Similac, 3 ounces every 2 hrs. Fed with nursing bottle	8
Feb.	28-30	Discharged from Hospital.	





BABY S. Born Dec. 15, 1929 at 12:05 P. M.

Birth Weight 2 pounds, 14 ounces

Day		Feeding History	No. Feedings in 24 hrs.
Dec.	15-29	Similac, ½ drahm every 2 hrs. Fed with medicine dropper	12
Dec.	16-29	Similac, 1 drahm every 2 hrs. Fed with medicine dropper	12
Dec.	17-29	Similac, 2 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	18-29	Similac, 3 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	19-29	Similac, 4 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	20-29	Similac, 4 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	21-29	Similac, 4 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	22-29	Similac, 4 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	23-29	Similac, 5 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	24-29	Similac, 5 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	25-29	Similac, 6 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	26-29	Similac, 6 drahms every 2 hrs. Fed with Breck Feeder	12
Dec.	27-29	Similac, 1 ounce every 2 hrs. Fed with Breck Feeder	12
Jan.	8-30	Similac, 1 ounce every 2 hrs. Fed with nursing bottle	12
Jan.	11-30	Similac, 1 ounce every 2 hrs. Fed with nursing bottle	12
Jan.	13-30	Similac, 1½ ounces every 2 hrs. Fed with nursing bottle	10
Jan.	17-30	Similac, 2 ounces every 2 hrs. Fed with nursing bottle	10
Jan.	23-30	Similac, 2½ ounces every 2 hrs. Fed with nursing bottle	10
Jan.	27-30	Similac, 3 ounces every 2 hrs. Fed with nursing bottle	8
Feb.	2-30	Similac, 3 ounces every 3 hrs. Fed with nursing bottle	8
Feb.	10-30	Similac, 3 ounces every 3 hrs. Fed with nursing bottle	8
Feb.	10-30	Discharged from Hospital.	

SEND PRESCRIPTION BLANK FOR TRIAL SAMPLES OF SIMILAC

M & R Dietetic Laboratories, Inc.

COLUMBUS, OHIO

Lockland, Reading, Miamisburg, Oakwood, Toronto, Mingo Junction, New Boston, and Wadsworth.

—Dr. G. T. Wasson, Bucyrus, was elected president of the Northwestern Ohio Society of Sanitarians at a recent meeting held in Lima. Other officers are: Dr. B. S. Stephenson, Sidney, secretary and Miss Elizabeth Weigant, Sidney, vice president.

—Dr. J. W. Clark, Oak Hill, has been employed for one year as health commissioner of Jackson County.

—Dr. J. Dean Boylan, Milford Center, took office March 1 as health commissioner of Union County, succeeding Dr. H. G. Southard, new director of the State Department of Health.

—According to the State Department of Health records, the following new health commissioners have been appointed within recent weeks: Dr. H. A. Finefrock, City of Barberton; Dr. W. L. Faul, Brown County; L. W. Gibson, City of Fostoria; Dr. F. R. Stewart, Lawrence County, and Dr. Floyd Stamp, Stark County.

—The health record of 1930 surpassed all previous marks in establishing a new low for the urban mortality rate, according to information furnished by the Division of Vital Statistics of the Census Bureau. Reports received from 81 cities, it was stated, reveal a death rate of 11.9 per 100,000 population as compared with a rate of 12.6 (for 61 cities) for the previous year.

The best health years previous to the year just ended were 1921 and 1927. These years showed mortality rates of 12 and 12.3 per 100,000, respectively. The tabulations only go back as far as 1918, the year of the influenza epidemic, which shows a rate of 19.6, the highest recorded.

In 1918 the number of cities from which the table is generally compiled was 46 whereas in 1930 the number was 81. However, the comparison is made on the basis of rates per 100,000, and gives a rather fair presentation in the matter of health index.

NEW BOOKS

Abnormal Psychology. Its Concepts and Theories. By H. L. Hollingsworth, Ph.D., Professor of Psychology, Barnard College, Columbia University. Psychology Series. Albert T. Poffenberger, Ph.D., Editor, Professor of Psychology, Columbia University. The Ronald Press Company, 15 East 26th St., New York City.

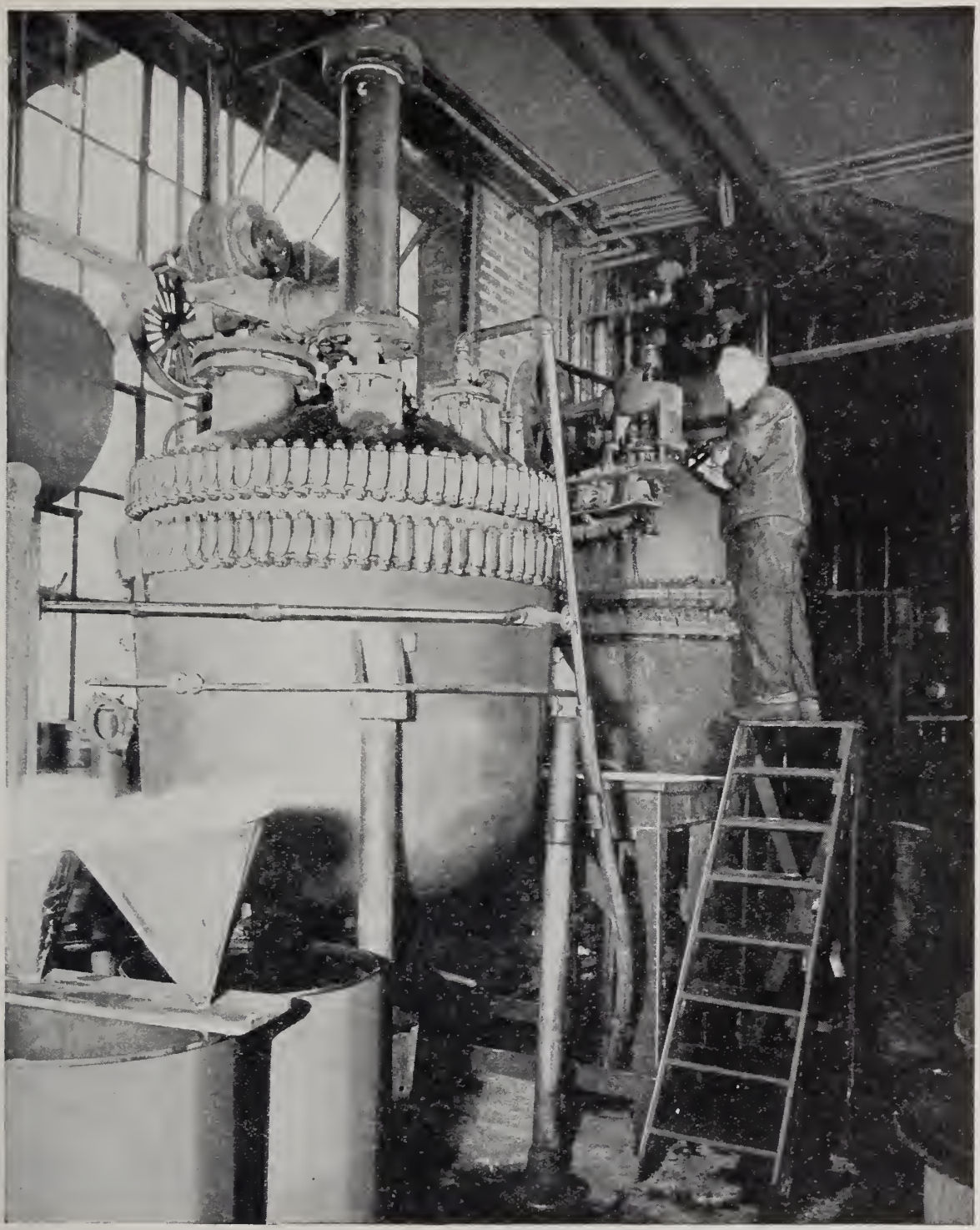
Clinical Allergy particularly Asthma and Hay Fever. Mechanism and Treatment. By Francis M. Rackemann, M.D., physician to the Massachusetts General Hospital, instructor in Medicine, Harvard Medical School, Boston, Mass. The MacMillan Company, 60 Fifth Ave., New York.

Here

is one of the advertisements of The Sugar Institute

THE advertisement reproduced here is one of the series appearing in newspapers throughout the country. In order to keep the statements in accord with modern medical practice, they have been submitted to and approved by some of the leading authorities in the field of human nutrition in the United States. The Sugar Institute, 129 Front St., New York.





Malonic ester stills in which intermediates used in the manufacture of Amytal are made—Laboratories of Eli Lilly and Company, Indianapolis, Indiana.

[MANUFACTURERS OF]

ILETIN (INSULIN, LILLY), LIVER EXTRACT No. 343, PARA-THOR-MONE
AMYTAL, PULVULES SODIUM AMYTAL, EPHEDRINE PREPARATIONS

The Ohio State Medical Association

STANDING COMMITTEES
(Constitutional)

PUBLIC POLICY

John B. Alcorn, Chairman, (1933) Columbus
J. H. J. Upham, (1931) Columbus
H. S. Davidson, (1932) Akron
C. W. Waggoner, (ex-officio) Toledo
D. C. Houser, (ex-officio) Urbana

PUBLICATION

Andrews Rogers, Chairman (1931) Columbus
Gilbert Micklethwaite, (1932) Portsmouth
A. B. Denison, (1933) Cleveland

MEDICAL DEFENSE

J. E. Tuckerman, Chairman, (1931) Cleveland
F. P. Anzinger, (1932) Springfield
W. H. Snyder, (1933) Toledo

MEDICAL EDUCATION AND HOSPITALS

Ben R. McClellan, Chairman, (1931) Xenia
R. H. Birge, (1932) Cleveland
John F. Wright, (1933) Toledo

MEDICAL ECONOMICS

J. Craig Bowman, Chairman, (1933) Upper Sandusky
Geo. Edw. Follansbee, (1931) Cleveland
E. O. Smith, (1932) Cincinnati

SPECIAL COMMITTEES

MENTAL HYGIENE COMMITTEE

C. W. Stone, Chairman Cleveland
E. J. Emerick Columbus
O. O. Fordyce Toledo
Wm. H. Pritchard Columbus
T. A. Ratliff Cincinnati

PERIODIC HEALTH EXAMINATIONS

B. J. Hein, Chairman Toledo
C. W. Brown Lancaster
Kelley Hale Wilmington
M. V. Replogle Bryan
V. C. Rowland Cleveland

MILITARY COMMITTEE

H. H. Snively, Chairman Columbus
John L. Beach Seville
Byron Bing Pomeroy

COUNCIL COMMITTEES

AUDITING AND APPROPRIATIONS

S. J. Goodman, Chairman Columbus
E. R. Brush Zanesville
John A. Caldwell Cincinnati

PROGRAM 1931 ANNUAL MEETING

D. C. Houser, Chairman Urbana
D. J. Slosser Defiance
S. J. Goodman, Secretary Columbus

ARRANGEMENTS 1931 ANNUAL MEETING

D. J. Slosser, Chairman Defiance
C. L. Cummer Cleveland
D. W. Stevenson Akron

Delegates and Alternates to American Medical Association

DELEGATES		ALTERNATES	
J. P. DeWitt (1931)	Canton	G. F. Zinninger (1931)	Canton
C. E. Kiely (1931)	Cincinnati	L. H. Schriver (1931)	Cincinnati
C. W. Waggoner (1931)	Toledo	J. L. Henry (1931)	Athens
Wells Teachnor, Sr. (1932)	Columbus	D. H. Morgan (1932)	Akron
Ben R. McClellan (1932)	Xenia	A. C. Messenger (1932)	Xenia
E. R. Brush (1932)	Zanesville	H. S. Noble (1932)	St. Marys
Geo. Edw. Follansbee (1932)	Cleveland	C. L. Cummer (1932)	Cleveland

SECTION OFFICERS FOR 1930-1931

MEDICINE

Julien E. Benjamin, Chairman
19 W. Eighth St., Cincinnati
Leo C. Bean, Secretary
Gallipolis

SURGERY

Fred M. Douglass, Chairman
421 Michigan St., Toledo
M. E. Blahd, Secretary
1420 Medical Arts Bldg.

OBSTETRICS AND PEDIATRICS

Wayne Brehm, Chairman
683 E. Broad St., Columbus
Jacob V. Greenebaum, Secretary
19 W. Eighth St., Cincinnati

EYE, EAR, NOSE AND THROAT

J. W. Millette, Chairman
117 S. Main St., Dayton
A. L. Brown, Secretary
2700 Union Central Bldg., Cincinnati

NERVOUS AND MENTAL DISEASES

Louis J. Karnosh, Chairman
City Hospital, Cleveland
John D. O'Brien, Secretary
332 Market Ave., N., Canton

PUBLIC HEALTH AND INDUSTRIAL MEDICINE

J. F. Elder, Chairman
Court House, Youngstown
Geo. F. Sykes, Secretary
White Motor Company, Cleveland

Eighty-fifth Annual Meeting, Toledo, May 12 and 13, 1931

Is Diathermy Indispensable to Your Practice?

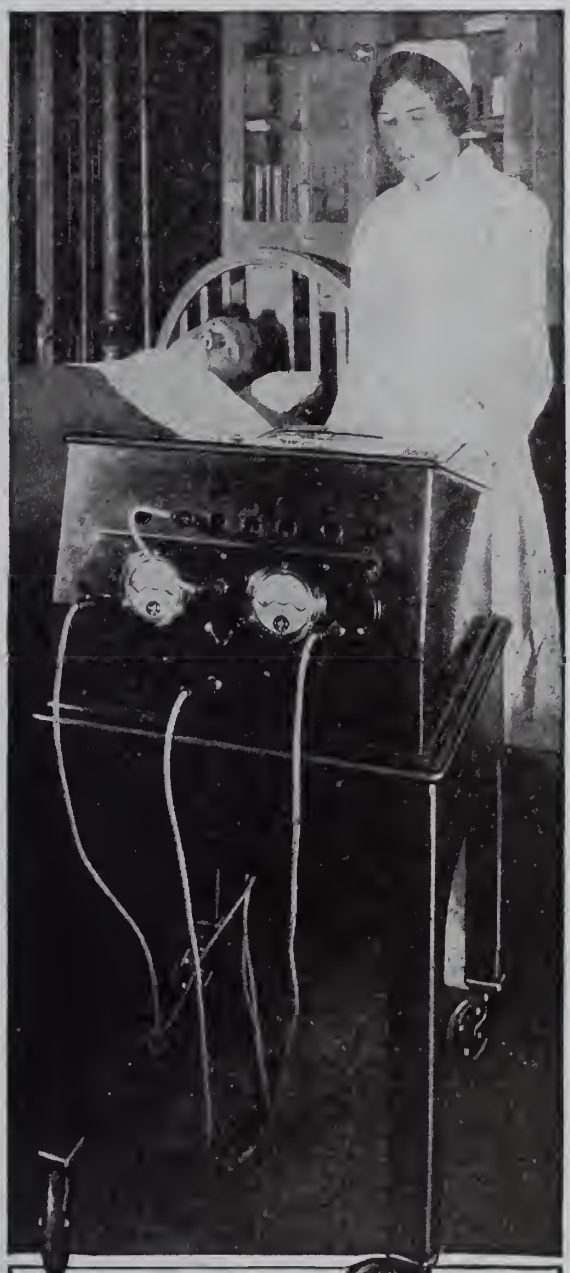
THOUSANDS of physicians who are using diathermy diligently in the treatment of various conditions, answer the above question in the affirmative. They base their opinion on actual experience with efficient apparatus intelligently applied.

The present wide use of and interest in medical and surgical diathermy is unprecedented. Physicians have come to a full appreciation of this form of energy as a means of producing heat for therapeutic purposes within any part of the body. Its surgical applications are recognized by well-known surgeons as of importance.

Now, diathermy is being used also for the production of therapeutic fever, *i. e.*, creating general temperature rise within the body, under absolute control and without danger of injury. In fact, it is considered paramount in the treatment of a number of conditions where artificial fever is indicated.

As to the need for diathermy in some phases of your individual practice, this must be left for you to determine. Our *abstract service* will possibly help you in a review of authentic literature on the subject. Your request for information incurs no obligation.

A Victor Vario-Frequency Diathermy Apparatus, through its scientific design, will enable you to apply this energy in a thoroughly practical and efficient way. This organization, having manufactured electro-medical apparatus for 35 years, is your assurance of a machine of major calibre, that will meet the most critical requirements, be it in the clinic or office.



Showing diathermy used for producing therapeutic fever in the treatment of dementia paralytica. Photo courtesy Northwestern University Medical School, Neurological Clinic, Chicago.

GENERAL ELECTRIC
X-RAY CORPORATION
2012 Jackson Boulevard Chicago, Ill., U. S. A.
FORMERLY VICTOR X-RAY CORPORATION

Join us in the General Electric program, broadcast every Saturday evening over a nation-wide N. B. C. network

COLUMBUS—76 S. 4th St.
TOLEDO—105 17th St.
CLEVELAND—4900 Euclid Ave. R 412-15.
CINCINNATI—1027 Chamber of Commerce Bldg.



A R I S T A

Natural Gold Filled Eyewear

available through

BLUE RIBBON ℞ SERVICE

Quality in keeping with professional eye service---

New Natural Gold Filled Arista Eyewear

(Made by Bausch & Lomb)

▼ ▼

These new frames and mountings relieve you of worry about your patients' satisfaction. Ask your W-H representative to see them.

The WHITE-HAINES OPTICAL COMPANY

"There's a W-H house near you"

Columbus Cleveland Cincinnati Dayton
Lima Zanesville Springfield
Marion Youngstown



"In The Picturesque Highlands of Ohio"

THE ROCKY GLEN SANATORIUM FOR TUBERCULOSIS

LOUIS MARK, M.D., Medical Director, 9 Buttles Ave., Columbus, Ohio
McCONNELSVILLE, OHIO ESTABLISHED 1911
H. A. PHILLIPS, Superintendent
D. G. RALSTON, M.D., Resident Medical Director
A. A. TOMBAUGH, M.D., Resident Physician

STONEMAN PRESS, COLS., O

PRINTED IN U.S.A.

The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY BY
THE OHIO STATE MEDICAL ASSOCIATION
AS A MEDIUM OF SERVICE TO ITS MEMBERS

APRIL 1, 1931 VOLUME XXVII Number - - 4

THE N.Y. ACADEMY OF MEDICINE
APR 10 1931
LIBRARY

ANNUAL MEETING

Toledo, May 12 and 13

Detailed Program, Pages 303 to 310 of this issue
Hotel Reservations Should Be Made Promptly, See Page 315

Summary of Contents

ORIGINAL ARTICLES

Peptic Ulcer. George W. Crile, M.D., Cleveland 285
Triplets—Single Placenta (Case Report). A. F. Kahler, M.D., New Holland, Ohio 286
What Constitutes Conservatism in the Surgery of Plural Infections of the Naval Accessory Cavities? John Edwin Brown, M.D., Columbus 287
The Albumin Relation in Spinal Fulid. Louis A. Miller, M.D., Toledo 291
A Critique of the More Recent Work in Tuberculosis as it Relates to Diagnosis and Prognosis. Charles A. Doan, M.D., Columbus 292
Pellagra in Ohio; Report of Fourteen Cases Occurring in Dayton, Ohio, During 1928-1929. M. Tischer Hoerner, B.S., M.B., M.D., Dayton 296
The President's Page. C. W. Waggoner, M.D., Toledo 302

EDITORIAL

Attractions at the Annual Meeting 281
Social Theories and Legislation 282
Necessary Health Costs Must Be Met 283
Mental Factors in General Practice 283
Genius, Health and Modesty 284
Progress and Readjustments 284

STATE NEWS

Program for the Eighty-Fifth Annual Meeting, Toledo, May 12 and 13 303
Coustitutional, Legislative and Other Organization Questions Before Council at the March Meeting 311
Medical Memorial as a Section of Pershing Hall in Paris, to be Established by Contributions 314
Make Hotel Reservations for the Annual Meeting of the State Association Promptly 315
Experiments by Public Health Service and Bureau of Mines with Refrigerator Cases 315
Federal Maternal and Infancy Activities and Their Relation to Infant Mortality 316
Pertinent Court and Legal Opinions and Interpretations on Medical and Public Health Questions 317
The Up-Grade in Deaths from Appendicitis 319
Public Health Service Findings ou "Jake" Paralysis 320
Report Shows Adequate Number of Nurses but Shortage for Specialized Cases 321
Are Government and Civiliau Hospitals Comparable 322
Hospital Losses from Automobile Accidents 322
Deaths in Ohio 323
News Notes of Ohio 324
Public Health Notes 325
Northern Tri-State Meeting 327
News Notes from County Societies and Academies 327
Classified Advertisements 336
Hospital Notes 338

PULVULES SODIUM AMYTAL LILLY

USED ORALLY AND RECTALLY



The preanesthetic use of Pulvules Sodium Amytal in surgical cases reduces preoperative apprehension. The patient is protected against undesirable psychic effects. Less anesthetic is needed. Nausea and other troublesome postoperative effects are diminished or overcome.

May we send you a booklet?

Each Pulvule contains three grains Sodium Iso-amyl-ethyl Barbiturate.

Eli Lilly and Company

Indianapolis U.S.A.

THE SAWYER SANATORIUM

White Oaks Farm, Marion, Ohio

TREATS NERVOUS AND MENTAL DISEASES



THE PATIO

Provides Thorough Diagnosis, Scientific Treatment, Homelike Surroundings, Complete Equipment, Individual and Personal Professional Attention, Splendid Cuisine, all the modern conveniences of the best private homes. Located on an 130-acre farm. Presided over by men and women devoting all their time to the work.

Send for Booklet, Address

SAWYER SANATORIUM WHITE OAKS FARM MARION, OHIO

The Ohio State Medical Association

Ohio State Medical Journal

Entered as second class matter July 5, 1905, at the Postoffice at Columbus, Ohio, under act of Congress of March 3, 1879: Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Oct. 3, 1917. Authorized July 10, 1918.

Published monthly by
THE OHIO STATE MEDICAL ASSOCIATION
131 East State Street, Columbus, Ohio
Telephone: ADams 7045

This journal is published for and by the members of the Ohio State Medical Association. The Publication Committee does not assume responsibility for opinions expressed by individual essayists. It endeavors to maintain a high standard of advertising. Its advertising policy is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

Subscription $3.00 per year; single copies 30 cents.
Issued under the direction of the Publication Committee.

PUBLICATION COMMITTEE

Andrews Rogers, M.D., Chairman (1931) ..... Columbus
Gilbert Micklethwaite, M.D., (1932) ..... Portsmouth
A. B. Denison, M.D., (1933) ..... Cleveland

EXECUTIVE STAFF

Don K. Martin ..... Editor-Manager
Alice B. Haney ..... Advertising Manager

Officers 1930-1931

PRESIDENT
C. W. Waggoner, M.D. ..... Toledo

PRESIDENT-ELECT
D. C. Houser, M.D. ..... Urbana

TREASURER
H. M. Platter, M.D. ..... Columbus

EXECUTIVE SECRETARY
Don K. Martin ..... Columbus

State Council

First District
John A. Caldwell, M.D. ..... Cincinnati
Second District
E. M. Huston, M.D. ..... Dayton
Third District
O. P. Klotz, M.D. ..... Findlay
Fourth District
D. J. Slosser, M.D. ..... Defiance
Fifth District
C. L. Cummer, M.D. ..... Cleveland
Sixth District
D. W. Stevenson, M.D. ..... Akron
Seventh District
E. B. Shanley, M.D. ..... New Philadelphia
Eighth District
E. R. Brush, M.D. ..... Zanesville
Ninth District
I. P. Seiler, M.D. ..... Piketon
Tenth District
S. J. Goodman, M.D. ..... Columbus
Ex-Officio the ex-President:
A. H. Freiberg, M.D. ..... Cincinnati

CORRECTED ROLL OF DISTRICT AND COUNTY SOCIETIES

Societies	President	Secretary	
First District			
Adams	Ray Vaughn, West Union	O. T. Sproull, West Union	3d Wednesday in April, June, Aug., Oct.
Brown	R. B. Hannah, Georgetown	Geo. P. Tyler, Jr., Ripley	4th Wednesday in Feb., May and Nov.
Butler	P. E. Decatur, Hamilton	H. N. Ward, Hamilton	2d Wednesday, monthly.
Clermont	H. E. Cover, Bantam	Allan B. Rapp, Owensville	3d Wednesday, monthly.
Clinton	Kelley Hale, Wilmington	Robert Conard, Wilmington	1st Tuesday, monthly.
Fayette	E. H. McDonald, Bloomingburg	J. F. Wilson, Washington C. H.	1st Thursday, monthly.
Hamilton	L. H. Schriver, Cincinnati	D. T. Vail, Jr., Cincinnati	Monday evening of each week.
Highland	J. D. McBride, Hillsboro	W. B. Roads, Hillsboro	1st Wednesday in Jan., April, July and Oct.
Warren	S. S. Stahl, Franklin	James Arnold, Lebanon	1st Tuesday in May, June, July, Sept., Oct. and Nov.
Second District	Howard Harris, Springfield	H. R. Huston, Dayton	
Champaign	E. W. Ludlow, Urbana	L. A. Woodburn, Urbana	2d Thursday, monthly.
Clarke	D. W. Hogue, Springfield	Wm. M. Runyan, Springfield	2d and 4th Wednesday noon.
Darke	E. A. Fisher, Yorkshire	W. D. Bishop, Greenville	Friday each month.
Greene	W. C. Marshall, Yellow Springs	Marshall M. Best, Xenia	1st Thursday, monthly.
Miami	M. I. Miller, Troy	G. A. Woodhouse, Pleasant Hill	1st Friday, monthly, except July and August.
Montgomery	H. H. Herman, Dayton	Miss M. E. Jeffrey, Dayton	1st and 3d Friday each month.
Preble	J. I. Nisbet, Eaton	C. M. Treffinger, Eaton	3d Thursday, monthly.
Shelby	M. F. Hussey, Sidney	B. S. Stephenson, Sidney	1st Friday, monthly.
Third District	F. M. Douglass, Toledo	E. E. Rakestraw, Findlay	
Allen	W. W. Beauchamp, Lima	Jerome V. Pace, Lima	3d Tuesday, monthly.
Auglaize	F. F. Fledderjohann, New Bremen	C. C. Berlin, Wapakoneta	2nd Thursday, bi-monthly.
Hancock	E. E. Rakestraw, Findlay	J. H. Marshall, Findlay	1st Wednesday, monthly.
Hardin	R. C. McNeill, Kenton	W. N. Mundy, Forest	1st Thursday, monthly.
Logan	Ben S. Leonard, West Liberty	O. C. Amstutz, Bellefontaine	1st Friday, monthly.
Marion	F. E. Mahla, Marion	Kenneth D. Smith, Marion	1st Tuesday, monthly.
Mercer	M. L. Downing, Rockford	F. E. Ayers, Celina	2d Tuesday, monthly.
Seneca	R. E. Hershberger, Tiffin	Robert Benner, Tiffin	3rd Thursday, monthly.
Van Wert	S. A. Edwards, Van Wert	R. H. Good, Van Wert	3d Tuesday, monthly.
Wyandot	B. A. Moloney, Upper Sandusky	J. Craig Bowman, Up. Sandusky	1st Thursday, monthly.
Fourth District	(With Third District in Northwestern Ohio District)		
Defiance	Geo. DeMuth, Sherwood	D. J. Slosser, Defiance	3d Thursday, monthly.
Fulton	L. C. Cosgrove, Swanton	Harold Heffron, Metamora	Semi-monthly.
Henry	T. P. Delventhal, Napoleon	F. M. Harrison, Napoleon	3d Wednesday, monthly.
Lucas	B. G. Chollett, Toledo	A. P. Hancuff, Toledo	Friday, each week.
Ottawa	Geo. Boon, Oak Harbor	Gordon S. Sloan, Elmore	2d Thursday, monthly.
Paulding	L. R. Fast, Paulding	Gaile L. Doster, Paulding	3d Wednesday, monthly.
Putnam	H. H. Sinks, Columbus Grove	Oscar J. Fatum, Ottoville	1st Tuesday, monthly.
Sandusky	F. L. Moore, Fremont	E. J. Shanahan, Clyde	Last Thursday, monthly.
Williams	H. W. Wertz, Montpelier	H. J. Luxan, Montpelier	3d Thursday, monthly.
Wood	O. S. Canright, Haskins	F. V. Boyle, Bowling Green	3d Thursday, monthly.
Fifth District	C. L. Cummer, Councilor	Chrm. Com. on Arrangements	Cleveland.
Ashtabula	P. J. Collander, Ashtabula	E. H. Merrell, Geneva	1st Tuesday, monthly.
Cuyahoga	S. C. Lind, Cleveland	Clarence H. Heyman, Cleveland	3d Fri. March, May, Sept., Nov., Dec.
Erie	H. W. Lehrer, Sandusky	G. A. Stimson, Sandusky	Last Thursday, monthly.
Geauga	Clara J. Swan, Chardon	Isa Teed-Cramton, Burton	Last Wednesday, Apr. to Dec.
Huron	John A. Sipher, Norwalk	B. C. Pilkey, Norwalk	2d Thursday, monthly.
Lake	W. R. Carle, Perry	F. J. Dineen, Painesville	4th Tuesday, monthly.
Lorain	W. S. Baldwin, Lorain	W. E. Hart, Elyria	2d Tuesday, monthly.
Medina	R. L. Mansell, Medina	J. K. Durling, Wadsworth	3d Thursday.
Trumbull	Ralph Herlinger, Warren	R. H. McCaughtry, Warren	3d Thursday, monthly, except June, July, August.

Societies	President	Secretary	
Sixth District	J. G. Blower, Akron	J. H. Seiler, Akron	2d Wed., Jan., April & Oct.
Ashland	D. L. Mohn, Ashland	H. M. Gunn, Ashland	1st Friday, bi-monthly.
Holmes	L. E. Anderson, Mt. Hope	C. T. Bahler, Walnut Creek	1st Tuesday, quarterly, Jan., April, July, October.
Mahoning	A. W. Thomas, Youngstown	J. P. Harvey, Youngstown	3d Tuesday, monthly.
Portage	A. O. DeWeese, Kent	E. J. Widdecombe, Kent	1st Thursday, monthly.
Richland	D. C. Lavender, Mansfield	C. H. Bell, Mansfield	3d Thursday, monthly.
Stark	H. M. Schuffell, Canton	F. S. VanDyke, Canton	2d Tuesday monthly except July and August.
Summit	C. C. Pinkerton, Akron	A. S. McCormick, Akron	1st Tuesday, monthly.
Wayne	W. B. Turner, Wooster	R. C. Paul, Wooster	2d Tuesday, monthly.
Seventh District	A. E. Weinstein, Steubenville	Carl Goehring, Steubenville	Steubenville, 1931
Belmont	A. T. Hopwood, Holloway	C. W. Kirkland, Bellaire	2d Wednesday, monthly at 1:45 p.m.
Carroll	(With Stark Co. Society)		
Columbiana	E. W. Miskall, East Liverpool	T. T. Church, Salem	2d Tuesday, monthly.
Coshocton	J. G. Smailes, Coshocton	J. D. Lower, Coshocton	4th Thursday, April, June, Sept., December.
Harrison	J. M. Scott, Scio	R. P. Rusk, Cadiz	3d Wednesday, monthly.
	M. H. Rosenblum, Steubenville	John Y. Bevan, Steubenville	Last Friday, monthly.
Monroe	G. W. Steward, Woodsfield	A. R. Burkhart, Woodsfield	2d Wednesday, monthly.
Tuscarawas	Jay W. Calhoon, Uhrichsville	R. E. Wolf, Uhrichsville	1st Thursday, monthly.
Eighth District			
Athens	H. T. Phillips, Athens	T. A. Copeland, Athens	1st Monday, monthly.
Fairfield	J. W. Whittus, Baltimore	C. W. Brown, Lancaster	2d Tuesday, monthly.
Guernsey	O. R. Jones, Cambridge	W. L. Denny, Cambridge	1st and 3rd Tuesday each month.
Licking	C. J. Dillon, Newark	D. A. Skinner, Newark	Last Friday, monthly.
Morgan	D. G. Ralston, McConnelsville	C. E. Northrup, McConnelsville	3d Wednesday, monthly.
Muskingum	O. I. Dusthimer, Zanesville	Beatrice Hagen, Zanesville	1st Wednesday, monthly.
Noble			
Perry	W. D. Porterfield, Junction City	F. J. Crosbie, New Lexington	3d Monday, monthly.
Washington	C. A. S. Williams, Marietta	E. W. Hill, Jr., Marietta	2d Wednesday, monthly.
Ninth District			
Gallia	O. A. Vornholt, Gallipolis	Milo Wilson, Gallipolis	1st Thursday, monthly.
Hocking	H. M. Boocks, Logan	M. H. Cherrington, Logan	Quarterly.
Jackson	Gomer E. Jones, Oak Hill	W. R. Riddell, Jackson	1st Tuesday, monthly.
Lawrence	F. R. Stewart, Ironton	Chas. H. Gallagher, Ironton	1st Thursday, monthly.
Meigs	P. A. Jividen, Rutland	Byron Bing, Pomeroy	1st Thursday, April, July and Oct.
Pike	Paul Jones, Stockdale	L. E. Wills, Waverly	1st Monday, monthly.
Scioto	Geo. Martin, Portsmouth	C. M. Fitch, Portsmouth	2d Monday, monthly.
Vinton	O. S. Cox, McArthur	H. S. James, McArthur	3d Wednesday, monthly.
Tenth District			
Crawford	K. H. Barth, New Washington	A. E. Loyer, New Washington	1st Monday, monthly.
Delaware	D. S. James, Delaware	F. M. Stratton, Delaware	1st Tuesday, monthly.
Franklin	Joseph Price, Columbus	James A. Beer, Columbus	1st four Mondays.
Knox	W. H. Eastman, Fredericktown	J. Shamansky, Mt. Vernon	Last Thursday, monthly.
Madison	R. H. Trimble, Mt. Sterling	H. P. Sparling, London	4th Wednesday.
Morrow	C. E. Neal, Cardington	Todd Caris, Mt. Gilead	1st Wednesday, monthly.
Pickaway	Glenn D. Sheets, Williamsport	E. S. Shane, Circleville	1st Friday, monthly.
Ross	John Franklin, Chillicothe	W. C. Breth, Chillicothe	1st Thursday, monthly.
Union	H. G. Southard, Marysville	Angus MacIvor, Marysville	2d Tuesday, monthly.

A PRIVATE SANATORIUM WITH HOSPITAL FACILITIES

A quarter century of efficient operation



RATES: $25.00 PER WEEK AND UP

ALCOHOLIC treatment destroys the craving for alcohol, restores the appetite and sleep, and builds the patient up physically and mentally. Whiskey withdrawn gradually. Not limited to one pint of whiskey in ten days.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

DRUG treatment is one of GRADUAL REDUCTION. It relieves the constipation, restores the appetite and sleep. Withdrawal pains absent. No Hyoscine or rapid withdrawal methods used unless the patient desires same.

MILD mental cases have every comfort that their own home affords.

FEMALE PATIENTS: Mild mental separated from mild nervous. Female attendants only; absolute privacy; comfortable, well-appointed ladies' lounge.

Cherokee Road (Long Distance Phone East 1488)

DR. STOKES' SANATORIUM LOUISVILLE, KENTUCKY

Situated in the choice highland section of Louisville, just 20 minutes' ride from all railroad stations

BACKWARD and PROBLEM CHILDREN

Require Intensive Scientific Training in a Suitable Environment

The Bancroft School

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. Winter quarters in New Jersey, summer camp on the coast of Maine. An incorporated educational foundation, operated not for profit, controlled by a Board of Trustees, offering the highest type of education attainable at rates within the reach of all. Organized to give the fullest possible cooperation to physicians.

Illustrated Catalog on Request

The Bancroft School Haddonfield, N. J.

"MESCO" Laboratories

The "MESCO" Laboratories manufacture the largest line of Ointments in the world. Sixty different kinds. We are originators of the Professional Package. Specify "MESCO" when prescribing Ointments. Send for lists.

MANHATTAN EYE SALVE CO.
Louisville, Kentucky

Windsor Hospital

THE Windsor Hospital and Sanitarium is completely equipped with all the best apparatus for giving Hydrotherapy, Occupational Therapy, and other treatment for all types of Nervous diseases, acute and chronic.

Herbert Sihler
Director

Phone RAndolph 2744

4415 Chester Ave., N.E.
(Formerly 4415 Windsor Ave., N.E.)

CLEVELAND, OHIO
ESTABLISHED 30 YEARS

Any one can make belts, but belts which give compression without uplift may do serious injury

"STORM" The New "Type N" STORM Supporter



Pleases doctors and patients. Long laced back. Soft extension, low on hips. Hose supporters attached.

Adapted for ptosis, hernia, pregnancy, obesity, relaxed sacro-iliac articulations, kidney conditions, high and low operations.

Ask for Literature

KATHERINE L. STORM. M.D.
Originator, Owner, and Maker

1701 Diamond Street Philadelphia



THE McMILLEN SANITARIUM

Cor. Nelson Road and East Fifth Ave.
SHEPARD—COLUMBUS, OHIO

R. A. KIDD, M.D., Superintendent

A PRIVATE NEUROPSYCHIATRIC HOSPITAL, modern in all particulars. Ideal location at the east edge of Columbus. Specialists services, laboratory facilities and well trained nurses. Fifty individual rooms. Patients taken for observation. Phone or write for information. ALCOHOLISM GIVEN SPECIAL ATTENTION.

H. IRVING COZAD, M.D.
G. DEAN TIPTON, M.D.

FAIR OAKS VILLA
AND
COTTAGES

¶ Any NERVOUS or MENTAL CONDITION which in the judgment of the attending physician needs our care, protection or treatment will be received at any time that we have the suitable environment available.

CUYAHOGA FALLS, OHIO
28 Miles from Cleveland
4 Miles from Akron

Reached by
Pennsylvania Lines
B. & O. R. R.
Akron, Bedford, Cleveland Interurban
Kent, Ravenna Interurban

THE ORCHARD SPRINGS SANITARIUM
near DAYTON, OHIO

A Private Hospital For Mental and Nervous Diseases — Established in 1911

This institution, with its modern facilities, its delightful and restful suburban location, and its well-trained efficient organization, has for 15 years been in a splendid position to render skilled beneficial service at reasonable rates.

GEORGE V. SHERIDAN
President

For detailed information, address
CHARLES B. ROGERS, M. D.
Resident Medical Director
R. F. D. No. 13, Dayton, Ohio
Telephone: Lincoln 213, Dayton City Exchange

HILLSVIEW FARMS

A sanitarium equipped for diagnosis and follow-up in convalescent cases.

Physical therapy department equipped and staffed by trained technicians for treatment of such Orthopedic conditions as Torticollis, Congenital or acquired Postural changes, Arthritis, anterior Poliomyelitis, Neuritis and allied Bone and Joint conditions.

We are especially interested in the Anemias, Diabetes and Arthritis.



Write for particulars, or telephone 2650.

WASHINGTON, PA.

Laboratory and X-Ray investigations under direction of Physicians of known and recognized ability.

Food preparations under direction of graduate dietitian. Dining-room and tray service. Milk and cream from our own herd of registered tuberculin tested Jerseys.

Mental cases and drug addicts not admitted.

Located high on the edge of Washington, thirty miles south of Pittsburgh.



THE OXFORD RETREAT
OXFORD, OHIO

For

Nervous
and
Mild Mental Cases

R. HARVEY COOK,
Physician in Chief

Write for Descriptive Circular

New Fire Proof Bldg. Opened June 1926



WHITING MINERAL SPRINGS
Sanitarium and Baths

Hydrotherapy scientifically applied for the treatment of rheumatism and allied diseases together with cases for elimination and rest cure.

Medical department thoroughly proficient and STRICTLY ethical.

First class and modern in every department with moderate rates.

DR. U. G. WHITING, Phy. & Mgr. MARTINSVILLE, INDIANA

THE MERCER SANITARIUM - MERCER, PENNA.

For Nervous and Mild Mental Disorders. Located at Mercer, Pa., 30 miles from Youngstown. Farm of 75 acres with registered tuberculin-tested herd. Re-educational measures emphasized, especially arts and crafts and outdoor pursuits. Modern laboratory facilities.

Address

W. W. Richardson, M.D., Medical Director
(Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.)

"REST COTTAGE"

College Hill, Cincinnati, Ohio

STAFF
F. W. Langdon, M.D.—Visiting Consultant
Robert Ingram, M.D.—Visiting Consultant
Emerson A. North, M.D.—Visiting Consultant
D. A. Johnston, M.D.—Medical Director
H. P. Collins—Business Manager
Box No. 4, College Hill, Cincinnati, Ohio



For purely nervous cases, nutritional errors and convalescents.

Completely equipped for hydrotherapy, massages, etc.

Cuisine to meet individual needs.

THE CINCINNATI SANITARIUM

INCORPORATED 1873







A strictly modern hospital fully equipped for the scientific treatment of nervous and mental affections. Situation retired and accessible. For details write for descriptive pamphlet.

For Mental and Nervous Diseases

STAFF
Charles E. Kiely, M.D.
Emerson A. North, M.D.
Visiting Consultants
D. A. Johnston, M.D.—Medical Director
H. P. Collins—Business Manager
Box No. 4, College Hill, Cincinnati, O.



APPALACHIAN HALL, ASHEVILLE, N. C.

AN INSTITUTION FOR REST, TREATMENT OF NERVOUS AND MENTAL DISEASES, DRUG ADDICTION AND ALCOHOLISM.

Appalachian Hall wishes to announce that it has recently acquired and is now occupying the famous Kenilworth Inn as its new sanatorium. Kenilworth Inn was erected at a cost of more than a million dollars and furnished at a cost of three hundred thousand. Appalachian Hall is an institution for the treatment of nervous and mental diseases, alcoholism, drug habituation, and a place for rest and convalescence. Every luxury and convenience, private rooms or rooms en suite. Special department for rest cures and convalescents. Physiotherapy, Occupational Therapy, Gymnasium, etc. Volley Ball, Tennis, Croquet, Horseback Riding, Golfing. Five beautiful golf courses available to patients. Resident physicians on duty at all times, a corps of graduate nurses, especially trained for this work. Training school for nurses. For information and rates write:

DRS. GRIFFIN AND GRIFFIN, Appalachian Hall, Asheville, N. C.

THE COLUMBUS RURAL REST HOME

AT WORTHINGTON, OHIO—JUST NORTH OF COLUMBUS



One of The Cottages—Forty-five Acres of Woods and Lawn

NERVOUS AND MILD AFFECTIVE DISORDERS

A Secluded Spot for Rest and Treatment. Good Accommodations—Kind and Efficient Nursing. Medical—Physical—Psychotherapeutic Measures.

Medical Director
G. T. Harding, Jr., M.D.

Laboratory
Geo. T. Harding III, M.D.

Resident Physicians
Fred'k H. Weber, M.D.
Mary J. Weber, M.D.

"COUNCIL ACCEPTED" AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry ACCEPTED



In Gonorrhea

TRADE PYRIDIUM MARK

Phenylzo-alapha-alpha-diamino pyridine mono-hydrochloride. (Manufactured by The Pyridium Corporation)

An effective germicide in a chemically stable form. Pyridium has marked tissue-penetrating power, is non-toxic and non-irritating in therapeutic doses. It is widely used for combating urinary infections . . . Pyridium is supplied in tablets for administration by mouth, as an ointment for local application, or in solution for irrigations . . . Additional information on Pyridium, together with clinical reports, will be promptly furnished on request.



MERCK & CO. INC.
MANUFACTURING CHEMISTS
RAHWAY, N.J.

A DIGITALIS preparation of dependable potency, stable in composition, accurately assayed and physiologically standardized . . . Digitan is manufactured from carefully selected leaves by special processes. It retains its activity unimpaired for years; is dependable and exceedingly uniform in its action . . . Digitan contains the active glucosides, digitoxin and digitalin, in high concentration. It is free from digitonin and substantially free from other inert substances . . . Digitan is supplied in four convenient forms permitting very accurate



TRADE **DIGITAN** MARK

administration of the drug . . . A request on your letterhead will bring full clinical data and a sample of Digitan, without charge, for trial.



MERCK & CO. INC.

MANUFACTURING CHEMISTS

RAHWAY, N. J.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

"COUNCIL ACCEPTED"



Receiving Hospital 2102 Cherry Street

MENTAL AND NERVOUS DISEASES, ALCOHOLISM, DRUG ADDICTION AND GENERAL INVALIDISM

THE TOLEDO SANITARIUM, **Toledo, Ohio**

2102 Cherry Street Phone Jeff. 3979

JAS. A. BELYEA, M.D., Manager LOUIS A. MILLER, M.D., Neurologist, Supervising Physician



DR. GAVER SANITARIUM

71 Winner Ave. Phone Fairfax 8315 Columbus, Ohio

DRUG ADDICTION AND ALCOHOLISM NERVOUS AND MENTAL DISEASES

RATES REDUCED

EARL E. GAVER, Medical Sup't.

Grandview Hospital

MENTAL AND NERVOUS DISEASES

2700 GLENWAY AVENUE, PRICE HILL
TELEPHONE, WARSAW 1784
CINCINNATI, OHIO

T. A. RATLIFF, M. D., Resident Medical Director

Especial feature of treatment
INDIVIDUAL CARE
with Modern Hospital Service

Equipment—modern; **Location**—accessible.
Grounds—a park of 25 acres, well wooded and retired.
Descriptive Circular on request.

Ferguson-Droste-Ferguson Sanitarium

Ward S. Ferguson, M.D. - James C. Droste, M.D. - Lynn A. Ferguson, M.D.

PRACTICE LIMITED TO
DIAGNOSIS AND TREATMENT OF

DISEASES OF THE RECTUM

GRAND RAPIDS, MICHIGAN
6 Park Ave.—on Fulton Park

Sanitarium Hotel Accommodations

HYCLORITE

HYCLORITE
SOLUTION
SODIUM
HYPOCHLORITE

Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed.

For Hand and Skin Sterilization.

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity.

NON-POISONOUS
NON-IRRITATING

Write for Literature

BETHLEHEM LABORATORIES
INCORPORATED
300 Century Building,
PITTSBURGH, PENNA.



Only Fresh Milk . . . .

from tuberculin tested cows, from dairy farms that have fulfilled the sanitary requirements of the City of Cleveland Board of Health, is used as a basis for the production of S. M. A. In addition, the milk must meet our own rigid standards of quality.

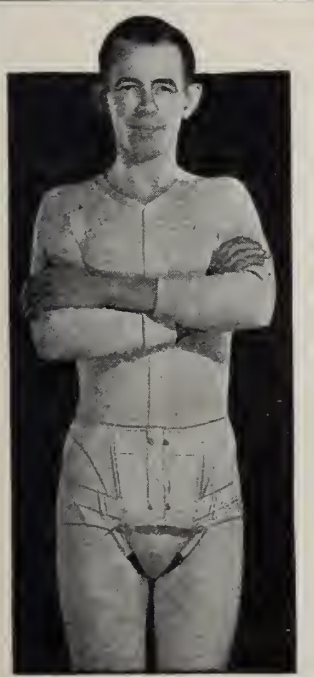
S. M. A. Resembles Breast Milk

S. M. A. is an adaptation to Breast Milk which resembles Breast Milk in its essential physical, chemical and metabolic properties. The cow's milk fat is replaced by S. M. A. fat which has the same character numbers as the fat in woman's milk. Cod liver oil forms a part of the fat of S. M. A. in adequate amounts to prevent rickets and spasmophilia.



May we send you samples and literature?

S.M.A. CORPORATION
CLEVELAND, OHIO



A Ptosis Garment

Effective in Extreme Emaciation

External and internal thinness of ptosis patients, increasing the difficulty in correcting the condition, has been considered in the construction of this Camp Ptosis Belt.

Hood shaped sections fit snugly over prominent hip bones, releasing pressure at crest of ilium; allowing close contact of support and central abdominal wall. The belt stays put, lying flat. In extreme cases, pads are properly inserted. The Camp Patented Adjustment, a feature of all Camp garments, insures ease and quickness of manipulation. The comfort, lightness and flexibility of the garment, and the firm, comfortable uplift it provides has made this an extremely successful garment.

Sold by the better drug and surgical houses.

Write for our Physician's Manual

CAMP TRADE MARK

Supporting Garments

S. H. CAMP & COMPANY

Manufacturers, JACKSON, MICH.

Chicago
1056 Merchandise Mart

New York
330 Fifth Avenue

London
252 Regent St. W.

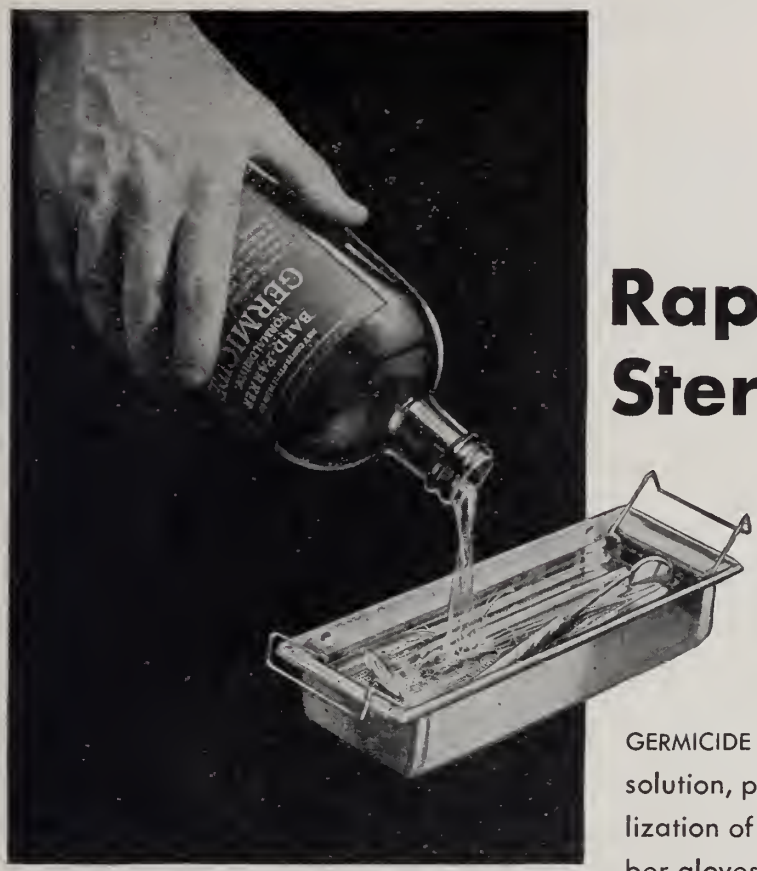


INFLUENZA and PNEUMONIA

Wagner's Artificial Vichy is invaluable in correcting acid intoxication in Influenza and Pneumonia.

THE W. T. WAGNER'S SONS CO., CINCINNATI, OHIO

Since 1868



BARD-PARKER STERILIZER CONTAINER

Rapid-Positive Sterilization . .

Without Rust or Corrosion To Metal Instruments

BARD-PARKER *Formaldehyde* GERMICIDE is a clear, colorless, non-staining solution, perfected especially for the sterilization of fine metal instruments and rubber gloves. It will not rust or corrode metal instruments. It will not damage the edges of Bard-Parker Knives or other cutting instruments. It drys rapidly without residue after removal of instruments. No rinsing or wiping required.

Extensive sterilization tests indicate: 1. Complete destruction of non-spore bearing bacteria, Micrococcus Aureus, Bacillus Typhosus and Streptococcus Hemolyticus as test organisms, within a period of 10 seconds to 2 minutes. 2. Complete destruction of the spore bearing organisms, c. Tetani and b. Anthracis and their spores within a period of less than 1 hour.

Prices:

One pint bottles . .	$1.00 each
One quart bottles . .	1.75 each
One gallon bottles .	5.00 each

BARD-PARKER
Formaldehyde
GERMICIDE

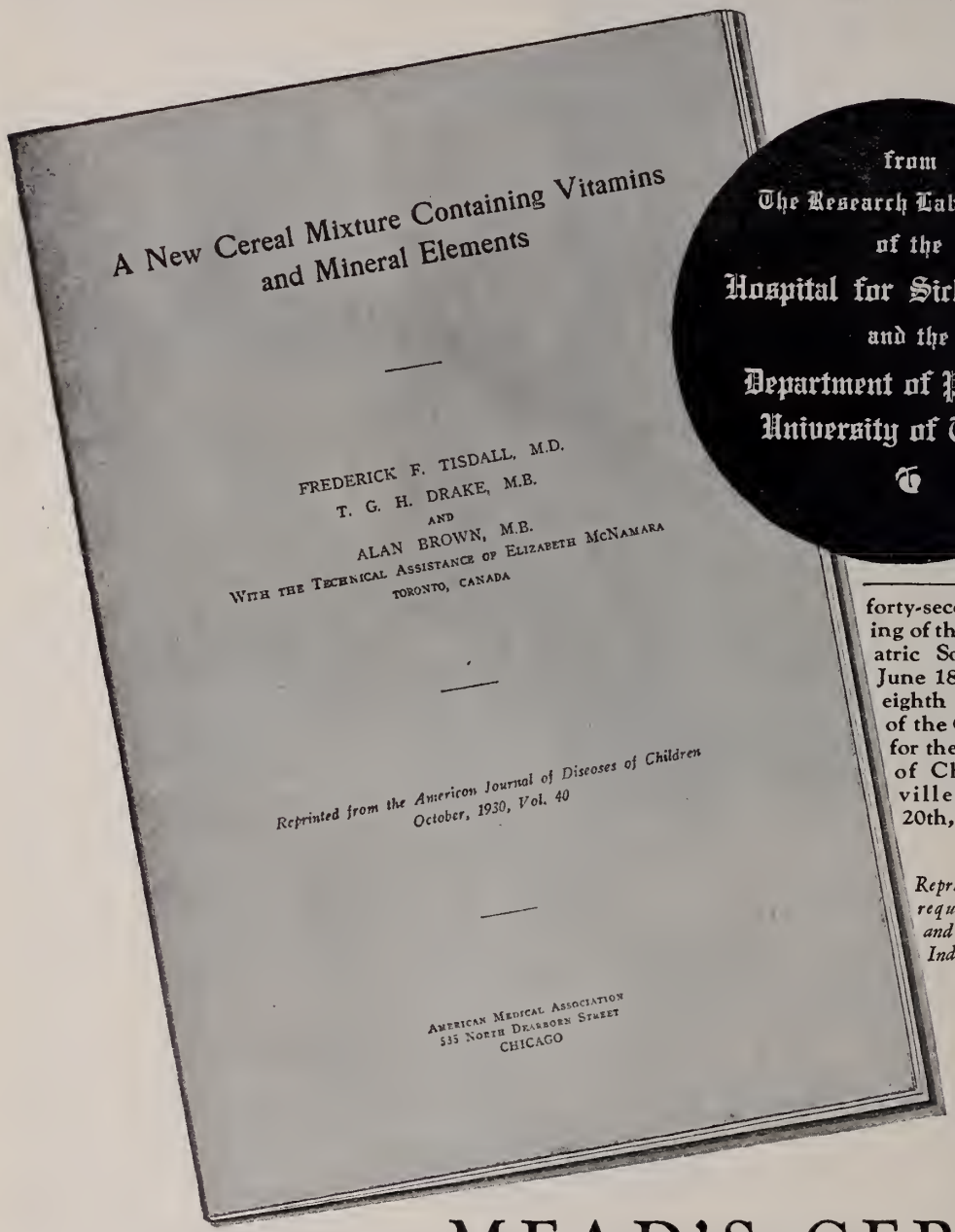
Reports of bacteriological tests sent upon request

Parker, White & Heyl, Inc. O-4
369 Lexington Ave., New York, N.Y.

Please send me, without obligation, a liberal sample of BARD-PARKER *Formaldehyde* GERMICIDE and description of Bord-Parker Sterilizer Container.

DOCTOR_____
STREET_____
CITY_____ STATE_____
DEALER'S NAME_____

MEAD'S CEREAL IS ADVERTISED ONLY TO THE MEDICAL PROFESSION AND IS AVAILABLE AT DRUG STORES



from
The Research Laboratories
of the
Hospital for Sick Children
and the
Department of Pediatrics
University of Toronto

———Read before the forty-second annual meeting of the American Pediatric Society, Montreal, June 18th, 1930, and the eighth annual meeting of the Canadian Society for the Study of Diseases of Children, Brockville, Ontario, June 20th, 1930.

Reprint now available on request. Mead Johnson and Company, Evansville, Indiana, U.S.A.

MEAD'S CEREAL

Specially indicated for infants, children and adolescents.

IT is the great privilege and responsibility of the Mead Johnson Research Laboratory to be chosen to produce this new cereal which is different from all other cereals in that it furnishes *in addition to protein, fat, carbohydrate and calories*—four necessary vitamins and nine important minerals. At this time, when deficiency diseases, vitamin starvation and mineral imbalance are commanding increasing attention from physicians, the scientific foundation and background of Mead's Cereal make it the physician's choice in supplementing the diet of infants and children.

...DETAILED LITERATURE AND SAMPLES ON REQUEST.

MEAD JOHNSON & COMPANY, Evansville, Ind., U.S.A.
Pioneers in Vitamin Research and Specialists in Infant Diet Materials

SYRUP of THIOCOL 'Roche'

for

COUGHS and COLDS



A widely prescribed remedy

A trial supply will be sent to physicians on request

•

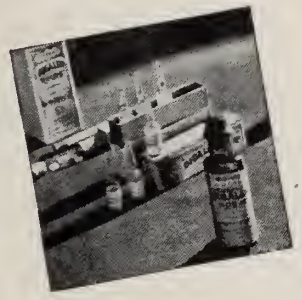
At all pharmacies in 6-ounce prescription bottles

Syrup of Thiocol contains the potassium salt of ortho-guaiacol-sulphonic acid

HOFFMANN-LA ROCHE, INC.

Nutley New Jersey

DIGALEN 'Roche'



for

CARDIAC CONDITIONS

A mighty fine digitalis

Issued in ampuls, vials and oral tablets

•

A complimentary supply of Digalen for your bag sent on request

HOFFMANN-LA ROCH

New Jer

ENZYMOL

For Topical Application

Observations of the action of gastric juice outside the body show a usefulness for a properly prepared product of this nature. An example of one of its indications is solution of necrotic and carious bone tissue.

ENZYMOL is an extract of the fresh stomach tissue juice, specially designed for topical application.

ENZYMOL is put up in convenient vials. It requires ordinarily for use, dilution with an equal volume of water; also with hydrochloric acid especially for cases in which this may be desirable—refractory tissue, large cavities, etc.

Originated and Made by

Fairchild Bros. & Foster

NEW YORK

PUBLIC HEALTH - SOCIAL WELFARE MEDICAL ECONOMICS and ORGANIZATION PROBLEMS

With Editorial Comment by D.K.M.

Attractions at The Annual Meeting

Elsewhere in this issue of *The Journal* appears the official program for the Eighty-Fifth Annual Meeting of the Ohio State Medical Association, to be held Tuesday and Wednesday, May 12 and 13, at Toledo.

Sessions of the 1931 annual gathering will be held at the Secor, the headquarters hotel, and the Commodore Perry Hotel, just across the street from the Secor. The registration headquarters and the exhibits will be located at the Secor, where the House of Delegates will meet and where most of the sectional meetings will be held.

Every member of the State Association who can possibly do so, should plan to be present on both days of the meeting as one of the most entertaining and educational scientific programs ever given at a gathering of the State Association has been arranged. Every minute of the two-days program will be occupied with something beneficial and valuable to both general practitioner and specialist.

Ideal arrangements for all phases of the meeting have been completed by the Toledo Academy of Medicine. The various committees of the Academy in charge of local plans and details have overlooked nothing which might add to the convenience and entertainment of visiting physicians.

As usual, the physician golfers of the state will have the honor of unofficially opening the 85th annual meeting with their yearly tournament at the Inverness Country Club, on Monday, May 11, concluding with a banquet and awarding of prizes.

For the benefit of early arrivals who do not golf, a splendid program of medical and surgical clinics has been arranged. These are scheduled for all day Monday, and Tuesday morning, at the various Toledo hospitals and medical centers.

More detailed information regarding the golf tournament and the clinics, including a time schedule for the latter, will be published in the May issue of *The Journal.*

The annual meeting will officially open Tuesday, May 12, at 9:30 a. m., when a general session will be held in the Main Dining Room, Southwest Corner, Lobby Floor, of the Secor Hotel, with Dr. B. G. Chollett, president of the Toledo Academy of Medicine, presiding. Following an address of welcome by Dr. Chollett and the presentation of the President of the State Association, Dr. C. W. Waggoner, Toledo, the House of Delegates will convene in the same hall for its first business session.

Opening sessions of the six scientific sectional meetings will be held Tuesday afternoon, starting at 2 o'clock.

On Tuesday evening, the second general session will be held in the Ball Room, Commodore Perry Hotel. At this session, the presidential and inaugural addresses of the President and President-elect, Dr. Waggoner, and Dr. D. C. Houser, Urbana, respectively, will be delivered, after which an informal reception in their honor will be held.

The second and final sectional meetings will be held Wednesday morning, continuing until noon when the annual Organization Luncheon for the officers and committeemen of the State Association and officers and legislative committeemen of the various component county medical societies and academies of medicine will be served.

Immediately after the Organization Luncheon at 1:30 p. m., the House of Delegates will hold its final session at which officers will be elected, resolutions adopted and the meeting place for the 1932 annual meeting selected.

While the House of Delegates is in session, a program of motion pictures, with sound, covering a variety of scientific subjects, will be given in the Ball Room at the Commodore Perry Hotel.

This program will be followed at 3:30 p. m. with the third General Session at which the annual scientific orations will be presented.

A General Session Wednesday evening in the Commodore Perry Ball Room when medico-social questions will be discussed will conclude the 1931 meeting. Speakers at this final sesison will be Dr. Harry M. Hall, Wheeling, West Virginia, former president of the West Virginia State Medical Association and a recognized authority on social and economic problems of medicine and medical practice, who will speak on, "The Doctor and Immortality,,' and Dr. E. Starr Judd, Rochester, Minnesota, president-elect of the American Medical Association, who will talk on, "The Practice of Medicine".

Those who are contemplating attending the Toledo meeting are advised and urged to make their hotel arrangements at once. For the benefit of those who have not as yet reserved accommodations during the annual meeting, a list of

Toledo hotels with their location, rates and type of accommodations is published elsewhere in this issue of *The Journal.*

In order that all who attend the annual meeting may be familiar with many of the questions and problems faced by scientific medicine and the medical profession and which may be given consideration at the Toledo gathering, every member of the State Association is urged to watch for and carefully study the annual reports of the standing and special committees of the State Association, to be published in the May issue of *The Journal.*

Social Theories and Legislation

Those who have made a study of the numerous "remedies" which have been suggested to cure the present industrial depression and alleviate the social and economic ills which beset the nation have frankly expressed deep concern as to the ultimate end-results of the increasing pressure for a more or less complete socialization of institutions and government.

A glance at the long list of paternalistic and bureaucratic proposals before the last Federal Congress, as well as at the numerous measures of like nature now being considered by the legislatures of Ohio and the other states, reveals that the attacks on sound, fundamental principles of government and social welfare are not to be treated lightly.

In a recent discussion of this evil tendency to tear down constructive standards and substitute experimental and fallacious theories, Merle Thorpe, editor of *Nation's Business*, clearly defined the issues and pointed out the quackery involved, when he said:

"It is commonly observed that the chief product of the depression is a flood of prescriptions, most of which provide for some form of government action. In our zeal to accomplish desirable ends, we lose sight of what government really is. We fail to remember that it is a device which collects about one-sixth of our earnings, and expends them wastefully because of the natural inhibitions of political administration.

"Instead, we build up a fictitious demigod, a survival of the medieval fetish that "Government" (always spelled with a capital by Washington) is endowed by divine right with a supernatural power and wisdom.

"As a result, when 'something ought to be done,' the length and breadth and depth of our resourcefulness and imagination is 'by the government.'

"Muddied thinking is the rule. A sample comes to mind. A group of earnest young men sends out a 'brief for state unemployment insurance systems with half the cost to be paid by the federal government.' The argument sets forth, among other things, that

> America is the only nation with enough income to insure all a comfortable living.

And further on:

> Seventeen nations now have public unemployment insurance for 48 million workers.

"No one can deny the truth of those statements. But should they not be reversed with no violence to logic and perhaps with more accuracy as to conclusion, like this:

> Although 17 other nations have public unemployment insurance for 48 million workers, yet America is the only nation with enough income to insure all a comfortable living.

"If we alone are so well off, there must be a basic reason. Social progress there has been, the envy of the elder nations. But such progress has been made on the truly hardpan American principle, namely, that social progress cannot proceed faster than material progress.

"Not so long ago Australia was held up by idealists as a shining example of what government should do in taking over the personal responsibilities of its citizens—from running their businesses to doctoring them when they are sick. But Australia is bankrupt today, and those who applauded its social program then now ignore the havoc wrought by a misguided paternalism.

"There are many things social we would like to do quickly—Americans are proverbially impatient—but all such undertakings must depend upon the state's ability—which is the individual's ability—to pay for what it wants.

"Government, like the individuals whose composite it is, must pick and choose from innumerable projects which press upon its benevolence, if those who ultimately must pay are to preserve their own economic independence and ability to pay.

"No solvent state can be built upon a bankrupt citizenry.

"But there is a higher principle involved.

"One would think from the welter of paternalistic proposals that all had agreed that the price we pay for individual liberty is too great, that we must be protected against ourselves. The hazards of failure are to be taken away, but at a price—with them are to go the chances of success.

"The road we have come was paved with a different philosophy. We built an organized society with guarantees that membership on its different levels is determined solely by individual initiative. We have not said to our young men and women, 'Don't be concerned, the State will take care of you.' We have said to them, 'Go into business, or the professions, or politics; accept the hazards, make sacrifices of time and brain and energy, do the best you can for yourself. Your reward will be the full measure of your contribution.'

"They are free to choose their careers, and because of that we are known as a progressive people.

These principles leap from the bright pages of the nation's history. As the laudable search is continued to promote social welfare, there should

be care not to subsidize idleness, destroying incentive; not to complicate by bureaucratic and paternalistic schemes the free play of individual responsibility, which is the natural offspring of individual opportunity.

Necessary Health Costs Must Be Met

Judging from comments and observations expressed recently by those who have studied economic problems confronting Ohio, especially that of the increasing tax burden which the public is being forced to shoulder, one of the remedies suggested for the existing situation is a decrease in the cost of local and state governments and a curtailment of unnecessary functions and services now being carried on by local and state governmental agencies.

There appears to be a growing sentiment in this state that too much money is being spent on governmental services which may be considered too elaborate.

Naturally, official public health work, like all other state and local governmental functions, is being closely scrutinized by those who are criticizing government expense and who favor curtailment as a remdy for increased taxation.

This puts a challenge directly up to state and local health departments.

It probably will be conceded by even the most severe critics that the present costs of official public health work in Ohio generally are not excessive. While some may contend that a few of the functions now being undertaken by public health departments might be dispensed with without much detriment to the public, it, on the other hand, must be admitted that some communities are shirking their duty in this important public function by failing to adequately finance the work of their health departments.

So, the big question confronting those directing the public health activities of the state and local communities is to prove they have been supplying the type of service which justifies the amount of money now being expended and deserves a more generous helping from the public coffers.

Public health work is a business undertaking, and like all business projects, must be based on a well-defined program and on sound economy. An effort must be made to produce the maximum of service with the funds available. Some health departments are finding themselves hard-pressed to convince the public in these times of business depression that they deserve an increased budget, or even one as large as those of previous years.

The point which those directing public health activities in Ohio must recognize and keep in mind at the present time is well defined in the following editorial comment made in *Health*, official publication of the Dayton Department of Health:

"There are certain health promotion functions the individual cannot do for himself. For children especially it is the State's first duty to see that these matters are done and done well. One writer has said: 'The tragedy of this earth is a diseased child.' Certainly there is nothing more important than child health protection.

"There are other health functions which the individual should perform for himself. In this second class the State still has the duty to lead, to direct, to impart information and to stand by and give actual financial aid in cases of real indigency, emergency, etc. But for the State to do for the individual what he should do for himself is pauperizing in character building, and puts an unnecessary financial burden upon the taxpayers.

"Many who are interested in public health in latter years have failed to discriminate between these two functions. Some are recommending that an appropriation of from Two Dollars to Two Dollars and Fifty Cents per person per year is necessary for a community to have proper public health protection. For all public health activities in Dayton, including those performed by the Board of Education, the Montgomery County Public Health League, the Visiting Nurse Association and the City of Dayton itself, the cost is approximately eighty-five cents per person. There are certain urgent needs in Dayton which, if properly financed, would raise our total expenditures to one dollar per capita. These needs are urgent but a doubling of appropriations is not now necessary.

"This is the time when the taxpayer must have more consideration than ever before. Even the cost of public health work must be kept as low as is consistent with safety. The functions of public health activities, whereby individuals are given information and assistance to do for themselves, should have special attention. If those who are interested in public health promotion do not properly plan for economy in expenditures the toy balloons, attached to which many dreamers are now floating around in the air, are soon to be punctured by the hard headed taxpayer. It is a splendid time to plan for thrift in public health work as in all other lines."

Mental Factors in General Practice

Every physician, whether general practitioner or specialist, has a role to play in the field of mental hygiene.

Practical application of mental hygiene to all branches of medicine is being emphasized more and more by those who have analyzed the importance of concerted action by the medical profession in the contest against mental and nervous diseases.

An example of how the specialist can be of great assistance in the mental hygiene field, although he may be engaged in a specialty far removed from the field of psychiatry, is cited by the Mental Hygiene Committee of the Pennsylvania State Medical Society.

In a special article appearing in the *Pennsylvania State Medical Journal*, that committee points out ways in which the obstetrician can play a part in mental hygiene.

"The obstetrician, above all others in medicine,

should be familiar with the mental reactions occurring in pregnancy and the postpartum states", it is stated. "Interpretation of psychic or more serious reactions takes the obstetrician into the field of psychology and psychiatry. In entering this field the psychiatrist greets the obstetrician with the following suggestions: (1) Arrange for your patients a mental hygiene program as well as a physical one; (2) chart the psychic reactions in order to properly evalue them; (3) differentiate the marked psychic reactions and evalue the cause, if psychogenetic, interpret and treat intelligently; (4) protect the patient as much as possible from shock and trauma during delivery; (5) be ever conscious of psychic reactions during pregnancy and the puerperium; if the patient fails to make adaptation, be on the lookout; (6) encourage the proper mental attitude of the mother of the coming posterity and encourage her adaptation to the child and the child to her."

It has been a common belief that physical defects promote genius and that it is rarely possible to win both good health and fame in an intellectual field.

Genius, Health and Modesty

Recent scientific inquiry into this much-discussed question has resulted in conclusions which completely upset the trite notion, summed up by H. L. Mencken in the statement that "no healthy man ever became a philosopher."

The more modern theory is sponsored by Dr. Ales Hrdlicka, anthropologist of the U. S. National Museum. After making careful physical examinations of 100 members of the National Academy of Science, an organization composed of some of the most famous scientists of America, Dr. Hrdlicka announced that his findings revealed that the scientist is a case of a strong mind in a strong body, instead of a strong mind in a weak body. He found that the 100 scientists examined were above the average in health and physique and that most of them were advanced in years, showing emphatically that years of hard intellectual work did not impair their health.

In fact, Dr. Hrdlicka's figures have led him to the conclusion that it is only the person with exceptionally good health who is able to undergo the rigors of scientific health, an opinion directly opposite from that taken by Miss Helen Leonard, who, writing, in a current magazine, contends that defects lead to an inferiority complex and that an inferiority complex leads to a desire to be superior, the complex furnishing the drive which enables the person to develop hidden genius.

Miss Leonard cites the following historical figures to support her theory: Demosthenes stuttered; Pope was a hunchback; Caesar and Napoleon were epileptic; Steinmetz was dwarfed; Byron had a clubfoot; Shelley, Synge, Poe, De Quincey, Jane Austen, Thoreau, Sir Walter Scott, Voltaire and Emile Bronte were tubercular; Sir Isaac Newton, Daniel Gabriel Rossetti, Coleridge, Schopenhauer, Charles Lamb and his sister, Mary, were victims of temporary insanity; Samuel Johnson was afflicted with many diseases, and Beethoven wrote his greatest music after he had become deaf.

One writer in disputing Miss Leonard's theory said: "Analysis of the lives of some of the great scientists of the present century shows that most of them entered science in pursuit of science and not in pursuit of fame, the arrival of fame being something incidental. The majority of them are found to shy at fame and prefer to keep on working in the quiet of their laboratories instead of basking in the limelight of notoriety."

"Personal relations in trade will continue to be a bulwark against which large combinations will batter in vain", writes Merle Thorpe in Nation's Business.

Progress and Readjustments

"But", Mr. Thorpe adds, change is the immutable law. The innovations of one age become the familiar practices of the next. Revision, remodeling, progress everywhere! The inexorable pressure of the new, the fresh, the original!

"We may defy, we may protest, we may issue ultimatums, we may pass resolutions—even laws, we may sulk in silence, yet the world does move and the directing force of human activity is forward. The months of this new year are no more of a problem than the twelve months of the past.

"Human nature is still the same. The grasshopper and the ant preach their age-old sermons that Aesop wrote down. Possibly there is some competition in which survival is not to the alert and industrious. The oyster does not worry about competition. But the eagle is still our national emblem."

The far-sighted editor of *Nation's Business* as usual has penned a message which can be applied to all industry, commerce and professions. While solidly upholding the principle that the personal touch is still the vital element in all business and professional life, Mr. Thorpe in a subtle way intimates that the personal touch is not the *only* important factor necessary for a successful business or professional career.

As he suggests, the march of progress can not be defied. The present-day business or professional man must, to hope for success, adjust himself to the new order of things. He must keep abreast of the newest advances in his particular field. He must add to his knowledge so that he will be better able to cope with the new demands of the ever-changing public. But, as Mr. Thorpe points out, there is no necessity for losing sight of the personal touch in his work or contact with the public in this readjustment.

Peptic Ulcer

GEORGE W. CRILE, M.D., Cleveland

PEPTIC ulcer is unknown among the lower animals, rare in the lower races of man, and in the higher races of man it elects the worrying, highly organized, active individuals, rather than the drifters. The incidence of ulcer among medical men illustrates this point.

Ulcer is a unique lesion which, with due regard to the exceptions to this rule, in the last analysis is caused by hyperacidity. The experiments of Mann and others support this view. Even stronger support is found in the clinical fact that the most effective method of treatment—medical or surgical—is directed toward the control of acidity. The administration of alkalies, special diet and frequent feeding, physical and psychic rest, and every type of operation are directed toward the same end. The treatment that maintains the lowest acidity is the treatment that yields the best results.

Obviously, personality and temperament are the products of the interactivity of the nervous system, the thyroid, and the adrenal glands. Since this is true, then we would expect an increased acidity in hyperthyroidism. That this is the case is well known. We would expect a low acidity or an anacidity in myxedema. That this is the case is well known. In addition, the incidence of peptic ulcer in cases of hyperthyroidism is higher than its average incidence. Moreover, of equal significance is the fact that in hypothyroidism peptic ulcer does not occur. I have not seen a single case. The thyroid gland, then, has the power of controlling gastric acidity. It follows that the influences that are known to cause changes in the activity of the thyroid gland would be expected to modify the incidence of peptic ulcer. In the winter season thyroid activity is increased, and therefore peptic ulcer is more active in the fall, winter, and spring. The activity of the thyroid gland is increased by infections, especially focal infections; peptic ulcer is affected by focal infections. The emotions, worry, anxiety, etc., increase the activity of the thyroid gland; they aggravate peptic ulcer.

There is another significant characteristic of the thyroid gland in its relation to other organs. Even in the absence of hyperthyroidism the activity of the thyroid gland may stimulate and even damage the heart—that is, in such a case, the heart is the solitary target of the thyroid gland. There is evidence, though not so clear as in the case of the heart, that in the absence of hyperthyroidism the thyroid may goad the nervous system as a sole target. It would not be surprising, then, if the activity of the thyroid gland, in like manner, were found to goad the gastric activity as a sole target.

By experiments on dogs we have tested the relation between the thyroid and the gastric secretion, as manifested first by free and combined acidity; second, by total gastric juice; third, by mucus; fourth, by electric potential. These experiments were carried out by G. H. Crile, Miss A. F. Rowland, and Dr. Maria Telkes, and I wish to acknowledge especially the advice and assistance of Dr. J. I. Farrell.

We secured the following results:

(a) Excessive thyroid feeding caused an increase of the total quantity of gastric juice; of the free and combined acids, and of the mucus.

(b) It increased the electric potential between the ileum and the stomach.

(c) When the negative pole was on the gastric mucosa, electric stimulation of the mucosa caused increased acidity; when the positive pole was on the gastric mucosa, electric stimulation caused alkalinity.

(d) After excision of sufficient thyroid to cause myxedema there was low acidity or anacidity.

(e) The administration of food to a dog in which hyperthyroidism had been induced caused an abnormally high acidity.

(f) The administration of food to a myxedematous dog caused either a subnormal increase in acidity or no increase.

In this connection we found, from observations made for us by Dr. Nichols, Dr. Faust, and Dr. Shirer, that in cases of hyperthyroidism there is an increased motility of the stomach and increased intestinal peristalsis, while after thyroidectomy the gastro-intestinal motility gradually returned to normal. We can now well understand the high digestive power and the increased bowel movements, in some cases resulting in diarrhoea, in cases of hyperthyroidism.

In view of these findings we may infer that a dominant organ such as the thyroid gland that may develop special affinities for other organs such as the heart or nervous system, may well do the same for the stomach—that affinity being manifested by increased gastric acidity and gastric motility. Since emotional states are frequently associated with hyperacidity and hypermotility, and hyperacidity and hypermotility are associated with ulcer, we begin to glimpse a possible mechanism by which gastric ulcer may be produced.

From the therapeutic point of view, one would hesitate to produce myxedema in order to control an ulcer, even though under certain desperate conditions this procedure might be considered. But this mechanism includes more than the thyroid alone. The thyroid gland of itself does not initiate increased acivity—it waits at its station to be stimulated. The stimulation comes through the sympathetic system, and the most powerful

Read before the Surgical Section, Ohio State Medical Association, at its 84th Annual Meeting, Columbus, May 13-15, 1930.

control of the sympathetic system is in the adrenal glands. One would suppose, therefore, that if the adrenal factor could be controlled, the thyroid in turn would remain inactive to a certain degree. It would follow, therefore, that the division of the nerve supply of the adrenals on both sides should lead to an immediate improvement. Not only would this procedure lessen the activity of the thyroid gland, but it would diminish the spasm of the pylorus.

In our experiments on animals we found that the removal of one adrenal gland did not produce as definite results as were secured in the thyroid experiments, but it appeared that the adrenals have a considerable influence on the motility and the secretion of the stomach. The advantage of division of the nerve supply of the adrenal glands over the induction of myxedema must, of course, be considered; but the principle we are proposing does not stop with the thyroid and the adrenals but extends to include the great driving master tissue of the organism—the brain and the nervous system. It is the dominating brain and the visceral innervation that stand between the activities of the ductless glands and the gastro-intestinal tract.

Thus we may attack the ulcer by control of the mental and emotional processes. In this direction our experimental results were impressive. The gastric function of the dogs bore a most striking relation to the mental and emotional states. We need not comment on the reaction of the acidity, etc. to the odor of food, as this is not pertinent, but the emotional state of the animals completely dominated the formation of gastric juice, as did the injection of adrenalin.

Our hypothesis, then, may be restated briefly as follows:

1. Hyperacidity is the actual cause of peptic ulcer.

2. The thyroid, the adrenals, and the nervous system completely dominate gastric acidity.

PRACTICAL APPLICATION

In every case of an active ulcer without obstruction at the pylorus, without perforation, without cancer, without massive hemorrhage, non-surgical management should first be tried. This non-surgical management must include more than the administration of an alkaline powder. It should include consideration of the patient as a whole. Each case must be analyzed closely in order to gain the utmost psychic as well as physical control.

If there is obstruction at the pylorus, it should be treated by a simple gastro-enterostomy. In a case of acute perforation, immediate operation is indicated. What shall be done with the cases of repeated, massive hemorrhages, of persistent disabling recurrences in spite of adequate medical treatment? These questions must be decided according to the personal experience and judgment of the operator. In some cases he may do an operation of the Finney type; in certain cases in which there is a hopelessly excitable personality, inescapable economic and social maladjustments or disqualifying temperamental equations make cooperation in treatment imposisble, a partial gastrectomy may be the only way out.

In general, if gastric ulcers do not yield to medical treatment, a gastrectomy should be performed. In cases of recurrent ulcer after operation, resection is the operation of choice unless the hope is realized that acidity may be controlled by an attack on the ductless glands.

CLEVELAND CLINIC.

TRIPLETS—SINGLE PLACENTA

REPORT OF TWO CASES

A. F. KAHLER, M.D., New Holland, Ohio

Because of the very few recorded cases of triplets with a single placenta, the following cases are presented:

Case No. 1.—Mrs. A., aged 32; multipara; white; American. Three previous single deliveries. No history of multiple births in ancestors. Male triplets with a single placenta were delivered at the six-month period of gestation, the babes surviving for from two to twelve hours. The labor was normal and convalescence was uneventful.

Case No. 2.—Mrs. B., aged 39; multipara; white; American. Four previous single deliveries. No history of multiple births in ancestors. Male triplets with a single placenta were delivered at about the six-month period of gestation, the babes surviving for from one to six hours. In this case a very large quantity of amniotic fluid was present, estimated at four quarts, which probably contributed to the premature delivery.

In case No. 1, I was unable to obtain the placenta for preservation, but in the second case, delivered three weeks ago, this was secured and preserved. (Specimen shown).

Read before the Section on Obstetrics and Pediatrics, Ohio State Medical Association, at the 84th Annual Meeting, Columbus, May 13-15, 1930.

A Correction

Through a typographical error in omitting the word, "cannot", the meaning of an entire paragraph was changed, in the paper on "Acute Glaucoma" by Dr. Clarence King, Cincinnati, published on pages 213 to 215 of the March issue of *The Journal*. The paragraph, which appears at the top of page 215, should read as follows:

"Woodruff is correct in his contention that the angle of the chamber *cannot* be opened by puncture but only on counterpuncture without injury to the iris, but my opinion is that the deep counterpuncture of Woodruff to reach the chamber angle is not as devoid of risk as the incision from the outside."

What Constitutes Conservatism in the Surgery of Plural Infections of the Nasal Accessory Cavities?

JOHN EDWIN BROWN, M.D., Columbus

THE problems of effective curative treatment of sinus disease are many. Any angle from which they can be viewed should give us helpful guidance in their solution. Not only the profession, but the public as well, has accepted sinus disease as a much to be expected entity. As a result, this snap diagnosis is used as an explanation for many symptoms in no wise related to inflammation or infection of these cavities. Surgery is receiving blame for not relieving symptoms that have been improperly diagnosed since such surgery cannot relieve all the neurologic manifestations in the fifth nerve areas.

It would seem that very little need be said as to what constitutes conservatism in the non-surgical care of sinus disease. The conditions which call for surgical measure may (a) threaten life or (b) only be such as may cause invalidism, immediate or remote. With the first of these the danger signals may be flying so that the most inexperienced will recognize them. In others this seriousness of prognosis may come to view unexpectedly. Here the surgeon must have keenness of diagnosis, promptness of decision, and the necessary skill to carry out his plan. In the second, ordinarily he has abundant opportunity to study his cases; to analyze the disease probabilities and to map out his surgical course before embarking thereon.

Surgery is called for in connection with:

First—Primary acute infections:

Second:—Acute exacerbations of chronic infections, and

Third—Lesions entirely chronic which have resisted other treatment.

Almost at once we would recognize that in groups second and third nearly all would be plural infections. In only the first might we expect to find a single sinus involved. Even here many things tend to plural infections, as where the patient's general health has been undermined by syphilis, tuberculosis, asthma, arthritis, allergic conditions, etc. In repetition of the acute infection there is a constant tendency for a more widespread involvement of the cavity mucosas. The ethmoid labyrinth is so placed that a continued pathology of this area, especially when of a suppurative nature, is sure to show associated disease in some of the adjacent cavities, whether from gradual extension of a diseased mucosa process, from blocked drainage, or from inundation, —as in the antrum,—of the cavity with pus from other areas. Lynch, in discussing plural infections, says "Personally I have never seen a case of suppurative ethmoiditis *per se* with no pathology in the adjoining cavities, nor have I seen a chronic hyperplastic ethmoiditis all alone." The normal anatomic relationships of these cavities are such that continued infection in any one of the group will tend to involve the others; much more will this be the case if there are turbinal hypertrophies, malpositions, deviations or pathological thickening of the septum; or infected foci nearby,—pharyngeal, tonsillar or dental.

Apparently from this we can say that in the emergency operation of acute infections one is more apt to find himself dealing with a single sinus or infected area, in which the problem is one of drainage or decompresison to safely bring the patient through a crisis, after which the storm may entirely subside. Or if not this, then to allow acute symptoms to disappear so that the problem can be dealt with in a safer way.

While sinus infections may be plural, they are usually monolateral. When bilateral there is a much more difficult situation to face. In undertaking curative surgery here it has necessarily to be more radical. The more extensive an operation, the surer the surgeon must be of a full understanding of the pathology with which he has to deal, and it is necessary that he utilize all the elements that minimize risks and safeguard the performance of his procedures. The relationship of the sinuses to the base of the brain, to the venous and lymphatic channels which can easily transmit infection to other areas, or result in blood stream infection, emphasizes a responsibility (in sinus surgery) that cannot be put aside lightly.

Now conservatism does not mean avoidance of this responsibility or refusal to operate. Operative conservatism in these cases should mean restoration to health or, in the inability to accomplish this, securing the greatest degree of comfort for the patient, and raising to the highest point his working efficiency—this with a minimum of risk.

The vulnerability of the individual sinuses is shown by the order of frequency of involvement, as

First: Antrum, followed by anterior ethmoid cells, frontal, posterior ethmoid cells, sphenoid.

The plural infections may appear in these monolateral combinations:

(a) antral-ethmoid
(b) antral, ethmoid and frontal
(c) frontal ethmoid
(d) ethmoid-sphenoid
(e) antral-ethmoid-sphenoid

Read before the Eye, Ear, Nose and Throat Section, Ohio State Medical Association, at its 84th Annual Meeting, Columbus, May 13-15, 1930.

(f) pansinus infection

(g) antral-frontal

(h) any of these associated with a single or plural lesion on the opposite side.

These as previously mentioned can be

(a) wholly acute, (b) acute exacerbation of a chronic, or (c) chronic.

If acute, the surgery must be limited to protective drainage. The antrum can be opened in the inferior meatus, and the anterior portion of the middle turbinal removed as an ordinarily safe procedure jointly done; though often the middle turbinal amputation can be omitted, awaiting result of antral drainage alone. An external frontal drainage can be combined with the antral drainage mentioned above, in which case the middle turbinal amputation can well be omitted until later unless unusual pressure symptoms are found around the bulla region. Ethmoid-sphenoid acute involvement must be approached cautiously and, when operated, the posterior cells opened freely with removal of the anterior sphenoid wall sufficient to insure free drainage. The rich vascular, glandular mucosa in this region, while protecting from frequency of involvement in infections, greatly increases the risk of systemic invasion when it is necessary to surgically open them in acute troubles.

But important as these problems offered by the acute cases may be, our resourcefulness is much more tried in the chronic lesions.

Too many operative procedures are undertaken under a diagnosis of sinus infection before definite data are obtained upon which to reach sound conclusions as to the course to be followed. A patient may have plural infection of a mild type, the cure of which by surgery would call for most radical and extensive procedures. In such cases no operation should be performed until the case has been under observation such a length of time as will give information, first, as to how much impression on the patient's general health the local infection is making or will probably make, and, second, whether the infection is locally active and extending, or is becoming more quiescent. I am of the firm belief that there is a considerable group of cases with plural foci of infection that, despite this fact, are better off, will enjoy better health in the long run, cared for only by treatment and the simplest drainage surgery, than if extensive radical curative procedure is attempted.

The presence of an asthmatic complex emphasizes the necessity for elimination of infection in these plural lesions, as does the condition of arthritis, and justifies all reasonable surgical efforts to attain this end. Other general conditions may weigh against extensive surgery, as a tubercular process.

Conservatism can be shown in the surgery of these plural lesions by the application of the technique of local anesthesia. Formerly considered satisfactory only in intra-nasal work—and not always in that—it now gives beautiful control for much of the extra-nasal surgery. The control of hemorrhage by judicious use of adrenalin, and the ligation of vessels has minimized the surgical risks involved. The tamponing of the postnasal space to prevent dribbling of blood into the throat and its aspiration into the lungs constitutes another advance in safeguarding this surgery.

Many patients object to repeated operations. They say they are ready to undergo extensive procedures, but want a total clean-up when anything is done. Even those who have the utmost confidence in their surgeon may make this confidence cover performances which the latter realizes too well he cannot safely undertake. Here the surgeon has to educate his patient—that skill lies not always in undertaking the most at one time; and to accept a schedule of two or more operative sessions, which much better insures a final cure.

In many cases of sinus infection, deviation of the septum has played a part, first in predisposing to the disease, and later interfering with treatment. To effect a cure this obstruction should be relieved. In simpler single sinus infections, particularly of the maxillary, a submucous resection can frequently be combined with the sinus surgery. But where more than one sinus is involved, which necessarily means that the upper sinus level is infected, one must be circumspect in the freedom he takes in combining the usual submucous proceeding with one which opens up pus infected spaces in either the ethmoid, frontal or sphenoid region. To my mind the septal procedure can usually be done more safely by leaving such an infected area to be attacked after healing has taken place.

Conservatism implies that before external radical operations involving the frontal or frontal-ethmoid are undertaken, that such intranasal measures as tend to simplify this major procedure, or narrow its anatomical scope, should have been carried out. I am of course speaking here of chronic conditions. To have the maxillary sinus with an undrained infection and therefore a somewhat unknown pathology, would be a serious interference with a good result if not included in the operation; and, if included, there is the chance to so increase its severity as to militate against a recovery with sound healing. Ordinarily, therefore, in cases where both the maxillary and frontal have to be dealt with in a chronic lesion, it will be better to operate the former as an antecedent to the later. Not only does this simplify the latter when performed but there always remains the possibility that elimination of the area of infection in the antrum, and, where involved, infected ethmoidal cells about the fronto-nasal duct will result in a quiescence of the frontal lesion. In case there may have been an emergency external drainage of the frontal or frontal ethmoid there may be later such indications of infection

as to point to a radical external operation. Here one needs to assure himself that the continuance or renewal of discharge is not due to some local defect in healing from the original operation. In an acute frontal, if the periosteum is elevated over an area much larger than the decompression opening through the bone, one may have later reopening of the external wound and discharge from the fronto-nasal duct due to a breaking down of the bone to which the periosteum did not become reattached. If this local defect is corrected by a limited exposure and curettement, the signs of infection immediately disappear.

In a general way operation in primary acute infections of the sinuses is presumed to accomplish drainage or decompression with as little traumatism to their walls and with as great care for the integrity of the mucosa as is consistent with the accomplishment of this purpose.

On the other hand, where long-standing infections are dealt with, we have pathological changes of a permanent nature in the membranes of these cavities. In many of these the preservation of such a membrane is incompatible with the cure of the disease. In the antrum the character of these changes will determine whether an intra-nasal drainage will cure or give satisfactory relief or whether a canine fossa operation with removal of the cavity membrane in its entirety, must be resorted to.

C. D. Knowlton of Boston and G. W. McGregor of Toronto have made interesting experiments on dogs which show that in five months after complete removal of all lining of the cavity "gland regeneration is well established" "and the mucoperiosteum as a whole looks almost normal." Further, that the human antral sections examined by them, indicate the same nature of repair. Thus a radical antral operation may preserve a cavity, air containing, and of its original dimensions.

A radical ethmoid removes all such bony septa as separate the infected cells from the nasal cavity, so that in healing there is no ethmoidal spaces, as they have become a part of the nasal cavities. The removal of the anterior wall of the sphenoid is meant to make this space continuous with and a part of the nasal area.

The anatomical relationships of the frontal, with the face anteriorly and the cranial cavity posteriorly and superiorly, do not permit of a cure of its chronic empyemas under the conditions that apply to either the antrum or the ethmoid-sphenoid. Here the endeavor is to not only remove the lining membrane in its entirety but to destroy the floor and a sufficient extent of the anterior wall as will permit healing with obliteration of the cavity and cessation of all secretory activity. This must be looked upon as a much more difficult task than the others, and accounts for a greater percentage of failures to cure, where required in plural infections.

As regards surgical intervention in the sinus disease of infants and young children a somewhat different attitude must be assumed when compared with the adult. The work of Dean and others brought to the attention of the profession the frequency of sinus infection in the very young; and the necessity for its recognition and treatment. In connection with this subject and middle ear disease, Marriott of Washington University used the expression that the practice of pediatrics was becoming largely a matter of applied otolaryngology. True in children as in adults, we may have infections that from their extent and virulence call for surgical measures not more different from those of adult life than necessitated by anatomical conditions. But by and large the subacute and chronic multiple infections will be attended by less permanent local tissue changes so that medical treatment alone, or with indicated surgery elsewhere, as of the tonsils, adenoids, teeth, etc., will bring about a cure. (It should not be lost sight of that sinus infection in the very young may be the underlying cause of gastro-intestinal disturbance of great severity, and of asthma and other chest errors. The sinus pathology in early life may be associated with a number of symptom complexes in which it is not always quickly recognized but where it may be the chief element in the patient's sickness.)

This paper has not attempted to deal with the subject of particularity of operation. The names of Lynch, Mosher, Fenton, Sewell, Dean, Canfield, Denker, Skillern, Lothrop, Coakley and others are connected with procedures that their wide experience and skill have brought to a high state of perfection. We are dealing only with those questions which must be settled before a choice of technique is made. So also the various diagnostic steps have not been mentioned or evaluated. It has been the aim to stress the importance of diagnosis as all questions of conservatism hinge upon a thorough analysis of cases, but not to enter upon the methods of diagnosis. So when one says a great fault lies in failure to recognize certain areas of infection—as particularly in the posterior ethmoids or antrum,—we grant this but it is not a part of this discussion. Many will say that nothing new has been brought out. This also is true. We believe though that the paper has ventured upon disputed ground far enough to bring out a discussion which will leave us with some clarification of knowledge as to when and how to operate in complicated plural infections of the sinuses.

370 E. Town St.

DISCUSSION

JOHN LUKENS, M.D., Toledo: Dr. Brown has just given us a classical paper. It is very difficult at times to determine what constitutes conservative treatment in plural sinus infection. Dr. Brown suggested at the close of his paper that discussion might bring out a definite indication as to when and how to operate in complicated plural infections of the sinus. As suggested by the

essayist, the careful study of any case is fundamental for its intelligent and conservative treatment.

The correction of any predisposing pathology, such as a badly deviated septum, to give a proper ventilation of the nasal accessory sinuses will often clear up a disagreeable condition in a short time, which at first might appear to need radical surgical intervention. This is a step toward the logical principle which underlies the treatment of all nasal accessory sinus diseases, viz: *To establish and maintain ventilation and drainage.*

Another class of cases where a careful study of the patient will indicate conservative treatment is sinus infection accompanying allergic conditions. We find many cases of ethmoiditis and antrum infections accompanying hay fever. This class of cases clears up rapidly as soon as the patient can get in a pollen free climate or has been successfully desensitized by treatment.

In children we have to consider many etiologic factors causing chronic sinus infections, viz: deficient diet, especially in vitamin A, poor hygiene, allergy, metabolic disturbance, especially dampness and lack of sunlight, swimming, endocrine disturbance, nephrosis, diseased tonsils and adenoids. Operations on the nasal sinuses of children other than meatal drainage of the maxillary sinuses are rarely indicated.

Herbert Tilley of London, England, in his address before the Academy of Ophthalmology and Otolaryngology last year in discussing surgical treatment of inflammation of the frontal sinus said: "If an experience of more than a quarter of a century has taught me anything of this subject, it is that the number of cases of chronic suppuration of the frontal sinus which call for external radical operation are few". However, the following conditions may generally be considered indications for a primary external frontal sinus operation:

1. A very narrow cavity preventing free access to the ethmoidal region.

2. An extensive, irregular and lobulated sinus.

3. Where there is chronic external fistula opening below the supraorbital ridge. Such a condition implies a subperiosteal suppuration of the frontal or fronto-ethmoidal sinuses, and we can only deal with them effectually by an external operation which will enable us to remove carious bone and establish free intranasal drainage.

There is a conservative tendency in recent years in ethmoid surgery. Many feel with Hajek, that this surgery should be accomplished in several stages, attacking only the diseased cells, permitting meanwhile careful study of the other cells and their possible preservation. This is a contrast to the radical surgery of ten years ago.

In conclusion I most heartily indorse what Dr. Brown says: "Now conservatism does not mean avoidance of responsibility or refusal to operate. Operative conservatism in these cases should mean restoration to health or in the inability to accomplish this, securing the greatest degree of comfort for the patient, and raising to the highest point his working efficiency—this with a minimum of risk".

H. V. DUTROW, M.D., Dayton: I wish to congratulate Dr. Brown upon the scope and construction of his paper despite the limitations imposed by its title. I heartily subscribe to everything he has said regarding what he considers conservative treatment in infections of one or more than one of the nasal accessory sinuses. He also very plainly conveys the impression that he would not hesitate to resort to more radical measures for surgical relief in a given case should it be warranted. To my mind this is the only rational way to approach any surgical problem.

I am sure that we all agree that conservatism in all surgical procedures should receive first consideration in our attempt to correct any pathological process, cancer possibly excepted.

I am going to ask your indulgence to permit me to digress a moment from the subject title of his paper to emphasize the importance of a correct diagnosis and the use of appropriate surgical measures either conservative or radical to meet the condition found. Our present improved methods of diagnosis, although none of them are infallible, especially in the low degrees of sinus involvement, are a great aid in determining as to whether or not we have a simple empyema or an empyema with polypoid degeneration of the mucous membrane to deal with.

One who attempts to correct all degrees of infection of the nasal accessory sinuses by the intra-nasal route is sure to fail in a rather large percentage of cases, while one who does too many radical operations may well be accused of doing some meddlesome major surgery. Misguided and blind conservatism should not be permitted to become a total substitute for judicial and skillful radicalism so-called. There is a well defined and well established middle-ground in sinus surgery which cannot be ignored if we are to successfully and conscientiously meet our obligations to our patients.

I am convinced that the pendulum swinging between conservatism and radicalism traverses a much shorter arc today than it has at any time during the last two decades.

Cases of sinus infection in children coming under my observation have been very rare. I can recall during the last fifteen years only two requiring nasal drainage. After reading voluminous literature on this subject I am not convinced that it is as frequent as some of our workers would have us believe.

The younger the patient the greater should be our respect for the thought conveyed by the title of this paper.

MILTON B. COHEN, M.D., Cleveland: I am not an oto-laryngologist, so it may seem strange to you that I rise to discuss a paper on sinus infections. I offer as my excuse that I am an allergist; and that every asthmatic whom I see is said either to have had, or to have, or has had, or has when seen by me some sinus disease. An analysis of several hundred such cases shows that the average case has had five nasal operations of one sort or another and one man has had 57 separate intra-nasal operations for the relief of sinus infection supposedly related to asthma. I am very glad, therefore, to note the conservatism with which Dr. Brown approaches this problem. In general, I agree with what he said. I am unwilling to express an opinion as to the technical methods to be used or when they are indicated, but I find that I must protest against one statement which Dr. Brown made. If I understood him correctly, he said that radical operation on the nasal accessory sinuses was indicated if there were distinct conditions which might be caused by the sinus disease. He mentioned particularly asthma. In my experience, the presence of asthma must not be taken as an indication for operation. Instead, asthma calls for most painstaking study to remove the cause of the nasal symptoms, by removing the offending substances from the pa-

tient's environment. Chronically infected sinuses are often the secondary manifestations following plugging of the ostia of the sinuses by edema of the mucus membranes both of the nose and sinuses. Removal of the cause allows aeration and drainage. Operation should be reserved for those cases in which the pathology remains after proper allergic study and treatment. The rule should be: Never do an operation on an asthmatic unless the pathology present is such that an operation is indicated in the absence of asthma.

The Albumin Relation In Spinal Fluid

LOUIS A. MILLER, M.D., Toledo

CONSIDERABLE confusion prevails concerning the nature and quantity of spinal fluid proteins. The minute quantities normally present, and the various chemical methods employed explain the varying estimates cited in the literature. Then Nonnes' Phase 1, and Pandys' test for globulin have been so popular that possibly the globulin fraction of the spinal protein has been raised in importance at the expense of minimizing the albumin.

The present evidence seems to warrant the statement that normal fluid contains—

(a) Total proteins 0.010- 20, seldom 0.030.
(b) Albumin about 0.017- 0.025.
(c) Globulin 0.003- 0.005.

These amounts are increased in certain diseases. But one fraction, globulin or albumin, may be much more increased than the other, thus in acute meningitis, and in some cases of cerebral arteriosclerosis Eskuchen has estimated the ratio of albumin to globulin as 12 to 1; the normal ratio being approximately 4½ to 1, while in paresis it may be 2 1/3 to 1.

Such relationships, therefore, possess diagnostic significance, and besides indicate the progress of the case. The failure to use such data more frequently is doubtless owing to inexact methods of estimation or to too complicated chemical processes for practical clinical work.

NISSL'S METHOD

By reason of its simplicity Nissl's method appealed to me as practicable for the practitioner. Its defect was found to be in more or less inaccuracy, or indefiniteness. When I worked in his laboratory in 1913, the total protein was considered to be within normal limits if the precipitate did not extend above two or three of the graduated lines of the Nissl tube. In those days a water centrifuge was employed. Since then it has been ascertained that a rapid electric centrifuge will reduce the precipitate to one or one and a half lines where before it would measure two or three. Improvement in technique in this and in some other respects has, I think, made the method as modified and practiced by Prof. Kafka practicable, even for small laboratories, and for clinicians.

The original tube has been modified, so that instead of a conical tip and lumen, the capillary bore is of the same diameter throughout with a flat bottom. This facilitates precipitation and uniformity of the column of precipitant.

The capacity of the capillary portion of the tube is 0.1 ccm. Fifty horizontal lines are etched in the glass at equal distances from the bottom to the top. The space between two lines is of .002 cm. capacity, and, one of these spaces will hold approximately 24 mgrm. of protein.

PROCEDURE

To perform the test 0.6 c.c. of spinal fluid is pipetted into one of these tubes, and 0.3 c.c. of Esbachs' reagent is added. After mixing the tube is allowed to stand for one-half hour, but not longer, since it has been learned from actual trial that in the time given all the proteins will have precipitated, while after a longer interval the proteins will swell more or less.

The tube is then centrifuged for 40 minutes at about the rate of 3000 revolutions per minute. Kafka advises, for the sake of exactness, that the optimum time for each centrifuge should be tested as follows:

A serum is diluted to 1/100, another portion to 1/200, and both are centrifuged. Every five minutes a reading is made until the precipitate of the denser solution is just twice the volume of the weaker. The time is then noted, and this is the time required for centrifuging in the future when using the Esbach reagent, and that centrifuge. At the end of the specified time the height of the total protein column is measured by the ruled lines. Converted, each line represents about 24 mgrm. of protein.

Phase 1.—The next step is the precipitation of the globulin by placing 0.6 spinal fluid in a like tube and adding an equal quantity of neutral ammonium sulphate. The reading should be made after three minutes. If distinct opalescence occurs, the reaction is positive. To estimate the quantity more accurately the mixture should stand for two hours, and then centrifuged for twenty minutes. But, the reading now made may not be quite reliable on account of the hydration tendency of globulin which increases its volume. To correct this, the supernatent fluid is poured

Read before the Section on Nervous and Mental Diseases, Ohio State Medical Association, at its 84th Annual Meeting, Columbus, May 13-15, 1930.

Note:—The tubes are made and sold by Paul Martini, Hamburg, Germany.

or sucked off and replaced by an equal amount of distilled water. The precipitant is stirred up, and dissolved in the water by means of a very fine wire or glass rod.

To this is added and mixed 0.3 ccm. of Esbachs' reagent which reprecipitates the globulin. The tube stands for one-half hour, then centrifuged for forty minutes, the reading determined, when a comparison can be made with the "first reading", that is, the amount of the total protein.

The second reading, the amount of globulin, subtracted from the first reading, the total protein, gives the amount of albumin present. Thus, total protein — globulin = albumin. Or suppose the fluid is from a case of paresis:

Total Protein = 2 lines, or 48 mgrm.
Globulin = 1 line, or 24 mgrm.

Albumin = 24 mgrm.

The albumin relation or quotient is the globulin divided by the albumin. Or using the above figures — .024— .048= .5 the albumin quotient.

In early, untreated cases of lues cerebri the total protein is very high, and the albumin quotient ranges from 0.2 — 0.8.

The Froin syndrome also shows a great increase of protein .5%, or more, although few white cells are present, and the ratio of globulin may be as high as 2 to 1.

Acute meningitis likewise produces a high percentage of protein, but the globulin fraction is prone to be comparatively low. For example, the globulin- albumin ratio might be as 1 to 10- the albumin quotient being .1, and a pleocytosis would be present, to materially aid in the diagnosis.

On the other hand, encephalitis lethargica creates only a normal protein or a moderate increase.

The neuroses show no change in the fluid.

Here, a negative finding has value in making a differential diagnosis. Enough has been said I think to show that the foregoing technique is an improvement on the usual procedure, with the ensuing report "globulin positive, or negative" and without any reference to the albumin, or total proteins.

450 SPITZER BLDG.

A Critique of The More Recent Work in Tuberculosis as it Relates to Diagnosis and Prognosis

CHARLES A. DOAN, M.D., Columbus

SHORTLY following the discovery of the art of percussion by Leopold Auenbrugger, Corvisart recognized in physical diagnosis the permanent keystone of the practice of medicine. With Laennec the physical diagnosis of chest lesions became a more exact science, and through the years there has been accumulated a rich heritage of signs and indications, which perhaps reached their fullest interpretation in the genius of Sir William Osler.

However, with the development of more or less routine postmortem examination it soon became apparent to clinicians that even after the closest observation with the unaided senses, there were cases which at autopsy revealed entirely unforeseen lesions. Thus, the need, not for substitutional, but for supplementary diagnostic procedures and technics, has been a constant stimulus to scientific medicine.

It is the challenge of a disease, as subtle as tuberculosis, that has been responsible for the continued search in laboratory and clinic for a more complete understanding of the pathological and immunological aspects of infection with the tubercle bacillus. Nature can and does cure tuberculosis, but the process, and means to aid in the process, remains obscure.

From the Department of Medical and Surgical Research, Ohio State University.

THE NEWER BACTERIOLOGY

While the finding of Koch's bacillus in suspected tuberculous disease will probably always remain for the clinician the most desirable confirmation of his diagnosis, the difficulties attending the realization of this ideal are evident. Even the finding of acid fast organisms may contribute nothing toward an appraisal of the extent and course of the infection. However, our concepts and knowledge of the bacteriology of tuberculosis have been greatly advanced by the recent work of Petroff and his associates.

Opinion among pathologists as to the meaning of the so-called Muck granules has differed for the past quarter of a century. The majority have seemed unwilling to identify these small pleomorphic acid fast bodies with living tubercle bacilli. The idea, recently re-emphasized by Calmette, that each strain of tubercle bacilli represents a "virus fixé", has also dominated much of our thinking. However, the work of the Saranac group, and that which has followed from other laboratories, is giving promise of definitely settling these two points of controversy. The development by Petroff[1] of a method for culturing acid fast organisms on plates in single colonies, and the studies of the life cycle of a single bacillus by Kahn[2], have been the basis for the more

recent advances in our understanding of the organism itself.

When pure cultures of long isolated and thoroughly studied strains of avian, bovine, or human tubercle bacilli are subjected to the "dissociation" cultivation of Petroff, it is found that colonies with markedly differing topographies appear. The morphology of the acid fast organisms making up these respective colonies is also varied. Short, faintly acid fast, pleomorphic bacilli comprise the smooth, round, moth-ball-like colonies found in dissociating avian and bovine cultures, and when inoculated into animals usually produce fulminant disease. At the other extreme is a flat, rough, irregular, sometimes chromogenic colony, which is composed of long, strongly acid fast, beaded, branching rods, which are of low virulence when introduced into a susceptible host.

Petroff, in preliminary studies on tuberculous patients[3], has found a variation in the morphology of the organisms in the sputum from time to time, which has correlated with changing clinical states. When the disease is actively progressing, the smaller organisms forming smooth colonies predominate; during the more chronic, relatively quiescent stages, long, strongly acid fast rods dominate, and on culture the "R" colonies are conspicuous. Subcultivation of pure colonies, "R" and "S", has, under proper environmental circumstances, resulted not only in colonies identical with the original source, but also in colony formation of diverse character.

This apparent conversion on *in vitro* cultivation of one dominant phase into another with different morphology, cultural characteristics and infecting power has been provisionally confirmed by animal passage[4]. Counted numbers of avian organisms from one "R" colony have been inoculated into rabbits and chickens without the development of a fatal termination within the usual period, but on culture of organs post-mortem occasional typical "S" colonies have been found among the predominating "R" colonies. Reinoculation of organisms from these "S" colonies in other rabbits produced rapidly fatal tuberculosis. Thus Calmette's concept of the tubercle bacillus as a "virus fixé" is no longer tenable, and, therefore, one of the chief arguments for B. C. G. vaccination becomes an important point against the use of any living acid fast organisms in any prophylactic or disease-prevention program.

Kahn[2] has adduced evidence independent of the above tending to establish the living nature of the smaller acid fast bodies (Muck granules) often found in tuberculous sputum. He has found in a study of the life cycle of the organism a fragmentation of the long characteristic rods into very tiny, almost ultramiscroscopic particles, from which are regenerated a new generation of bacilli. This is of particular interest in the light of observations[5,6], which have quite as definitely shown that fragmented acid fast granules found within clasmatocytes or macrophages are real degeneration products and not the small bodies in the life cycle seen by Kahn. Thus, fragmentation forms *per se* may be either evidence of degeneration or regeneration, but such granules are definitely associated with tuberculous infection, and frequently indicate a serious prognosis when found in suspected sputum. For the clinical diagnostician then, a morphological study of acid-fast bacillary forms in sputum is quite as essential as a numerical Gaffky[7] estimation.

THE X-RAY

The discovery, development, and application to diagnosis of the *X*-rays, and more recently their use in the acquiring of prognostic data, has been of particular value in the study of pathology within the chest. The improvements in, and standardization of, technique, such as those inaugurated by Sampson at Trudeau and McPhedran at the Henry Phipps Institute, Philadelphia, together with the establishment of clinics for the long continued following of entire families in which tuberculosis exists, have added greatly to our knowledge of the epidemiology of the disease. The studies of Opie, Chadwick, Lawrason Brown, and their respective associates, among others have proved the potential dangers which reside, especially in childhood, in so-called quiescent foci. We are now able in preventoria and in the home to take precautionary hygienic measures toward the protection of the health of those individuals showing suspicious *X*-ray findings in the absence of all physical signs and symptoms.

Even so, considerable changes in the tissues are necessary before density differences sufficiently marked to be detected by the *X*-ray can be outlined in the internal organs. It is for the development of more sensitive indices of infection and for the determination of means for making more accurate prognoses in the appraisal of the individual case that investigators and clinicians have joined forces in the recent past and are at the present time re-studying the whole question.

THE NEWER BACTERIAL CHEMISTRY

The use of Old Tuberculin for the skin test, either as originally suggested by von Pirquet, or by the intracutaneous method of Mantoux, while of definite value as an index of infection, particularly in children, is of little dependence as a criterion of active disease. Some of the variations in the results reported by different observers, and obtained at different times by the same investigators, in the diagnostic and therapeutic application of Old Tuberculin, undoubtedly reside in the wide variations in the chemical composition of the particular product employed. The type of tubercle bacillus used in making tuberculin, the particular strain, the composition of the media employed, the period of growth, all influence markedly the qualitative and quantitative chemi-

cal constitution of Old Tuberculin. This fact, taken together with the individual patient's variation in constitution and stage of disease, have presented two uncontrolled variables largely responsible for the unsatisfactory results of the past. Thus, the recent illuminating observations of Rich and McCordock[8] demonstrate the uncertainty and possible error in identifying allergy with resistance. The current chemical studies being carried on at Yale and Chicago Universities under the direction of the Research Committee of the National Tuberculosis Association, tend to identify the active skin reacting principle in Old Tuberculin with a protein of the bacillus. If and when this protein is successfully isolated, its use both in the skin test and as a therapeutic agent may be expected to be susceptible of much better control, and definite quantitative studies, hitherto impossible, can be undertaken. The isolated protein will produce fever, hemorrhage, toxicity and death, that is, symptoms without specific tubercle formation, and tuberculo-polysaccharide may prove to be involved in the fever-producing mechanism.

The lipoids of the bacillus, more specifically the phosphatide and saturated fatty acid fractions[9], have proved to be of considerable importance in relation to the tubercle. Quite free of symptom-producing properties, these lipoids when introduced directly into the tissues seem to possess exclusively the active principle for the proliferation of epithelioid cells, Langhan's giant cells, and the tubercle. The tumor formations elicited by the tuberculo-lipoids, if the experimental animal is permitted to survive, will entirely regress and disappear during a period of five months.

When given intravenously in antigenic doses either of two reactions on the part of the animal may develop, depending upon the individual: there may be the development of typical tubercles in various organs, particularly the lymph nodes; or, it may be impossible to find, either in the gross or microscopically, any evidence of a tissue response. In the latter instance serologic studies have indicated the development of an increased precipitating power for tuberculo-phosphatide in the blood serum, which may be the explanation, in whole or in part, for the lack of tissue reaction. Certain clinical studies with a *phosphatide precipitin test*[10] have indicated that a part of the immunological reaction may be intimately associated with the ability or lack of ability of the individual to neutralize the tuberculo-lipoids.

THE VALUE OF THE PERIPHERAL BLOOD COUNT

The relationship between epithelioid cell, Langhan's giant cell and the lipoids of the tubercle bacillus has been mentioned. The epithelioid cell derives directly from the monocyte (transitional and large mononuclear) of the blood. It has been determined that the monocyte is quite as much a cell of the connective tissues as it is of the circulating blood, and that the relative and absolute numbers of this white blood cell in the peripheral circulation are a more or less accurate measure of those in the tissues and internal organs. Thus, when tuberculosis becomes established, with tubercle formation an active part of the disease process, the increase in number of monocytes in the tissues together with the qualitative changes toward the epithelioid which occur, are reflected in the blood stream. A reciprocal relationship frequently seems to exist between the monocyte and lymphocyte, so that with increasing monocytes the lymphocytes show a relative and absolute decrease, and *vice versa*. Thus, with active progressive tuberculosis the M/L ratio increases, but preceding and heralding quiescence the M/L index decreases. In brief, to the long recognized relationship between high lymphocytes and resistance in tuberculosis is now added the monocytic factor with perhaps an additional accuracy of interpretation.

Furthermore, certain experimental observations suggest that the acid fast bacilli may survive and even multiply within this monocyte or epithelioid cell[5]. If this be the case, increased monocytes are a decided liability in the defense mechanism of the body against tuberculosis. Animal experimentation has strongly supported this view, in that induced changes in the native M/L indices of selected individuals have definitely altered the period of survival after tuberculous infection, those given a high M/L index dying quickly, those with an induced low M/L index surviving longer on the average[11].

Clinical data ([12, 13, 14] et al.) is accumulating which demonstrates rather conclusively that this relationship between monocyte and lymphocyte in tuberculosis is frequently the most sensitive prognostic indication we have at present. Changes in this index often precede symptomatic and *X*-ray evidence of change in the condition of the patient. When the neutrophilic leucocytes remain elevated in tuberculous disease, without other explanation[15], necrosis, caseation, or cavitation may be suspected or anticipated.

A satisfactory prognostic interpretation of any observation, of course, presupposes accuracy in the accumulation of the data, and this dictum holds true when it comes to the making of differential blood counts. The supravital technique[16] provides a new set of criteria for differentiating the mononuclear white blood cells in particular, and at the same time provides a means for making preparations with fewer ruptured cells, thus giving a truer picture of the cellular constitution of the circulating blood. Careful differentiation in staining the fixed cover slip smear with any of the Romanowsky blood stains will give satisfactory data, but the mononuclear group of cells must not all be classed as lymphocytes and the differentiation proceed no further, if the fullest

use is to be made of the blood count in modern diagnosis and prognosis.

Thus, it may be seen that the present increased atcivity in the fields of bacteriology, bacteriological chemistry, and biology, with respect to the acid fast group of pathogenic organisms, gives promise of a clearer understanding of the disease itself in the near future. Innumerable aspects of the problem remain to be clarified, and certain phases of the work will be under study during the coming year at the College of Medicine in Columbus. In perhaps no field of medicine at the present moment are current concepts undergoing closer scrutiny, the volume of new experimental and clinical evidence accumulating more rapidly, or the theories being held more in a state of flux, than in tuberculosis. The clinician should be alert and receptive, but highly critical of the instruments which are gradually being evolved for the analysis and treatment of his tuberculous patients.

CONCLUSIONS

1. The newer bacteriology of the acid fast group disproves the "virus fixé" idea as applied to these pathogenic micro-organisms. Small, faintly acid fast bacilli in the sputum frequently indicate a virulent disease, while the longer, beaded, strongly acid fast, branching types, when present exclusively, are usually significant of chronicity. At different stages in the disease in the same individual there may be found differences both in the number and morphology of the organisms.

2. Careful, repeated *X*-ray examination of the chest will provide important diagnostic and prognostic data in families harboring the tubercle bacillus.

3. The tuberculin skin test when positive is probably the manifestation of a sensitivity to tuberculo-protein, and will be of more value, and susceptible of better interpretation, when the active protein fraction can be isolated by the chemists, and standardized for clinical use.

4. The tuberculo-lipoids are related directly to tubercle formation, and the ability or inability of a given individual to react serologically to inactivate this tissue irritant, may be one of the important deciding factors in the effectiveness of the resistance mechanism of the body as a whole.

5. The epithelioid and Langhan's giant cell of the tubercle are derived from the monocyte of the circulating blood. When tuberculosis is spreading the increasing monocytes in the tissues are reflected in the blood stream at the expense of lymphocytes; when healing takes place lymphocytes reflect the process. Hence, the M/L index is of significance in diagnosis and of importance in prognosis.

6. A "septic" blood picture in tuberculosis, with increased neutrophilic leucocytes not otherwise accounted for, is significant of caseation or cavity formation.

7. Every available method for observing and studying the individual tuberculous patient must be utilized by the physician in his approach to the disease and in his study of the specific indications for selective therapy. Individual idiosyncrasies in the cellular and humoral resistance of the host, together with virulence variations in the etiologic agent, provide the basis for the widest possible variation in the clinical picture presented by tuberculosis.

BIBLIOGRAPHY

1. Petroff, S. A., Proc. Soc. Exp. Biol. & Med., 1927, xxiv, 632; Jour. Exp. Med., 1930, 51, 831.
2. Kahn, Morton C., Am. Rev. Tuberc., 1929, xx, 150.
3. Petroff, S. A., Personal Communication.
4. Doan, C. A., Med. Clin. of N. A., 1930, xiv, No. 2, 1.
5. Sabin, F. R., and Doan, C. A, Jour. Exp. Med., 1927, xlvi, 627.
6. Corper, H. J., and Uyei, N., Amer. Rev. Tuberc., 1928, xviii, 672.
7. Gaffky, Mitt. a. d. Kais. Gsundhtsamte, 1884, ii, 126.
8. Rich, A. R., and McCordock, H. A., Bull. Johns Hopkins Hosp., 1929, xliv, 273.
9. Sabin, F. R., and Doan, C. A., Jour. Exp. Med., 1927, xlvi, 645.
10. Doan, C. A., Proc. Soc. Exp. Biol. & Med., 1929, xxvi, 672.
11. Sabin, F. R., Doan, C. A. and Forkner, C. E., Studies on Tuberculosis, Jour. Exp. Med., 1930, lii, Supplement No. 3. (Dec.)
12. Morriss, W. H., and Tan, S. H., Am. Rev. Tuberc., 1927, xvi, 729.
13. Cunningham, R. S., and Tompkins, E. H., Am. Rev. Tuberc., 1928, xvii, 204.
14. Blackfan, K. D., and Diamond, L. K., Am. J. Dis. Child., 1929, xxxvii, 233.
15. Medlar, E. M., Am. Rev. Tuberc., 1929, xx, 312.
16. Sabin, F. R., In McClung, C. E., Handbook Microscopic Technic, Paul Hoeber, 1929, p. 81.

BOOKS RECEIVED

Child Health. By Mrs. Norma Selbert, R.N., B.S., M.A., Professor of Public Health, Ohio State University, College of Medicine, Columbus, Ohio. 261 pages with 49 illustrations. W. B. Saunders Company, Philadelphia and London.

A Text Book of *Medical Jurisprudence* and *Toxicology.* By John Glaister, M.D. (Glas.), D. P.H., (Camb.), R.F.S.E. Professor of Forensic Medicine in the University of Glasgow; etc., in collaboration with John Glaister, Jun., M.B. Ch.B. (Glas.), M.D. (Hons.) (Glas.), D. Sc. (Glas.) Barrister-at-Law of the Inner Temple, London; Professor of Forensic Medicine in the University of Egypt, Cairo; etc. Fifth Edition. With 132 illustrations and seven plates. William Wood and Company, 156 Fifth Ave., New York, Publishers.

Infant Feeding in General Practice. By J. V. C. Braithwaite, M.D., M.R.C.P. (Lond.) With a foreword by H. C. Cameron, M.A., M.D., (Cantab.) F.R.C.P. William Wood and Company, 156 Fifth Avenue, New York, Publishers.

Operative Gynecology. By Harry Sturgeon Crossen, M.D., F.A.C.S., Professor of Clinical Gynecology, Washington University School of Medicine, and Gynegologist in Chief to the Barnes Hospital and the Washington University Dispensary; Gynecologist to St. Luke's Hospital and St. Louis Maternity Hospital; Fellow of the American Gynecological Society, and Robert James Crossen, M.D., Instructor in Clinical Gynecology and Obstetrics, Washington University School of Medicine; Assistant Gynecologist and Obstetrician to the Barnes Hospital and the St. Louis Maternity Hospital. Fourth Edition, 1246 illustrations and two color plates. The C. V. Mosby Company, St. Louis.

Pellagra in Ohio:*

Report of Fourteen Cases Occurring in Dayton, Ohio, During 1928-29

M. TISCHER HOERNER, B.S., M.B., M.D., Dayton

PELLAGRA is generally considered to be a rare disease in the northern states of this country. This general opinion appears to be substantiated by the fact that the first case of pellagra to be recognized as such was admitted to the Miami Valley Hospital, Dayton, Ohio, in April, 1928. Since that time four advanced cases have been admitted to this hospital. It would appear that the rarity of pellagra, north of the Ohio River, is more apparent than real. In investigations of cases of pellagra occurring outside of the hospital, ten additional cases were discovered which were not hospitalized or reported. Thirteen of these cases were seen by several clinicians who confirmed the diagnosis. Ten of the fourteen patients were natives of Ohio and have lived in this state during their entire lifetime. One patient was a native of New York and has lived in Ohio for two years. Two patients were natives of Georgia, one of Tennessee, and have lived in Ohio for one, two, and three years respectively. Six patients were negroes and eight were white; twelve were females and two were males. Eight of these cases were diagnosed following the presentation of two cases of pellagra at one of the clinico-pathological conferences of the Miami Valley Hospital Pathological Society in 1928.

With the picture of pellagra clearly in mind, the physicians of this city have discovered more cases in and about Dayton, Ohio, in two years, than the total number of cases reported up to that time. A two-year period (1928-1929) has been chosen in order to illustrate the relatively large number of cases known to have existed during this short period. However, the total of all these cases does not represent the true incidence of the disease, since many physicians have not reported their cases. In all probability many cases have passed unrecognized, especially in the early stages.

Dr. Finley Van Orsdall,[1] Chief of the Division of Communicable Diseases of the Ohio State Department of Health, states that pellagra is becoming more common in Ohio. Although a reportable disease in certain sections of the country, pellagra has never been added to the notifiable list in this state, due to its apparent rarity. Thus the only statistics obtainable are those derived from the mortality table:

Mortality from pellagra in Ohio (1915-1929):

1915	5	1924	7
1916	6	1925	11
1917	3	1926	9
1918	7	1927	16
1919	8	1928	31
1920	4	1929	19
1921	4		—
1922	5	Total, 1924-29	86
1923	1	Grand Total	136

The figures from 1915 to 1926, inclusive, are derived from the report by Fisher[2]. From this table it can be seen that since 1924 there has been a steady increase in the number of deaths in Ohio attributed to pellagra. Ohio mortality reports show that in addition to the certificates citing pellagra as the cause of death, there are many cases where it has been entered as a contributory factor. Of the 19 cases reported in 1929, 6 patients were born in Ohio, 6 were natives of southern states, while the remaining 7 were natives of northern states, other than Ohio. Goldberger[3] states that "In each year for every death attributed to pellagra there are fully 20 persons with clearly recognizable attacks and probably as many more with debility from the same cause but not definitely marked as such."

In order to fully understand the difficulties in diagnosis, the historical and etiological factors must be briefly reviewed. Pellagra was accurately described for the first time by Gaspar Casal, a Spanish physician, in 1735. In 1771, Francisco Frapollii, an Italian, first applied the name pellagra (rough skin) to the disease. Although the disease had been widespread in Europe and United States, especially in the south, and the classical signs and symptoms have been known for almost two centuries, it remained for Goldberger to demonstrate from his experiments, in 1915, the etiological factors responsible for the disease.

Goldberger and Wheeler[4] demonstrated by careful observations that pellagra is not a communicable disease. No germ has ever been found that can be considered an etiological agent. The results of Goldberger's and Wheeler's experiments show that pellagra is caused by long subsistence on a faulty or unbalanced diet, and that people who consume a mixed, well-balanced diet do not acquire the disease. The unbalanced diet lacks a pellagra-preventing dietary essential, which has been named P-P. These workers concluded that there are two essential dietary factors related to the etiology of pellagra, the protein (amino-acid) and the inorganic. The studies of Osborne and Mendel[5], McCollum[6], and the more recent observations of Wilson[7] confirm this view. Goldberger[3] states that the basic portion of the diet of the rural population of the south consists

*From the Diagnostic Laboratories of the Miami Valley Hospital, Dayton, Ohio.

of the "three M's", namely, meal (cornmeal), meat (salt pork) and molasses. In the amounts usually consumed this diet is capable of producing pellagra experimentally. Although this basic diet is not ordinarily found in the Ohio home, other factors are present which contribute to a pellagra-producing subsistence. Unemployment, insufficient income, extravagance, shiftlessness, eccentricities of taste, inadequate supply of foods rich in P-P factors, reduction of diet in order to reduce weight, organic lesions of the gastro-intestinal tract and alcoholism are factors which may contribute to the development of pellagra.

Unemployment had forced most of our patients to eat two meager meals a day for three months or more. Of the twelve women in our series, all but two were married. The mother usually gave the best variety and greatest quantity of food to her family and saved miserly portions for herself. One of our patients was a woman of well-to-do circumstances who went on a highly restricted diet for several months in order to reduce her weight. During this period she developed a well-defined case of pellagra. Another patient, rooming in the city, ate in various restaurants. He developed peculiar tastes for food, and frequently ate but one meal a day. He came under the observation of a Dayton physician with well-developed signs and symptoms of pellagra. Two of the patients were colored women who had recently come from the south. One of the women was born and raised at a health resort near Atlanta, Georgia, where her parents were servants. Another patient of moderate circumstances developed a distinct dislike for many foods. She ate practically the same diet throughout the year and disapproved of the slightest deviations from this diet. Within a year, she developed signs and symptoms of pellagra. Her family physician experienced great difficulty in convincing her that the unbalanced diet was the real cause of her illness. These cases illustrate the etiological factors that enter into the production of pellagra in the northern states. Baster Haynes[8] states that the interval between the reduction of the diet and the onset of pellagra symptoms is variable, but that the condition has been known to have developed in eight to ten weeks, even though the individual had previously been on a well-balanced P-P diet.

SYMPTOMS

Although fully developed cases of pellagra are readily recognized, the early diagnosis is not easy. The well defined cases form only a small proportion of the total. In fairly well-developed, though not advanced, cases the eruption, weakness, nervousness, and indigestion are the most distinctive early features of the disease.

The eruption is the most reliable diagnostic sign. When it first appears, it may be mistaken for sunburn of the exposed areas. But the reddened skin soon changes to a deep brownish hue and may become parchment-like. The lesions then become rough and scaly or crack and desquamate. The most distinctive feature of the eruption is its predilection for the face and dorsum of the hands and feet. At times, however, it may occur on the elbows, arms, neck, legs, and knees. Another peculiar characteristic is its tendency to appear at the same time, in similar designs and location, on both sides of the body. In our cases all but five had rather characteristic eruptions limited to the extremities. In two fatal cases the lesions were noted on the face, thorax, and extremities. In two other cases the skin lesions were late in appearing, the chief complaint of these patients being a sore mouth. In the fifth case the skin over the backs of the hands became roughened as though it was chapped but was not pigmented; although pellagra was suspected, the diagnosis was not established until spring, when the patient developed additional symptoms and a characteristic symmetrical pigmented eruption.

Although it is ordinarily difficult to reach a definite diagnosis of pellagra until the skin lesions appear, there are a few signs and symptoms that should, at least, make one suspicious. We found that the most frequent combination of symptoms in early cases of pellagra was weakness, headache, diarrhea, dizziness or vertigo. Burning of the hands and feet was noted in one case; two patients experienced symptoms referable to a mild proctitis and vaginitis; and in two other cases a burning sensation in the mouth was a very pronounced symptom. It is interesting to note that the sore, burning mouths of the last two patients brought them to nose and throat specialists. The later appearance of typical skin lesions, diarrhea, headache, weakness, and vertigo pointed to the true diagnosis. In three of our cases pain in the epigastrium was an early and prominent symptom.

In a small percentage of cases the mind may be affected to such a degree as to require asylum care. If due to pellagra primarily, the prognosis is usually good, but many times pellagra develops as a complication in cases of chronic psychosis. In any asylum for the mentally sick a few cases of pellagra may be found in demented individuals who refuse to eat or who cannot be kept on a well-balanced diet. Although dementia is found in relatively few cases, many cases present mental changes of varying degree, such as apprehension, irritability, confusion, hallucinations and delusions. The symptoms due to changes in the spinal cord vary according to the involvement of the lateral and posterior columns. There may be a spastic paraplegia with an exaggeration of the deep reflexes, or in some cases a flaccid paralysis with loss of the deep reflexes. In two of our cases the mental changes were marked, the patients possessing delusions, hallucinations, mental confusion and a mild degree of dementia. No cases

of psychosis which would have required institutional care were found during our investigation.

Two types of cases were found in our series, similar in every respect to the corresponding types observed in the south. All but three of our cases were of the acute fulminating type, manifested by severe symptoms and a rapidly downward course. Three cases were excellent illustrations of the so-called chronic type, in which the milder symptoms, skin lesions, and nervous manifestations tend to disappear during the fall and winter months and reappear during the spring and summer, year after year, usually with increasing severity. Considerable difficulty is often encountered in adequately treating these chronic cases. They usually occur in patients who will not cooperate or in individuals who are not able to provide themselves with a well-balanced diet.

PATHOLOGY

The uncomplicated case of pellagra presents characteristic pathological findings in the skin and alimentary tract. The essential pathological findings are well illustrated in two of our cases which came to postmortem examination during the past year. Abstracts of the clinical and pathological findings follow (Dr. Walter M. Simpson and Dr. Tischer Hoerner, Prosectors):

CASE I

On April 19, 1928, Mrs. D. B., a 50 year old negress, was admitted to the Miami Valley Hospital with a chief complaint of "loose bowels". Her temperature was 99.4° F., pulse 100, respirations 20. The diarrhea began on April 5, 1928. The stools were watery, greenish, and contained some mucus, but no blood. She had had eight to ten stools daily, since April 12, 1928. Her appetite was poor and she had grown progressively weaker. A slight headache and some dizziness had been noted since April 15, 1928. On March 8, 1928, the patient noted elevated, brownish areas on the dorsum of the hands and feet, and on the face. For two days prior to admission the patient had been unable to speak above a whisper. Her past history was essentially negative. The patient had spent her entire lifetime in Ohio. Her husband had been out of work for three months, during which time she had subsisted on a restricted diet. In spite of all treatment her condition became progressively worse. She developed, in succession, severe generalized abdominal pain, mental confusion with hallucinations and delusions, urinary and fecal incontinence, and extreme weakness. The patient died on May 6, 1928, seventeen days after admission.

The autopsy was performed ten and one-half hours portmortem. The body was that of a moderately emaciated, adult negress. The general nutrition was poor, showing evidence of recent loss of weight. Over the forehead and overlying the glabella was marked diffuse hyperkeratosis with hypertrophy of the papillae, giving to the lesions a verrucous appearance. In both nasolabial folds were deeply pigmented hyperkeratotic areas each triangular in outline, the apex of each area being at the alae, and the base along the line of the naso-labial fold. Overlying the chin about midway between the lip and the mental process was a similar area approximately of dime size, showing the same elevated hyperkeratotic and deeply pigmented brownish lesions. There was slight symmetrical enlargement of the thyroid gland. The skin was fine, soft, elastic, and showed diffuse deep racial melanosis.

The skin of the hands showed the typical glove-like pigmentation and elevated hyperkeratosis of pellagra. In the region of the webs of the fingers between the metacarpophalangeal articulations, there was considerable desquamation and shallow ulceration. The pigmentation was most marked at the upper extremity of the pigmented areas, which ended quite abruptly over the heads of the metacarpal bones. Between the toes the skin showed much the same changes, except to a more moderate degree than was observed on the hands. The thoracic cavity contained no free gas or fluid. A typical "tiger heart" (subendocardial fatty degenerative infiltration) was found but no other cardiac abnormalities. The aorta showed early patchy atherosclerosis. The lungs revealed evidence of old, healed, apical tuberculosis and patchy areas of acute purulent bronchopneumonia in the base of the right lung.

Examination of the abdomen showed the spleen to be of normal size and consistence. The mucosa of the entire cecum and the proximal 12 cm. of the ascending colon showed diffuse ulceration with moderate thickening of the wall. The ulceration extended to the muscularis. Scattered throughout the remainder of the ascending colon were smaller ulcers, varying in size from pinhead to pea. The mucosa of the small intestine was covered with a thick layer of mucin but showed no evidence of ulceration. The stomach was greatly distended with gas and fluid; the mucosa was atrophic and covered with an excess of mucin. The liver was slightly reduced in size and showed marked cloudy swelling and fatty degenerative infiltration. The adrenals were of normal size; the cortices showed well marked lipoidosis. The kidneys were of normal size; the capsule stripped readily, leaving smooth surfaces; on section marked cloudy swelling and fatty degenerative infiltration were seen. The uterus contained multiple fibromyomata. The inner meninges of the spinal cord were gray, transparent, and edematous; no sclerotic or softened areas were noted; marked passive congestion and edema throughout. The dura covering the brain revealed no thickening, hemorrhages or adhesions. The inner meninges were gray, transparent, and edematous. The cerebrum showed marked edema and passive congestion throughout.

Microscopic studies of the brain and spinal cord showed slight chromatolysis of the nuclei of the neurones, with moderate diffuse congestion and edema. The large intestine showed extensive ulceration of the mucosa and submucosa, extending deeply into the muscularis, with diffuse polymorphonuclear infiltration of the walls of the ulcers. The microscopic picture was not unlike that seen in chronic bacillary dysentery. The skin of the pigmented areas showed marked hyperkeratosis and parakeratosis, together with hyperplasia of the squamous epithelium, and a marked increase in melanin deposition in the corium and basal cells of the epidermis. Microscopic examination of tissue from the various organs added little to the gross findings.

Pathological diagnosis: Pellagra. Symmetrical pigmented dermatosis of face, hands and feet. Extensive ulceration of cecum and ascending colon. Chronic atrophic catarrhal gastroenteritis. Terminal right-sided purulent bronchopneumonia. Marked cloudy swelling and diffuse fatty degenerative infiltration of liver and kidneys. Tiger

heart. Healed tuberculosis of lungs. Marked cerebral congestion and edema. Early aortic atherosclerosis. Multiple fibromyomata of uterus. Secondary anemia. Cachexia.

CASE II

Mrs. L. O., a 26 year old negress, was admitted to the Miami Valley Hospital on January 2, 1929, with a chief complaint of "diarrhea and bloody stools". Her temperature was 101° F., pulse 120, respirations 22. The diarrhea was first noted about November 22, 1928. The number of movements gradually increased to twelve a day. The patient suffered from severe gas pains and passed considerable mucus and some dark blood in her stools. She would arise two or three times at night for bowel movements. Progressive weakness with occasional dizzy spells developed. A neuralgia-like pain had been present over the right side of the face since January 1, 1929. A thick yellowish vaginal discharge began about December 1, 1928. Elevated pigmented areas on the dorsum of the hands were first noted on January 1, 1929. The patient moved to Dayton, Ohio, from Nashville, Tennessee, in 1926. Previous to that time she had always been in the best of health. Since moving to Dayton she had been on a strict vegetable diet, especially potatoes. During her stay in the hospital she grew steadily worse in spite of all treatment. Little nourishment could be retained; she developed incontinence of urine and feces. The patient died on January 9, 1929, one week after admission to the hospital.

The autopsy was performed ten hours postmortem. The body was that of a slender poorly nourished negress. Over the nose about the junction of the cartilaginous septum with the nasal bones was a small patch of increased pigmentation, extending on either side downward toward the alae nasi. Examination of the neck revealed old healed atrophic scars of scrofuloderma. On the skin of the left anterior thoracic wall extending from just below the clavicle to the second rib about midway between the midline and anterior axillary line was an irregular patch of increased pigmentation 10x3 cm. Over the skin of the abdomen in the epigastrium were five areas of increased pigmentation, the average size being that of a dime. Over both hands, symmetrically disposed, were areas of increased pigmentation and hyperkeratosis, most marked in the skin overlying the proximal half of the proximal phalanges and the metacarpophalangeal articulations. Between the index and middle fingers of the right hand the epidermis had separated, forming bleb-like elevations. The skin over the legs showed mottled areas of increased pigmentation. The skin over the dorsum of the toes of both feet, overlying the metatarsophalangeal articulations, showed increased pigmentation, particularly marked about the hair follicles. On examination of the thoracic cavity the heart and lungs were found to be essentially negative.

In the abdomen multiple adhesions were found between the liver, spleen, and diaphragm. The wall of the large intestine was diffusely thickened and the lumen was greatly reduced in size. On opening the large intestine patchy ulceration was found in the descending colon and rectum, the ulcers averaging about 1 cm. in diameter. The small intestine was practically empty and on section showed an excess of mucin on the mucosa. The mucosa of the stomach showed marked atrophy with excessive mucin. The liver showed advanced cloudy swelling and fatty degenerative infiltration. The adrenals were moderately hypoplastic. The kidneys revealed marked cloudy swelling and fatty degenerative infiltration. The fallopian tubes were greatly thickened and bound down to all the surrounding structures by old adhesions. Permisison was not obtained for examination of the spinal cord and brain.

The microscopic findings of the skin and large intestine were essentially the same as in Case I.

Pathological diagnosis: Pellagra. Symmetrical pigmented dermatosis of face, hands and feet. Scattered pigmented dermatoses over thorax and abdomen. Shallow chronic ulcerative colitis, most marked in descending colon and rectum. Chronic atrophic catarrhal gastritis. Marked pulmonary edema. Marked fatty degenerative infiltration and cloudy swelling of liver and kidneys. Chronic adhesive pleuritis and perisplenitis. Old chronic salpingitis with tubo-ovarian and tubo-uterine adhesions. Secondary anemia. Cachexia.

DISCUSSION

The essential gross and microscopic pathological findings of pellagra are well illustrated in these two cases. The chief manifestations of the disease occur in the skin and alimentary tract.

Microscopic examination of the skin lesions revealed a marked increase in the deposition of melanin pigment in the basal layers of the epidermis and in the melanoblasts of the corium. Increase in the keratohyalin of the superficial layers of the epidermis usually accompanies the hypermelanoderma. Jobling and Arnold[9] suggest that the pigmented dermatosis is excited by exposure to sunlight, thus appearing on the exposed portions of the body. In their experiments they found a fluorescent substance, similar to hematoporphyrin, in the blood stream of pellagrins, which sensitized the skin to sunlight.

As illustrated in both of our postmortem examinations there is usually some degree of ulcerative colitis. In the first case, the ulcerative process was noted chiefly in the cecum and ascending portion of the colon. And in the second case the ulceration was most marked in the descending colon and rectum. The ulceration in both cases extended into the muscularis; many of the ulcers had coalesced in some areas, completely denuding large areas of the musoca, leaving small islands of intact musoca protruding above the bases of the ulcers. The thickened wall of the colon showed marked inflammatory fibrosis throughout. Although the stomach and small intestine showed no evidence of ulceration, the atrophic changes of the mucosa, which was covered with excessive mucin, produced the pathological picture of chronic catarrhal gastroenteritis.

Colitis was one of the earliest, most constant and severe symptoms in most of our cases. In two other cases the initial symptom was the development of soreness of the mouth and tongue. The stomatitis becomes so severe in some cases that the pain experienced in swallowing is responsible for the patient's dietary restrictions. The mucous membrane of the cheeks, gums, floor and roof of the mouth, and lastly the tongue becomes painful and vivid red in color. If the pro-

cess continues, there is superficial necrosis of the mucous membrane, and in far advanced cases, the formation of a pseudo-membrane. Marked salivation becomes a prominent symptom. In our cases the stomatitis had not progressed beyond patchy ulceration of the buccal, lower jaw, and lingual mucous membranes. With the knowledge of this underlying pathology of the alimentary tract, many symptoms are more easily interpreted.

Many cases have been reported in which pellagra is believed to have developed secondary to lesions of the gastro-intestinal tract. Pellagra developing secondarily in cases of carcinoma of the colon and chronic ulcerative colitis, a few of which have been tuberculous in character, have been reported in the literature. Turner[10] reports fifteen cases with rectal strictures, two with carcinoma of the stomach, one with gumma of the stomach, one with adhesive bands about the ileocecal valve, and one with amoebic dysentery, all of which developed pellagra after varying lengths of time. When one considers that even though such patients are on a highly nutritious diet, the presence of such gastro-intestinal lesions might be sufficient to give rise to protein deficiency, insofar as absorption from the intestinal tract is concerned. Turner goes farther; he found that a high percentage of these cases with gastro-intestinal lesions lost their ability to secrete the normal amount of hydrochloric acid in the stomach. His experiments demonstrated that the lack of hydrochloric acid in the stomach favored the passage of bacteria through the stomach, allowing them to grow freely in a region where absorption is a principal function. He considers this change in the intestinal flora and the absorption of injurious substances worthy of consideration and suggests that these factors may have an important bearing on the etiology of pellagra.

Specific degenerative changes in the central nervous system were not found in the one case examined by us and in others previously reported. The degenerative changes of the spinal cord and brain, evidenced by patchy sclerotic areas and chromatolysis, differ in no way from those seen in severe anemias or in progressively wasting diseases, due to a variety of causes. No evidence of polyneuritis was discovered. Barnes[11] states that "there is really no reason to believe that the nervous system changes are specific or primary in character." This is entirely in accord with our studies of the disease.

TREATMENT

The pellagra-preventing (P-P) vitamin is believed to be present in nearly all natural foods except oils and fats, but in greatly varying amounts. The prevention of pellagra depends entirely on the consumption of enough of the pellagra-preventing vitamin. The ordinary diet in the northern states is usually adequate for this purpose. The disease may occur anywhere and in anyone, but it is the poverty-stricken individual who is the chief victim.

The essential constituents of a well-balanced pellagra-preventing diet consist of milk, meat, vegetables, and yeast. Milk, whether taken as sweet milk or buttermilk, is one of the most valuable foods for the prevention of pellagra. Milk alone is inadequate as a pellagra-preventive, and when only small amounts of meat, vegetables, and fruits are taken in conjunction with it, three or four glassfuls are needed daily. Lean meat such as beef, pork, mutton, or fish is rich in the pellagra-preventing vitamin. However, in order to prevent pellagra, when meat constitutes the basis of the diet, at least six to eight ounces are required daily. The United States Public Health Service has recently announced that canned salmon (Alaska chum) contains an abundant supply of the pellagra-preventive factor. Thus salmon, due to its availability in the preserved state, may be considered a fair substitute for meat in the areas where pellagra is endemic and meat is not readily available. Vegetables and fruits are also believed to contain some of the essential vitamin, but like milk, only in small amounts. Thus to prevent pellagra liberal quantities must be taken as part of a well-balanced diet. Pure dried yeast contains more of the pellagra-preventing vitamin than any other substance known at the present time. When used in the home only one ounce is required daily to prevent the development of pellagra. Brewer's yeast is a particularly valuable therapeutic agent in this disease.

A correct dietary regimen is the only procedure which we possess for the prevention or treatment of pellagra. The foods that prevent pellagra also have great curative value. Thus, foods which contain the greatest amount of P-P vitamin that can be tolerated and digested by the patient, should be tried first. We prescribed lean meat, milk, tomato juice, and yeast in suitable amounts and at regular intervals. The yeast was administered in milk, tomato juice, or a thin vegetable soup. We experienced considerable difficulty in persuading the patients to eat the diet prescribed for them. Besides having no appetite, the food was distasteful, and those with sore mouths experienced considerable pain on swallowing. We found it necessary for a nurse to watch these patients during their meals, even forcing them to eat at times. Similar difficulties were experienced by physicians outside of the hospital. Despite careful treatment, two of our patients, suffering from acute manifestations of the disease, grew progressively worse and died, one and two weeks, respectively, after the institution of treatment. The majority of the acute cases reacted more favorably. Within two weeks after starting treatment some improvement was noted. As the patient's ability to digest food increased, the diet was increased accordingly, and more solid foods

were gradually added. In addition to the diet, arsenic, in the form of Fowler's solution and sodium cacodylate was used by several physicians. Any drug that increases the appetite is beneficial. We found that with symtomatic treatment and strict adherence to the proper diet, the acute cases were fully convalescent in from eight to fourteen weeks.

In long standing cases, especially those with mental changes, we encountered considerable difficulty in effecting a cure. Two of our patients who have been under constant treatment for fully twenty months show considerable improvement, but cannot yet be regarded as cured. We have impressed all of our patients with the fact that, although they have fully or partially recovered, recurrence is likely if a well-balanced diet is not maintained at all times.

SUMMARY

1. The rarity of pellagra in northern states is more apparent than real.

2. Fourteen cases of pellagra have been recognized in and about Dayton, Ohio, in the past two years (1928 and 1929). Ten of these pellagrins had spent their entire lifetime in Ohio.

3. Although the ordinary diet in northern states is usually adequate to prevent pellagra, social factors frequently contribute toward the production of the disease.

4. Many cases of pellagra do not present typical skin lesions, or the eruption is late in appearing, so that the diagnosis is often missed in the early stages of the disease.

5. The types of cases seen in the north are similar in every respect to the corresponding types seen in the south.

6. The essential pathological findings of pellagra are noted in the skin and alimentary tract.

7. There is no reason to believe that the nervous system changes are specific or primary in character.

8. Treatment is directed towards supplying the P-P (pellagra-preventing) factors contained in milk, fresh meats, vegetables, fruit, and yeast.

9. Patients suffering from the acute manifestations of pellagra react promptly to such therapy.

REFERENCES

1. Van Orsdall, F.: Public Health Notes. Ohio State Med. J., 1929, *25*, 584.
2. Fisher, J. L.: Pellagra in the North. Ohio State Med. J., 1928, *24*, 615-617.
3. Goldberger, J.: Nature and Prevention of Pellagra. Pub. Health Rep., 1927, *42*, 2193-2200.
4. Goldberger, J., and Wheeler, G. A.: Experimental Pellagra in White Male Convicts. Arch. Int. Med., 1920, *25*, 451.
5. Mendel, L. B.: Nutrition and Growth, J.A.M.A., 1915, *64*, 1539.
6. McCollum, E. V.: Symposium on Diseases Due to Deficiencies in Nutrition. J.A.M.A., 1918, *71*, 934-941.
7. Wilson, W. H.: Etiology of Pellagra. Hygiene, 1920, *20*, 1-59.
8. Haynes, B.: Pellagra From Viewpoint of Patient. Internat. Clin., 1926, *4*, 76-80.
9. Jobling, J. W. and Arnold, L.: Observations and Reflections on the Etiology of Pellagra. J.A.M.A., 1923, *80*, 365-368.
10. Turner, R. H.: Pellagra Associated with Organic Disease of the Gastro-Intestinal Tract. Amer. J. Trop. Med., 1929, *9*, 129-137.
11. Barnes, J. M.: Typical Pellagra Syndrome Developing in a Patient with Chronic Ulcerative Colitis, While Under Hospital Treatment. Ann. Clin. Med., 1926, *4*, 552-564.
12. O'Leary, P. A.: Study of 34 Cases in Localities Where Pellagra Is Not Endemic. Northwestern Med. J., 1928, *27*, 319-323.
13. Masten, M. G. and Warren, E. D.: Pellagra in Wisconsin. Wisconsin M. J., 1929, *28*, 419-423.
14. O'Leary, P. A.: Three Cases of Pellagra. Proc. Staff Meeting, Mayo Clinic, 1927, *2*, 139.
15. Knowles, F. C. and Ludy, J. B.: Pellagra as Observed at Pennsylvania and Philadelphia General Hospitals. Med. Clin. North Amer., 1926, *10*, 431-439.
16. Goldberger, J.: Etiology of Pellagra Today. Medicine, 1926, *5*, 79-104.
17. Hindhede, M.: Protein and Pellagra. J.A.M.A., 1924, *82*, 430.
18. Ferrell, T. C. and Venable, D. R.: Complement Fixation Test. J. Oklahoma M. A., 1929, *22*, 255-260.
19. Goldberger, J., Wheeler, G. A., and Tanner, W. F.: Yeast in Treatment of Pellagra and Black Tongue; Dosage and Mode of Administration. Pub. Health Rep., 1925, *40*, 927-928.
20. Newton, C. F.: Dietary Factor in Treatment and Prevention of Pellagra with Particular Reference to Yeast. South Med. J., 1926, *19*, 168-175.
21. Denton, J.: Tissue Changes in Experimental Black Tongue of Dogs Compared with Similar Changes in Pellagra. Amer. J. Path., 1928, *4*, 341-352.
22. Crutchfield, E.: Pellagra with Special Reference to Skin and Mucous Membrane. Arch. Derm. and Syphilis, 1928, *17*, 650-658.
23. Goldberger, J. and Wheeler, G. A.: Experimental Black Tongue of Dogs and Its Relation to Pellagra. Pub. Health Rep., 1928, *43*, 172-217.

Intelligence Versus Defects in School Children

Physical defects are found to be fewer and less serious among children of high intelligence, according to a review prepared by the United States Public Health Service, following mental and physical examination of school children in two counties in Illinois.

An analysis of the study was made as follows by the officers of the Public Health Service:

"The prevalence of physical defects among children of low intelligence quotient was compared with that among children of average and high intelligence quotient. The average number of physical defects decreases as the intelligence quotient increases. This tendency seems to be independent of race, language and other similar factors.

"No particular defect, with the possible exception of defective hearing, stands out as having particularly close relation to the intelligence quotient. The relationship between the intelligence quotient and physical defects appears to be of a general rather than a specific nature.

"In view of the fact that the intelligence tests used in this study appear to be indicators of total mental equipment rather than 'native' ability alone, the slight tendency for a higher intelligence quotient to be associated with better physical condition and development might be interpreted in several ways:

"(a) The handicap due to physical defects may result in slower mental development; (b) the children who are low in mental development may tend to come from families whose innate or constitutional physical characteristics are also below average; (c) the slower physical and mental developments may both be the result of other factors with which both are correlated, such as adverse conditions of various kinds.

"From the data at hand it is impossible to say which if any of these interpretations is correct, but it is possible that each of them may contain some truth."

The President's Page

A Personal Communication to the Membership from

C. W. WAGGONER, M.D., Toledo

There is a great gulf between ancient and modern thinking, and this we find to be true, that no profession rises much above the general level of the current thought or thought of its period.

I would like to develop the problems of the early practitioner, general practitioners, if you please, who pioneered and established and put upon a firm basis not only the doctor in his relation to his patient but the doctor in relation to his brother practitioner as well. It may be said of him that he showed us the way to progress and mutual understanding. He tried to show us that if you safeguard yourself scientifically and economically, yours will be a glorious profession and the people whom you serve will be a happy people.

The well rounded, enthusiastic and progressive physician, as we find him in this country, is the one who is scientifically established and economically sound,—I am sorry to say that such a condition does not prevail in all parts of the United States. There are large areas in the less populated parts and small areas in the densely populated parts where the physicians are in a very unenviable position from the point of view of lack of both premises I have just mentioned.

I think that until we are positively sure where we are going after we are through with this life, individuals who are able to prolong the stay on this sphere are just about as necessary as any force that one can think of, this being true is it not then only just, that of the worlds rewards, this class of men and women who contribute to life's welfare and length should receive their fair share?

There are approximately 150,000 doctors in the United States.

The direct cost of medical care can be estimated fairly accurately:

	In millions of dollars	Per family
Patent Medicine and Drugs	700	$25.00
Physicians	650	24.00
Hospitals (civil)	380	15.00
Nursing (all forms)	200	8.00
Dentists	150	6.00
Non-medical practitioners	50	2.00
Total	2,130	$80.00

The direct expenditures represent a little over two per cent of our national income. That the figure of an average expenditure of about $80.00 per year per family for all forms of non-governmental medical care is reasonably accurate is indicated by the studies of different population groups in the country which have shown that the average amount spent by families of wage earners is about $60.00 per year, that for farmers is about $62.00 and for office employees about $80.00 per family. If the expenditures for governmental medical expenditures of all kinds, largely derived from taxation, are considered, the figure reaches about three billions of dollars.

The total expenditures are obviously great but they are significant only when compared with other items of our national expenditures and with the capitalized value which they aim to protect. A few illustrations of our national expenditures follow:

	In millions of dollars	Per family
Passenger Automobiles	4,000	$150.00
Tobacco	1,000	667.00
Candy	1,000	37.00
Gasoline (non-commercial)	1,000	37.00
Movies, entertainment	930	35.00
Soft drinks, ice cream, gum	910	34.00
Jewelry and furs	780	29.00
Physicians		24.00
Radios and musical instruments	440	16.00
Sporting goods, toys, games	430	16.00
Perfumes, cosmetics, toilet soap	410	15.00
Total	11,700	$436.00

It has been estimated conservatively that the vital or human value of the American people, if one wishes to express its monetary value, is about five times the material wealth of the country. The latter is over 300 billions of dollars, which means that the expenditures for all forms of medical services is about 0.2 of one per cent of the human value. That is not a large amount to spend for protection and the intangible benefits received. In fact, there is every reason to believe that the present expenditures for medical care may be insufficient to guarantee an adequate service. Certainly they are reasonable.

An analysis of 440 deaths from acute poisoning among industrial policyholders of the Metropolitan Life Insurance Company discloses that more than one-quarter (115) resulted either from the mistaking of poisonous drugs for medicine or from overdose of medicines containing poisons. Young children are more frequently victims of accidental poisoning than are persons of any other age, there being 104 deaths of young children in this group of cases. More conspicuous labels on containers would avert many such tragedies, the report of the investigation declared.

EIGHTY-FIFTH ANNUAL MEETING

Toledo, May 12 and 13, 1931

OHIO STATE MEDICAL ASSOCIATION

SECOR HOTEL

General Sessions

Opening Session

Tuesday, May 12, 9:30 A. M.

Meeting Place—Main Dining Room, Southwest Corner, Lobby Floor, Secor Hotel.

This session is combined with the first session of the House of Delegates. See next column.

Second Session

Tuesday, May 12, 7:30 P. M.

Meeting Place—Ball Room, Commodore Perry Hotel.

1. Address of the President, C. W. Waggoner, Toledo.
2. Address of the President-Elect, D. C. Houser, Urbana.
3. Informal reception in honor of the President and President-Elect.

Motion Pictures - With Sound

Wednesday, May 13, 1:30 P. M.

Meeting Place—Ball Room, Commodore Perry Hotel.

(Furnished by courtesy of the Petrolagar Laboratories, Inc.)

1. EXPERIMENTAL GASTROENTEROSTOMY
   Prepared at Northwestern University by Drs. W. F. Windle and H. B. Kellogg, showing posterior gastroenterostomy performed aseptically on a number of monkeys and dogs, with later photographic studies following the recovery period, with graphic illustration of significant phenomena.
2. REPAIR OF URETHROCELE, CYSTOCELE AND LACERATIONS OF THE CERVIX
   Prepared at St. Luke's Hospital, Chicago, by Dr. Harold O. Jones, Associate Professor of Gynecology, Northwestern University. The introductory discussion outlines the etiologic factors of these lesions and gives the indications for repair with complete description accompanying the operative procedure, demonstration of the pathology, dissection, tissue repair and results.
3. REPAIRS OF SECOND AND THIRD DEGREE LACERATIONS OF THE PERINEUM AND RECTOCELE
   Prepared at St. Luke's Hospital, Chicago, by Dr. Harold O. Jones, Associate Professor of Gynecology, Northwestern University. Discussion of etiological factors, demonstration of lesion, location and extent of incision, details of dissection, repair and end results.

Third Session

Wednesday, May 13, 3:30 P. M.

Meeting Place—Ball Room, Commodore Perry Hotel.

1. THE NORMAL DIET—by Joseph C. Aub, Boston.
   Diets can no longer be considered simply in regard to carbohydrates, fats, proteins, and roughage. There are many other factors such as vitamines and basic and acid radicals which must be included. These factors, which are essential to health, will be discussed. The clinical effects following change in diets in certain functional digestive disorders will also be considered. Particular reference will be made to carbohydrate indigestion and its clinical consequences.
2. SYMPOSIUM ON HEAD INJURIES AND THEIR SEQUELAE. ROENTGENOGRAPHIC FINDINGS, PATHOLOGICAL FINDINGS, AND NEWER METHODS OF TREATMENT—by Temple Fay, Eugene P. Pendergrass, and N. W. Winkelman, Philadelphia.
   Roentgenographic studies by means of the encephalogram disclosing various stages of cerebral atrophy, and the significant interpretation of the roentgenographic films, in relation to important areas of the brain affected by trauma: Generalized cerebral atrophy occasioned by intracranial pressure, secondary to cerebral trauma: The differential diagnosis, the focal characteristics, and importance of this clinical method of visualization of the brain, will be discussed by Dr. Pendergrass.
   The pathological findings, following acute cerebral trauma, as well as the characteristic atrophy of the brain, disclosed in the post-traumatic group, with especial reference to the importance of cerebrospinal fluid circulation and intracranial pressure, will be discussed by Dr. Winkelman.
   The newer methods of controlling the acute and chronic stages of intracranial pressure, arising from head injuries, and the end results of fluid balance, with the present methods of treatment, including the indications and practical considerations, will he discussed by Dr. Fay.

Fourth Session

Wednesday, May 13, 8:00 P. M.

Meeting Place—Ball Room, Commodore Perry Hotel.

1. THE DOCTOR AND IMMORTALITY—by Harry M. Hall, Wheeling, West Va.
   The doctor of today, his relationship to contemporary life and his place in biological and social development. Resume of the possible intra-relationship of the astronomer with his recent discoveries; the doctor physicist and his adventures with the cell, and the clergy with their tendencies to include science in their pious promulgations. An attempt to etch the doctor in a more important role than a mere grappling with pathology; describing some of the flaws that interfere in the full enjoyment of the here and now and the right to immortality.
   The exposition of the idea that there is a reckoning somewhere just as technical, just as scientific as the progress of a case of typhoid fever or the extension of a brain tumor; that an ideal is as practical as a splint; that loyalty is as definite in its rewards as arsenic is for syphilis; that living for the day alone is as fallacious as a poultice for acute appendicitis.
2. THE PRACTICE OF MEDICINE—E. Starr Judd, Rochester, Minnesota.
   A discussion of the relationships between the general public and the practitioner of medicine. Current journals and newspapers have carried many suggestions as to what should be done to improve the practice of medicine. Attention called to the fact that the profession is making rapid progress in this direction hut that it remains for the doctors themselves to improve their methods and their relationships with the general public in order to obtain the best care that is possible for those who are in need of attention.

Opening Session and House of Delegates

First Session

Tuesday, May 12, 9:29 A. M.

Meeting Place—Main Dining Room, Southwest Corner, Lobby Floor, Secor Hotel.

In the chair, B. G. Chollett, President of the Toledo Academy of Medicine.
Presentation of the President, C. W. Waggoner.
House of Delegates Order of Procedure:

1. *Call to order by the President.*
2. *Roll Call.*
3. *Consideration of Minutes of Previous Meeting* (Published in *The Journal*, June, 1930).
4. *Reports of Officers.* (Reports submitted below, published in full in the May, 1931, *Journal*).
   (a) Treasurer's Report combined with report of Committee on Auditing and Appropriations.
   (b) Reports of Councilors as to the condition of the societies in their respective districts.
5. *Reports of Standing Committees:*
   (a) Public Policy—John B. Alcorn, Columbus, Chairman.
   (b) Publication — Andrews Rogers, Columbus, Chairman.
   (c) Medical Defense—J. E. Tuckerman, Cleveland, Chairman.
   (d) Medical Economics—J. Craig Bowman, Upper Sandusky, Chairman.
   (e) Medical Education and Hospitals—Ben R. McClellan, Xenia, Chairman.
   (f) Auditing and Appropriations—S. J. Goodman, Columbus, Chairman.
6. *Reports of Special Committees:*
   (a) Mental Hygiene—C. W. Stone, Cleveland, Chairman.
   (b) Periodic Health Examinations—B. J. Hein, Toledo, Chairman.
   (c) Military—H. H. Snively, Columbus, Chairman.
7. *Appointment of Committees:*
   (a) A Committee on the addresses of the President and President-Elect.
   (b) A Committee on Resolutions.
   (c) A Committee on Annual Reports.
   (d) A Committee on Credentials of Delegates.
   (e) A Committee of Tellers and Judges of Election.
8. *Nomination and Election of Nominating Committee:*
   (Nominations from the floor with one representative on the committee to be elected from each councilor district. This committee shall report to the Second Session on Wednesday afternoon, its recommendations in the form of a ticket, containing nominees for constitutional offices as required under the constitution. The President will issue instructions to the committee on the constitutional requirements).
9. *Introduction of Resolutions.*
   It is necessary that all resolutions introduced in the House of Delegates be referred to the Reference Committee on Resolutions and reported back to the House before action can be taken. All resolutions for consideration at this annual meeting must be introduced at this session and reported back to the House by the Reference Committee at the Wednesday afternoon session. All resolutions must be typewritten and submitted in duplicate.
10. *Miscellaneous Business.*

House of Delegates
Second Session

Wednesday, May 13, 1:30 P. M.

Meeting Place—Main Dining Room, Southwest Corner, Lobby Floor, Secor Hotel.

1. *Roll Call.*
2. *Report of Nominating Committee.*
3. *Annual Election.*
   (a) President-elect. (One year).
   (b) Treasurer (three year term)—present incumbent H. M. Platter, Columbus.
   (c) Election of Members of Council.
   Members of Council are elected for two-year terms, those representing even numbered districts expiring in odd numbered years. To be elected.
   Councilor, Second District—Present incumbent, E. M. Huston, Dayton.
   Councilor, Fourth District—Present incumbent, D. J. Slosser, Defiance.
   Councilor, Sixth District—Present incumbent, D. W. Stevenson, Akron.
   Councilor, Eighth District—Present incumbent, E. R. Brush, Zanesville.
   Councilor, Tenth District—Present incumbent, S. J. Goodman, Columbus.
   (d) Election of Delegates and Alternates to the American Medical Association.
   Three delegates and their respective alternates, (two years each).
   Those whose terms expire at this time are:
   J. P. DeWitt, Canton.
   G. F. Zinninger, Canton, (alternate).
   C. E. Kiely, Cincinnati.
   L. H. Schriver, Cincinnati, (alternate).
   C. W. Waggoner, Toledo.
   J. L. Henry, Athens, (alternate).
   (The By-Laws of the American Medical Association provide: A member of the House of Delegates must have been a member of the American Medical Association and a Fellow of the Scientific Assembly for at least two years next preceding the session of the House of Delegates at which he is to serve. Delegates and Alternates from constituent associations entitled to more than one representative shall elect them so that one-half as near as may be, shall be elected each year.)
4. *Reports of Reference Committees:*
   (a) Committee on Addresses of President and President-elect.
   (b) Committee on Annual Reports.
   (c) Committee on Resolutions.
5. *Selection of Place for Annual Meeting in 1932.*
6. *Miscellaneous Business.*
7. *Installation of Officers for 1931-1932.*
8. *Confirmation by House of Delegates of Committee Appointments announced by the newly-installed President.*
   (a) One Member of the Committee on Public Policy (Three years). (Member whose term expires. J. H. J. Upham, Columbus.)
   (b) One Member of the Publication Committee (Three years). (Member whose term expires, Andrews Rogers, Columbus.)
   (c) One Member of the Committee on Medical Defense (Three years). (Member whose term expires, J. E. Tuckerman, Cleveland.)
   (d) One Member of the Committee on Medical Education and Hospitals (Three years). (Member whose term expires, Ben R. McClellan, Xenia.)
   (e) One Member of the Committee on Medical Economics (Three years). (Member whose term expires, Geo. Edw. Follansbee, Cleveland.)
9. *Unfinished Business.*
10. *Final Adjournment of House of Delegates.*

ANNOUNCEMENT

Immediately following adjournment of the House of Delegates, Council meets for reorganization. The newly installed president becomes chairman of Council and Council selects a secretary.

Medical Section

JULIEN E. BENJAMIN, Cincinnati.....Chairman
LEO. C. BEAN, Gallipolis.....Secretary

First Session

Tuesday, May 12, 2:00 P. M.

Meeting Place—Main Dining Room, Southwest Corner Lobby Floor, Secor Hotel.

1. A CLINICAL AND PATHOLOGICAL STUDY OF SEVENTY CASES OF MITRAL STENOSIS—by I. H. Einsel, H. S. Feil and C. S. Stone, Cleveland.

   During the period 1920-1930 seventy cases of advanced mitral stenosis came to autopsy at the Cleveland City Hospital. Fifty-six (80 per cent) died of a cardiac disability, i.e., congestive failure, embolism, and subacute bacterial endocarditis. Subacute bacterial endocarditis was a rare cause of death (4.2 per cent of the cases). The period of invalidism varied one month to eight years with an average of twenty-two months. Auricular fibrillation was present in forty-one cases (58 per cent). The heart weight

varied from somewhat below the normal to 800 grams and did not definitely depend on the combined valve lesion. Tricuspid stenosis could be predicted in 39 per cent of the cases when aortic valvulitis was combined with the mitral stenosis. There appeared to be little relation between childbearing and the age of death.

Discussion—R. W. Scott, Cleveland, and Wm. H. Bunn, Youngstown.

2. THE MODERN CONCEPTION OF THE ANEMIAS —by A. B. Brower, Dayton.

The classification and differentiation of the anemias have changed materially during the past three years. Resume of recent investigation and their influence in differentiation and treatment. Case reports illustrating beneficial response to modern methods of treatment. Lantern slides.

Discussion—Walter M. Simpson, and Benedict Olch, Dayton.

3. THE IMPORTANCE OF THE NEWER BACTERIOLOGY, BACTERIAL CHEMISTRY AND CYTOLOGY IN CLINICAL TUBERCULOSIS—by Charles A. Doan, Bruce K. Wiseman, Samuel T. Mercer, and M. D. Miller, Columbus.

Recent work by Petroff on the dissociation of the tubercle bacillus is proving important in the study of sputum bacteriology and tuberculous fluids from tuberculous patients. Chemical analyses of the various types of acid-fast organisms have yielded considerable new knowledge with reference to the fundamental chemistry and related biological reactions which explain certain of the phases of the disease. The monocyte-lymphocyte ratio in the peripheral blood, together with certain qualitative changes in these cell strains, have been found to reflect the progress of the lesions of tuberculosis in the tissues. The application of this knowledge in clinical cases is fundamental to the selection and institution of therapy in the individual case.

Discussion—C. O. Probst, and C. H. Benson, Columbus.

4. THE CAUSES FOR FAILURE IN THE TREATMENT OF ASTHMA—by Milton B. Cohen, and Jack A. Rudolph, Cleveland.

Progress in the treatment of any disease can usually be made by studying the cases in which poor results have been obtained. The causes for failure in the treatment of asthma may be divided into: 1. Those related to the diagnosis. (a) Too narrow a conception of the disease. (b) Inadequate or incomplete investigation of the patient. (c) Improper evaluation of the history and clinical findings. 2. Those related to the treatment. (a) Too narrow a conception of the disease. (b) Lack of cooperation of the patient. (c) Lack of sufficient treatment. 3. Those at present beyond our knowledge.

Illustrated by lantern slides, charts and case histories.

Discussion—S. S. Quittner, Cleveland, and Joseph Stein, Cincinnati.

Second Session

Wednesday, May 13, 9:00 A. M.

Meeting Place—Main Dining Room, Southwest Corner Lobby Floor, Secor Hotel.

5. HYPERCHLORHYDRIA IN OLDER PEOPLE—by Henry Wald Bettmann, and Louis Sommer, Cincinnati.

The presence of marked degrees of hyperchlorhydria in the aged is an important subject neglected in medical literature and often overlooked in practice. It frequently plays the dominating role in clinical histories and when associated with degenerative diseases of the aged may offer particular difficulties in diagnosis and therapy. One hundred cases covering this ground have been selected for study and analysis.

Discussion—Wm. H. Bunn, Youngstown, and John Dudley Dunham, Columbus.

6. ADVANCES IN OUR KNOWLEDGE OF THE ETIOLOGY AND TREATMENT OF CHRONIC ARTHRITIS AND RHEUMATIC MANIFESTATIONS—by Willard C. Stoner, Cleveland.

Advances in our knowledge of the etiology of chronic arthritis and rheumatic manifestations as concerns dietary; the carbohydrates, proteins, fats and vitamin values. Nutritional changes affecting the large bowel. Advances in our knowledge of the part that infection plays; allergic reactions. A consideration of the mechanical factors such as trauma and constitutional makeup. The importance of an intensive program in treating the chronic arthritic as concerns specific dietary considerations; general management over an extended period, elimination of direct and indirect etiological factors. Value of physiotherapeutic measures. A consideration of drug therapy and, finally, sympathetic ganglionectomy.

Brief statistical study of a series of 367 cases treated in the last eight years.

Discussion—John Dudley Dunham, Columbus, and L. A. Levison, Toledo.

7. THE COURSE AND PROGNOSIS OF ARTHRITIS—by R. M. Stecher, Cleveland.

A clinical paper analyzing about fifty cases of arthritis seen at Cleveland City Hospital. The symptoms, signs, history, clinical and routine laboratory findings are given, as well as modes of treatment and results. Broad principles of treatment as suggested by findings in this group are explained. An attempt is made to clarify the very confusing terminology used in arthritis and correlate terms with the clinical picture.

Discussion—Russell L. Haden, and Julius J. Selman, Cleveland.

8. THE VALUE OF QUINIDINE SULPHATE IN IRREGULARITIES OF THE HEART—by Johnson McGuire, Cincinnati.

The mechanism of the action of quinidine sulphate, the indications and contraindications for its administration are discussed. The value of the drug in cardiac irregularities other than auricular fibrillation is illustrated by the results obtained in a series of cases studied at the Cincinnati General Hospital.

Discussion—R. W. Scott, Cleveland, and L. McGuire, Cincinnati. (By invitation).

(Substitute Paper to be Read in Case Time Permits.)

9. THE ALUMINUM HYDROXIDE TREATMENT OF PEPTIC ULCER—by V. C. Rowland, Cleveland.

Aluminum hydroxide is a useful anti acid and absorbent in gastric hyperacidity and peptic ulcer. Titrations with gastric contents and decinormal HCl solutions were made to determine the relative neutralizing power. Determinations of aluminum in the blood and urine show that there is practically no absorption and no danger of alkalosis as with the Sippy regimen. Aluminum hydroxide is bland and well tolerated in general by the sensitive stomach. The physical form in which the drug is given is important.

Discussion—H. W. Bettmann, Cincinnati, and John Dudley Dunham, Columbus.

Surgical Section

FRED M. DOUGLASS, Toledo.....Chairman
M. E. BLAHD, Cleveland.....Secretary

First Session

Tuesday, May 12, 2:00 P. M.

Meeting Place—Ball Room, Commodore Perry Hotel.

1. EXSTROPHY OF THE BLADDER WITH TRANSPLANTATION OF THE URETERS INTO THE RECTUM—by Charles C. Higgins, Cleveland.

Exstrophy of the bladder one of the most serious developmental defects, occurring once in 55,000 births. Approximately 2,000 cases in the United States, the majority in males. Fifty per cent die before the age of ten years if untreated, and 66 per cent die before the twentieth year. Various types of operation. Coffee's operation, with various modifications, being the method of choice. Rectum the preferred site for transplantation of the ureters.

Since the advent of uroselectan we are able to ascertain the function of the kidneys and to demonstrate the condition of the ureters prior to operation. Preferred ages for operation. Mortality progressively lowered. Lantern slide demonstration of cases, end results and operative technic.

Discussion—Hugh A. Baldwin, Columbus, and Fred Kislig, Dayton.

2. THE MODERN TREATMENT OF FRACTURES OF

THE LOWER END OF THE TIBIA AND FIBULA INVOLVING THE ANKLE JOINT—by Ralph G. Carothers, Cincinnati.

Classification according to the direction of dislocation of the astragulus. There are therefore six types: 1. No dislocation. 2. Dislocation forward. 3. Dislocation backward. 4. Dislocation inward. 5. Dislocation upward. The use of local anesthetic will be described briefly. The method of reduction of each of the various types will be described briefly. The method of application of plaster casts next to the skin will be described briefly. The application of a walking iron permitting function while maintaining reduction and immobilization. Application of Unna-Paste prevents swelling when the plaster cast is removed.

Lantern slides of X-rays showing various types. Moving pictures showing the use of local anesthetic, reduction, application of plaster casts and patients walking in casts.

Discussion—John A. Caldwell, and Robert Carothers, Cincinnati.

3. ACUTE EMPYEMA—by George J. Heuer, Cincinnati.

The paper will deal with a discussion chiefly of three topics:

1. The various kinds of respiratory infection which antedate empyema; their pathology and their mortality. The various types of empyema which complicate these respiratory infections will be described. An attempt will be made to show that the mortality in empyema, although influenced favorably by proper management, follows closely the curve of the mortality of the respiratory infection which is responsible for it. Empyema, therefore, exclusive of post traumatic empyema, should be considered an incident in the course of respiratory infections, not as an isolated disease.
2. The operative procedure and its rationale.
3. The method of healing of empyema, and in the light of this, the factors to be considered in the post-operative treatment.

Discussion—Wade W. Stone, Toledo, and Carl R. Steinke, Akron.

4. HYSTERECTOMY—by R. B. Drury, Columbus.

A pathological classification of the conditions calling for this operation. The indications are to be based upon the pathology. Pan-or supravaginal hysterectomy dependent upon the condition of the cervix in younger patients. In those over forty or forty-five the operation is indicated by the pathology; the operation, in general, should be complete. Choice of anesthesia; spinal anesthesia stressed for the elderly patient. Indications for vaginal hysterectomy. Points in technique that facilitate the operation. Useless maneuvers and dissection. Proper preparation of the patient; importance of after care.

Discussion—Fred Fletcher, Columbus, and Tom Jones, Cleveland.

Second Session

Wednesday, May 13, 9:00 A. M.

Meeting Place—Ball Room, Commodore Perry Hotel.

5. THE MANAGEMENT OF BLADDER TUMORS—by Frank W. Harrah, Columbus.

Use of the cystoscope for diagnosis and treatment. Classification of tumors; clinical diagnosis; pathological diagnosis. Clinical malignancy and cellular malignancy. The benign papillomata, and proper grading of bladder tumors. The importance of early recognition, proper diagnosis and treatment. Report of cases from my own collection, together with their classifications, groupings, treatment, etc., with lantern slide demonstration. Treatment of bladder tumors; by open operation; through the operating cystoscope; radium in conjunction with open surgery or cystoscopic surgery. Prognosis. Mortality rate.

Discussion—C. A. Coleman, Dayton, and John G. Keller, Toledo.

6. BURNS AND THEIR TREATMENT—by Abraham Strauss, Cleveland.

Theories of the action of burns on the organism. 1. Interference with normal function of the skin. 2. Changes in the blood cause altered function. 3. Absorption of a toxic product by the blood. The experimental evidence points mostly to the last.

The treatment of burns resolves itself into the treatment of I. Shock. II. Secondary toxemia by (a) decreasing absorption, (b) aiding in elimination, (c) destroying toxin, (d) protection of kidneys, (e) combatting acidosis.

III. The burned area to obtain healing.

IV. Complications and their prevention. Results of cases treated at Mt. Sinai Hospital, Cleveland, with especial reference to benefits of heat, exsanguination transfusion, and of Tannic acid treatment.

Lantern slides.

Discussion—Sidney McCurdy, Youngstown, and Kelley Hale, Wilmington.

7. SKIN GRAFTING WITH SPECIAL REFERENCE TO EXTENSIVE BURNS—by H. T. Sutton, Zanesville.

Supplementing by case reports and discussion, the rather meager discussion of this subject in recent medical literature, with special emphasis on the treatment of extensive burns with large areas of third degree destruction of the skin. Illustrated by case histories. Some procedures to be avoided and some procedures found helpful in the treatment of these types of cases.

Discussion—C. M. Rambo, Zanesville, and Joseph Price, Columbus.

8. THE MORTALITY OF GALL BLADDER SURGERY —THE PROGNOSTIC VALUE OF ISO IODEIKON —by F. C. Herrick, Cleveland.

The factors of diagnosis and their relation to operative mortality. Liver function as evidenced by dye tests. Case reports indicating the non-reliability of the latter. The operator's plan for handling these cases. Preoperative and post operative care. Question of drainage.

Discussion—Mont. R. Reid, Cincinnati, and A. Loveman, Cleveland.

Obstetrics and Pediatrics

WAYNE BREHM, Columbus.....Chairman
J. VICTOR GREENEBAUM, Cincinnati.....Secretary

First Session

Tuesday, May 12, 2:00 P. M.

Meeting Place—Fountain Room, South Center, Lobby Floor, Secor Hotel.

1. PREVENTIVE PROCEDURES IN PEDIATRICS—by Frank Seinsheimer, Cincinnati.

This paper will deal with the more practical and accepted preventive procedures in pediatrics, today. Emphasis will be laid especially upon certain prenatal preventive procedures, prevention of nutritional disturbances in infancy, prevention of some of the deficiency diseases, and prevention of certain of the contagious diseases.

Discussion—Joseph M. Ulrich, Akron, and Stanley D. Giffen, Toledo.

2. PREMATURE INFANTS: WHAT HAS LIFE TO OFFER THEM—by Julius H. Hess, Chicago, Illinois.

Clinical review of our results in the care and feeding of 1106 prematurely born infants between 1922 and 1930 in the premature infant station at Sarah Morris Hospital for Children. A further study of the mental and physical development of 113 unselected cases of the oldest graduates from the station.

Discussion—Donald C. Mebane, Toledo, and Edward Wagner, Cincinnati.

3. EARLY DIAGNOSIS OF POLIOMYELITIS AND USE OF HUMAN CONVALESCENT SERUM—by E. G. Horton, Columbus.

Owing to the usual diagnosis in poliomyelitis being made only after the paralysis appears, and since the use of convalescent human serum in the preparalytic stage yields the greatest value to the patient by preventing the dreaded paralysis and giving a prompt return to health, a plea is made for early diagnoses and the use of such a serum.

Discussion—Sterling H. Ashmun, Dayton, and C. W. Burhans, Cleveland.

4. EVALUATION OF TONSILS—by James G. Kramer, Akron.

Tonsil pathology cannot be obtained by a swift glance into the throat. Eversion and compression of the tonsils, however, permits 1st, a complete view of the tonsil surface; 2nd, inspection of crypts; 3rd, examination of crypt condition. This information together with a complete history and general physical examination enables a more rational evaluation of tonsillar disease.

Discussion—M. A. Wagner, Toledo, and Berman Dunham, Toledo.

5. THE CURE OF SCURVY WITH SPRAY DRIED MILK—by Henry J. Gerstenberger, Cleveland.

(Substitute Paper to be Read in Case Time Permits.)

Discussion—Lawrence I. Clark, Toledo.

Second Session

Wednesday, May 13, 9:00 A. M.

Meeting Place—Fountain Room, South Center, Lobby Floor, Secor Hotel.

6. STERILITY, THE MORE FREQUENT CAUSES AND THEIR TREATMENT—by Wm. D. Fullerton, Cleveland.

A discussion of the sterile state in women. A review of the conditions which in past years were incorrectly held responsible for such a condition. A consideration of the more modern views and theories of the etiological factors in feminine sterility with some practical suggestions for the overcoming of such a condition.

Discussion—John Gardiner, Toledo, and L. E. Leavenworth, Canton.

7. CLIMATE AND HUMAN FERTILITY—by C. A. Mills, Cincinnati.

Correlation between the conception by months and the mean monthly temperatures of various localities. Fertility seems to be greater during those months of each year when the mean temperature ranges between 50° and 70° F., while above 70° F. a depression of fertility occurs which is proportionate to the rise in temperature. Below 40° F. there likewise occurs a marked reduction in conceptions. Graphs will be shown, presenting data in support of these statements.

Data will also be presented to show that the most changeable climates are accompanied by a marked increase in the fertility of the married women from 15 to 25 years of age, but a very marked reduction from then on to the menopause. Less changeable climates show a lower fertility of the married women in early life, but a much higher total productivity.

Discussion—E. R. Hayhurst, Columbus, and Henry John, Cleveland.

8. RELATIONSHIP OF TOXEMIA OF PREGNANCY TO FETAL MORTALITY—by Theodore Miller and Frederick Snyder, Cleveland.

A review of the incident of toxemia of pregnancy in a consecutive series of nine hundred and sixty-two patients at Saint Luke's Hospital. A comparison of still births and neo-natal deaths in the group of sixty-nine toxic patients, as against a similar mortality in non toxic mothers. Grouping of the results with a lantern slide demonstration of the different classifications. Conclusion drawn.

Discussion—L. E. Payne, Toledo, and E. C. Steinharter, Cincinnati.

9. MATERNAL MORTALITY AND MORBIDITY IN OHIO—by B. H. Carroll, Toledo.

Maternal mortality and morbidity in Ohio is distressingly high. Compared over ten year periods the mortality statistics have not decreased in proportion to our progress in other lines of medicine. The cause and the correction of our mortality and morbidity rate must be found in the three factors involved in obstetrics, namely: the patient, the place of confinement, and the attendant. Are the physicians coordinating these three factors along the lines, which will prevent needless waste of life? We, as physicians, are responsible and today we are on trial before the public. An opportunity for an epochal advance in obstetrics is at hand. Will we accept it?

Discussion—Magnus A. Tate, Cincinnati, and Arthur J. Skeel, Cleveland.

10. RESULTS OF GLUCOSE TOLERANCE TESTS IN PREGNANT WOMEN—by Julius J. Selman, Cleveland.

The positive findings in 24 of the 49 cases examined, indicate disturbance in glucose metabolism in pregnancy. The cause still undetermined. Obesity may produce a lowering in tolerance, and since 15 of the 24 cases with diminished tolerance were obese, a question is suggested as to whether obesity and not pregnancy is the determining factor. The glucose tolerance test cannot be used as a method of diagnosis of early pregnancy. Repetition of pregnancy does not appear to play any part in the production of diabetes.

(Substitute Paper to be Read in Case Time Permits.)

Discussion—Cecil Striker, Cincinnati, and J. L. Bubis, Cleveland.

Eye, Ear, Nose and Throat

J. W. MILLETTE, Dayton.....Chairman
A. L. BROWN, Cincinnati.....Secretary

First Session

Tuesday, May 12, 2:00 P. M.

Meeting Place—Transportation Club Room, Southeast Cor. Lobby Floor, Secor Hotel.

1. THE EYE IN ITS RELATION TO ENDOCRINES—by Meyer Wiener, St. Louis. (Guest Speaker).

2. THE ROLE OF THE AUTONOMIC SYSTEM IN ENDOCRINE DISTURBANCES RELATIVE TO THE EYE—by Donald J. Lyle, Cincinnati.

Brief anatomy of autonomic nervous system. Effect of endocrine glandular secretion upon the components of this system. Effect of lesions acting mechanically or destructively on this system. Principal symptoms due to stimulation or relaxation of the autonomic system. Syndromes of stimulation, relaxation and destruction. Description and syndromes of the endocrine glands in direct anatomical relation to the brain. Charts. Lantern slides.

Discussion—Wm. Ravine, Cincinnati.

3. GENERAL MEDICAL ASPECTS OF THE ENDOCRINES—by E. P. McCullagh, Cleveland.

1. Differential diagnosis of hyperthyroidism. 2. Hypothyroidism, conclusions from study of 250 cases. 3. Differential diagnosis of hypometabolism. 4. Tetany; its diagnosis and management. 5. Hyperparathyroidism. 6. Some of the aspects of newer work regarding the pituitary.

Discussion—A. D. Ruedemann, Cleveland.

4. EDEMA OF THE EYELIDS IN PATIENTS WITH HYPOTHYROIDISM—by H. B. Weiss, and Clarence King, Cincinnati.

The occurrence of edema of the lids in patients with a low metabolic rate, with and without thyroidectomy. The frequent absence of other evidences of edema. The sex and age relationship. Paucity of the literature. Case reports with metabolic rates and other laboratory evidence. Results of appropriate therapy.

Discussion—Albert Frost, Columbus.

Second Session

Wednesday, May 13, 9:00 A. M.

Meeting Place—Transportation Club Room, Southeast Cor. Lobby Floor, Secor Hotel.

5. THE INTER-RELATIONSHIP OF ALLERGY AND OTO-LARYNGOLOGY—by W. V. Mullin, Cleveland.

Allergy plays a large part in producing nasal symptoms. A proper, painstaking history is paramount in determining the correct and differential diagnosis. This followed by examination, including special study of blood, urine and skin reactions. Problem of sensitization must be explained to patient, that they will not expect a complete diagnosis at one examination; they must be taught to study their own problem and environment. Infective and allergic sinusitis may be present in the same individual. X-ray not as much

help in diagnosis of allergic type as in other forms of sinus infection.

Discussion—Wm. Mithoefer, Cincinnati, and D. W. Stevenson, Akron.

6. BRONCHOSCOPY, LARYNGOSCOPY AND ESOPHAGOSCOPY—by John D. Fouts, Dayton.

Use, safety and value of the laryngoscope, bronchoscope and esophagoscope. Such equipment, at least for emergency work, should be available in hospitals. As an aid to diagnosis, the scope unquestionably has its place.

All cases except emergencies, previous to the use of the scope should have complete fluoroscopic and X-ray examination. And the scope should not be used promiscuously, neglecting other important and possibly less dangerous examinations.

A bronchoscope in the hands of a fairly well trained and experienced operator is probably as safe as any instruments used in ear, nose and throat work.

Discussion—Samuel Iglauer, and Edward King, Cincinnati.

7. SYMPOSIUM ON "THE TONSILS"

(a) THE BACTERIOLOGY OF ONE HUNDRED CONSECUTIVE TONSILS—by H. L. Reinhart, Columbus.

Applied embryology, physiology and pathology of the tonsils. Study of the evolution of tonsils as revealed by their embryology offers some interesting suggestions as to their functions. A more definite knowledge of the physiology of the tonsils is urgent before we can properly evaluate the frequency of infection and almost universal histopathology found in the tonsils, surgically removed. A survey of the tonsils obtained by operations reveals no cases of acute inflammation, few cases of a specific granulomatous nature, and only an occasional tumor. The pathological changes consist largely in scars of previous inflammatory insults.

Discussion—F. C. Payne, Dayton, and E. L. Brady, Marion.

(b) THE PATHOLOGY OF ONE HUNDRED CONSECUTIVE TONSILS—by Carl Spohr, Columbus.

Bacteria in tonsil cultures. The literature of septic sore throat and tonsillar infection with bacteriologic studies is very extensive as we can scarcely expect to contribute much that is new. Cultures from tonsils show, however, that there is a seasonal variation of the flora and that the bacteria of the region also show variations with the type of illness prevalent at the moment.

Discussion—Walter M. Simpson, Dayton, and J. E. Brown, Columbus.

(c) ANATOMY AND TREATMENT OF THE TONSIL—by John A. Lukens, Toledo.

Anatomy of tonsils in its relation to blood supply, innervation and lymphatics, with practical considerations relative to treatment. The literature of the past ten years covering various treatments now being used, including medical, surgical, X-ray, diathermy, etc., will be summarized, and conclusions drawn as to indications and value of the various methods proposed.

Discussion—I. O. Denman, and E. L. Galbraith, Toledo.

Nervous and Mental Diseases

LOUIS J. KARNOSH, Cleveland.....Chairman
JOHN D. O'BRIEN, Canton.....Secretary

First Session

Tuesday, May 12, 2:00 P. M.
Meeting Place—Room 227, Secor Hotel.

1. THE ERYTHROCYTE SEDIMENTATION REACTION IN NERVOUS AND MENTAL DISEASES—by J. Fremont Bateman, Cincinnati.

This reaction has proved to be of distinct value in the diagnosis and treatment of nervous and mental diseases. In diagnosis, it is very helpful in differentiating the organic from the functional. In treatment it offers, by graphic representation, the progress of the pathological involvement. Diagnoses in the "affective" group of psychoses are not considered in the presence of an abnormal rate of sedimentation. A rapid rate of sedimentation indicates infection. A slow rate excludes this possibility. There are many chronic inflammatory conditions which give a low leucocyte count and a normal temperature curve. Many organic diseases go undiagnosed because of these findings. In view of this fact the blood sedimentation reaction is of more clinical value than any other test at our disposal.

Discussion—Louis A. Miller, Toledo, and H. M. Brundage, Columbus.

2. THE CLINICAL EXAMINATION OF THE AUTONOMIC NERVOUS SYSTEM—by A. T. Steegeman, Cleveland.

The evaluation of the status of the Autonomic Nervous System by practical clinical tests is useful both to the general practitioner and specialist. Physique, endocrine balance, allergic sensitiveness, and general personality structure are important factors. Objective tests of two types. First, mechanical tests which investigate skin reactions, such as dermographia, reflex vagus responses of the heart as the oculo-cardiac reflex, and the reactions of the pupil to its sympathetic-parasympathetic tone as in the hippus phenomenon. Secondly, by pharmaco-dynamic tests which depend upon the sensitivity of the autonomic nerves to the action of certain drugs known to have a specific action on the sympathetic or parasympathetic system. The reaction of the pupil, heart, and vasomoter bed to adrenaline as determined by observations on the pupil, pulse and blood pressure, and the effect of atropine in blocking cardiac vagus tone comprise the tests of greatest clinical value.

Discussion—J. Nichols, Cleveland, and L. A. Levison, Toledo.

3. ENCEPHALOGRAPHY IN CASES WITH INCREASED INTRACRANIAL PRESSURE—by W. James Gardner, Cleveland.

The author advocates the use of encephalography in any case of cerebral disease in which there is considerable doubt as to the exact diagnosis. Cases of brain tumor with increased intra-cranial pressure tolerate the procedure very well, and the resulting films are usually superior to those obtained by the direct ventricular injection of air. If the indications point toward a posterior fossa tumor, however, and further substantiation is needed, the author advises a ventricular injection of air rather than an intra spinal.

Discussion—H. D. McIntyre, Cincinnati, and E. C. Cutler, Cleveland.

4. SOME SUGGESTIONS FOR BETTER CO-OPERATION BETWEEN PSYCHIATRISTS AND LAWYERS—by Charles E. Kiely, Cincinnati.

Considerable progress has been made in carrying to the legal profession the medical concept of insanity and mental responsibility. There are many ways by which the psychiatrist can further elucidate to the legal profession its unscientific approach to such problems. The impossibility of rigidly defining insanity must be reiterated. The contradictions brought about in courts by applying varying tests of insanity to criminal responsibility, testamentary capacity or other legal situations must be pointed out, the fertile experiments on the reliability of testimony again be stressed and some obvious psychological errors in the presentation of facts to the jury brought out. Psychiatrists should also defend their faith in psychometric tests as a means of preventing the impanelment of feeble-minded jurors.

Discussion—W. H. Vorbau, Lima, and T. A. Ratliff, Cincinnati.

Second Session

Wednesday, May 13, 9:00 A. M.
Meeting Place—Room 227, Secor Hotel.

5. OHIO'S MENTAL HYGIENE NEEDS—by Emerson A. North, Cincinnati.

A well thought out plan to provide the right kind of care for the mentally sick which will relieve overcrowded conditions in state hospitals and restore to health as large a percentage as possible is urgently needed in this state. There should be a comprehensive plan for dealing with the mentally retarded and feeble-minded. Better facilities for the treatment of mental

disorders and personality mal-adjustments in children whose parents cannot afford to pay a physician, need to be provided. The public generally need to be taught the fundamental principles of mental health in order that they may not be led astray by fakes and charlatans. Organized movement in this direction should be backed actively by the medical profession and not left to lay leadership alone.

Discussion—Charles W. Stone, and H. C. Schumacher, Cleveland.

6. PHYSICAL FINDINGS IN MENTAL DISEASE—by N. W. Kaiser, Toledo.

In the functional mental diseases, including the dementia praecox and manic depressive psychoses, physical pathology frequently exists. Regardless of the etiological significance of these physical abnormalities, the fact remains that they are often closely associated. If the basic cause of a psychosis is an unresolved psychic conflict, but accompanied or complicated by infections, toxemia, or other physical disorders, it is extremely important that such conditions be corrected. By so doing, the individual frequently is given material aid in his effort to resolve his psychic conflicts. A resume is given of some of the physical pathology and results of treatment in the routine admissions of the psychotic patients at the Toledo State Hospital.

Discussion—Joseph Fetterman, Cleveland, and John H. Berry, Athens.

7. PSYCHONEUROSES OBSERVED AMONG EX-SOLDIERS—by P. Geo. Tait, Toledo.

Factors or mechanisms. Fear with inadequate adjustment to susceptibility to suggestion and auto-suggestion. Solution of problem of wish fulfillment. Types—neurasthenia, psychasthenia, anxiety neuroses, hysteria. Wrong impressions and suggestions given by physicians and others. Cases. Effects of concussion, gas-poisoning and serum injections. Vocational training.

Discussion—E. C. Fischbein, Dayton, and F. C. Wagenhals, Columbus.

8. MYASTHENIA GRAVIS—by Carl H. Bayha, Toledo.

Introduction, covering the history and bibliography of myasthenia gravis. The various theories regarding its pathology. A description of the clinical syndrome. Report of a case treated with ephedrine and some of the newer suprarenal gland extracts. Moving pictures of the patient will be presented.

Discussion—D. A. Johnston, Cincinnati, and H. C. Stevens, Cleveland.

Public Health and Industrial Medicine

J. F. ELDER, Youngstown.....Chairman
GEO. F. SYKES, Cleveland.....Secretary

First Session

Tuesday, May 12, 2:00 P. M.

Meeting Place—Room 222, Parlor Floor, Secor Hotel.

1. TENOSYNOVITIS—by H. R. Conn, Akron.

The status in Ohio as a compensable disability, statistical review of experience in the rubber industry. Etiology, pathology and treatment. De-Quervains disease, rare forms theoretically non-compensable-gonorrheal, rheumatic and tuberculous. Conclusions.

Discussion—B. G. Chollett, Toledo, and W. C. Arthur, Akron.

2. INTRAOCULAR FOREIGN BODIES—by Paul G. Moore, Cleveland.

There are three important points to be considered under this subject: the diagnosis, the operative treatment, the after care.

A large number of cases of intraocular foreign bodies are overlooked during their early history, first, because the injured person regards them as a trivial injury or ignores the injury entirely until his vision is impaired. Second, because some of these cases are overlooked at the time of examination.

Two courses of procedure are advocated in the removal of magnetic intraocular foreign bodies. It is the speaker's opinion that each case must be decided alone on its own conditions. The after care. The major portion of these patients should be hospitalized. They should be kept in the hospital until the eye is fairly quiet and has recovered sufficiently from the operative procedures. The patient should not return to work until the eye is absolutely quiet.

Discussion—Webb P. Chamberlain, and M. W. Jacoby, Cleveland.

3. THE RELATION OF THE PHYSICIAN TO THE INDUSTRIAL COMMISSION OF OHIO—by W. E. Obetz, Columbus.

This paper endeavors to show the great amount of medical and hospital care which is necessary in the treatment of the industrial accidents and occupational diseases occurring in the state. It includes also some figures showing the cost of this care and the benefit in dollars derived by the medical profession. Various ways are also suggested in which physicians may be of further service to the workers of the state and also aid the Industrial Commission in administering responsibilities which have already grown to great proportions and are still growing.

Discussion—H. H. Dorr, Columbus, and A. G. Cranch, Cleveland.

4. CRANIO CEREBRAL INJURIES—by John Dickenson, Cleveland.

Classification of these injuries. Diagnosis and differential diagnoses, treatment with special reference to spinal drainage, the use of hypertonic glucose and saline solutions, and the sequellae and complications of these cases.

Discussion—S. M. McCurdy, Youngstown, and Donald Bell, Cleveland.

Second Session

Wednesday, May 13, 9:00 A. M.

Meeting Place—Room 222, Parlor Floor, Secor Hotel.

5. THE PREVENTIVE TREATMENT IS THE MOST CONSERVATIVE TREATMENT—by J. J. Sutter, Lima.

All form of life has within it a tendency to correct defects—to make the crooked straight and the abnormal normal. The best and most efficient defensive powers to fight germs and infection exist in the human body. It is logical to use all preventive methods available to aid nature's defense in combatting diseases. Diseases are treated most successfully by using that which would have prevented the disorder.

Our growth, our health and our life, as well as our desires and passions depend much upon our air, food, raiment and shelter. The body's needs must be met, but never exceeded if health is to be maintained or regained. Where destructive processes have destroyed much of live tissues, preventive treatments are of little avail unless the foci of infection is first removed. The prevention of focal infections is just as important as the removal of focal infections.

Discussion—H. J. Powell, Bowling Green, and R. H. Markwith, Akron.

6. THE PRACTICAL PROFESSIONAL PROBLEMS OF RURAL HEALTH ADMINISTRATION—by E. R. Hiatt, Troy.

The business of health administration and finance of health units. Professional and quasi-professional and ethical problems. Relations to medical men and medical practice. The health department primarily to serve public and not doctors but public best served by harmonious relationships. There is a duty of public health administration to doctors. There is also a duty of organized medicine to public health. The profession as a whole admits this.

Individual examples of objectors are individual and not organized. Tendency of some to confuse "state or social medical practice" with health department work. A fallacy. A need of a generally recognized code or outline of standard approved activities to be

authorized by medical society and by health departments.

Discussion—H. H. Pansing, Dayton, and M. V. Replogle, Bryan.

7. MENTAL HYGIENE—ITS RELATION TO PUBLIC HEALTH—by S. C. Lindsay, Cleveland.

The social and economic loss from mental and nervous disorders is fully as great as that caused by physical diseases, and measures directed toward their prevention should therefore have a prominent place in all public health programs.

With adults much of our work is rehabilitation after mental breaks, but with children preventive measures may be applied. Discussion of preventive measures.

Discussion—Charles A. Neal, Columbus, and E. J. Emerick, Columbus.

8. THE USE AND ABUSE OF CLINIC CONFERENCES IN A HEALTH DEPARTMENT—by F. R. Dew, St. Clairsville.

Why a clinic conference? Difference in clinic conference—temporary and permanent.

Uses of clinic conferences: Educational value to physicians, educational value to patients, economical value of conferences.

Abuses of health conferences: By those in charge, by physicians, by patients, a factor toward state medicine.

Discussion—A. W. Thomas, Youngstown, and Robert Lockhart, Cleveland.

EASTERN STANDARD TIME

The time indicated on this program is Eastern Standard time.

ESSAYISTS—DISCUSSANTS

"All papers read before this Association shall be its property. Each paper shall be deposited with the Section Secretary when read. Authors shall not cause papers read before this Association to be published as original elsewhere, nor until after they have been published in the official *Journal* of this Association." Chapter IV, Section 3, By-Laws.

Discussants of papers are requested to forward typewritten copies of their remarks to *The Ohio State Medical Journal*, 131 East State Street, Columbus, Ohio, not later than two weeks after the Annual Meeting in order that they may be published with the papers.

SPECIAL CONVENTION FEATURES

Special attention is called to the general sessions, including the meetings of the House of Delegates, the session on Tuesday evening at which will be presented the addresses of the President and President-Elect, and the Wednesday afternoon and evening programs, in addition to the splendid section programs.

ORGANIZATION LUNCHEON

Wednesday, May 13, 1931

President Waggoner, Presiding

On Wednesday noon, May 13, at the Commerce Club, will be held the usual Organization Luncheon. Presidents, secretaries, treasurers, legislative and medical defense committeemen of county societies and academies of medicine, and state officers and district councilors will be guests of the Association at this luncheon. The program will consist of a brief address by Dr. D. C. Houser, Urbana, president-elect of the Association; a talk on legislation by Dr. John B. Alcorn, Columbus, chairman of the Committee on Public Policy; and a discussion of medical defense problems by Dr. J. E. Tuckerman, Cleveland, chairman of the Committee on Medical Defense. Admission by special card.

REGISTRATION

General registration for all members and guests will be conducted in the second floor lounge of the Secor Hotel, the Convention headquarters. Admission to all sections and general meetings, and to the special entertainments in connection with the meeting will be by badge only. *Everyone in attendance must register.*

Chapter I, Sections 1, 2 and 3, of the By-Laws restricts registration and attendance at the annual meeting and its various sessions to members of the Association in good standing. Physicians from outside Ohio, medical students and eminent members of scientific professions not medical but allied thereto, may be admitted as guests at the annual meeting.

CLINICS

The Clinic Committee of the Academy of Medicine of Toledo and Lucas County will arrange a clinical program for Monday, May 11th, the day preceding the opening sessions of the Annual Convention. The program will consist of morning clinics, both wet and dry, at the various Toledo hospitals. The afternoon program is to be a dry clinic, presented in the auditorium of the Toledo Academy of Medicine Building, Monroe at Fifteenth St. All Toledo hospitals will jointly participate in the afternoon presentation.

No doubt, many members will arrange to come to Toledo on Sunday or Monday preceding the Convention in order to attend these clinics. Further detailed announcement will appear in the May *Journal* and the final program schedule will be distributed to members at the hotels and registration headquarters. The Clinic Committee of the Toledo Academy of Medicine consists of Dr. L. F. Smead, Chairman; Dr. R. L. Bidwell, Dr. W. W. Brand, Dr. T. M. Crinnion, Dr. L. R Effler, Dr. K. D. Figley, Dr. H. H. Heath, Dr. H. L. Green, Dr. M. J. Larkin, Dr. Chas. Lukens, Dr. W. A. Neill, Dr. J. W. Young and Dr. B. J Hein.

GOLF TOURNAMENT

The annual tournament of the Ohio State Medical Golfers' Association will be held on Monday, May 11 at the Inverness Country Club, Toledo, followed by a banquet. Further details will be published in the May issue of *The Journal.*

Constitutional, Legislative and Other Organization Questions Before Council at the March Meeting

COUNCIL MINUTES

The Council of the Ohio State Medical Association met in the headquarters office, Columbus, at 1:00 P. M., on Sunday, March 1, 1931.

The officers and councilors present were: Drs. Waggoner, Houser, Platter, Caldwell, Huston, Klotz, Slosser, Cummer, Stevenson, Shanley, Brush, Seiler, Goodman, Freiberg; Dr. Southard, State Director of Health; Dr. Alcorn, Chairman, and Dr. Upham, a member of the Policy Committee; the following officers and members of the Hocking County Medical Society, Drs. Donaldson, Boocks, Cherrington and Lyons; and Executive Secretary Martin and Assistant Executive Secretary Nelson.

The minutes of the Council meeting of December 14, 1930 (published on pages 59 to 64, inclusive, of the January, 1931, issue of *The Journal*, were read, and on motion seconded and carried, were approved.

Dr. Southard, the newly appointed State Director of Health, was introduced and he expressed his appreciation for the invitation to be present at the Council meeting, and his desire to cooperate with the Council and with medical organization in the administration of the State Department of Health.

ANNUAL MEETING DETAILS AND PROGRAM

Dr. Houser, Chairman, and Dr. Goodman, Secretary of the Council Program Committee reported in detail and submitted for the consideration of the Council, the program as thus far formulated in proof form. The Council officially approved the program as presented and as corrected at this meeting (and which is published elsewhere in this issue of *The Journal*).

Dr. Waggoner discussed in detail the plans and arrangements under the supervision of the local committees. Dr. Slosser called attention to the action of the Council at its last meeting in deciding that a banquet should not be held at the forthcoming Annual Meeting. He moved that the action on this question at the last meeting be reconsidered, which was seconded by Dr. Seiler and carried. Dr. Slosser then moved that the Council favor the holding of a banquet on Tuesday evening, May 12, preceding the presentation of the annual addresses by the President and President-elect. This motion was seconded by Dr. Klotz. On motion by Dr. Goodman, seconded by Dr. Brush and carried, Dr. Slosser's motion was amended to provide that the Toledo Academy of Medicine and its local committees be authorized to determine whether or not they desired a banquet, and if so, that they should assume all responsibility for its arrangements, details, sale of banquet tickets and finances, with no responsibility to the State Association. The amended motion of Dr. Slosser was then put to a vote and carried with eight yeas and four nays.

The Council then considered a request from the staff of St. Vincent's Hospital, Toledo, to the effect that the State Association headquarters address announcements to all the members, on clinics to be held at that hospital on Monday, May 11, preceding the Annual Meeting. On motion by Dr. Goodman, seconded by Dr. Seiler and carried, the Council decided that the arrangements and announcements for clinics at Toledo hospitals, preceding or in conjunction with the Annual Meeting of the State Association, should be entirely under the supervision of the local Committee on Clinics, and that no special facilities could be granted to any one hospital in the issuance of announcements. It was further agreed that the local Clinic Committee should be requested to formulate a program of announcements for the clinics at the several Toledo hospitals, and that such announcements, in printed or mimeographed form, should be distributed by the local Clinic Committee at the Toledo hotels on Sunday, May 10, for the information of the members who desired to attend the clinics. The Council also authorized the publication in the *Ohio State Medical Journal*, preceding the Annual Meeting, of preliminary announcements and details of the clinics at Toledo hospitals which might be submitted through the local Clinic Committee.

COUNTY SOCIETY CONSTITUTIONS APPROVED

Dr. Freiberg, Chairman, and Dr. Cummer, a member of the Council Committee on Constitutional Conformity, reported in detail on the action of this committee at a meeting on this date, and submitted detailed recommendations to the Council for consideration.

Upon formal recommendation by this committee, there were submitted for consideration and approval the constitutions and by-laws of the following component county medical societies.

Academy of Medicine of Cleveland
Columbus Academy of Medicine

(The Constitution and By-Laws of the above two societies recommended for approval subject to official adoption by the respective societies of proposed amendments in the form submitted by the local committees on constitutional revision).

Clinton County Medical Society
Defiance County Medical Society
Hancock County Medical Society
Harrison County Medical Society
Miami County Medical Society
Muskingum County Medical Society
Wood County Medical Society.

On motion by Dr. Cummer, seconded by Dr. Caldwell and carried, the constitutions and by-laws of the foregoing were approved as official by the Council.

The Council Committee on Constitutional Conformity then submitted the constitutions and by-

laws of the following component societies as being finally revised and which had been conditionally approved at the last Council meeting, subject to such additional revision:

Academy of Medicine of Lima and Allen County
Belmont County Medical Society
Coshocton County Medical Society
Fayette County Medical Society
Hocking County Medical Society
Marion Academy of Medicine
Meigs County Medical Society
Perry County Medical Society
Preble County Medical Society
Van Wert County Medical Society.

On motion by Dr. Freiberg, seconded by Dr. Stevenson and carried, the Council approved as official the constitutions and by-laws of the foregoing county societies.

The committee reported on the constitutions and by-laws of the following component county societies which have not yet been fully completed, but which had been previously approved, conditional on final and necessary amendments, or on signatures and certification:

Athens County Medical Society
Fulton County Medical Society
Knox County Medical Society
Pike County Medical Society
Tuscarawas County Medical Society
Warren County Medical Society
Wayne County Medical Society.

The committee also reported on correspondence and progress on revision of the constitutions and by-laws of the following component societies, which have promised early action on complete constitutional conformity:

Columbiana County Medical Society
Crawford County Medical Society
Geauga County Medical Society
Medina County Medical Society
Washington County Medical Society.

Dr. Freiberg suggested to the councilors that they urge each of the component county medical societies in their respective districts which have not revised their constitutions and by-laws in conformity with the provisions of the Constitution and By-Laws of the State Association, to take prompt action on this matter and to submit for consideration and approval all such revisions prior to the forthcoming Annual Meeting of the State Association.

ORGANIZATION PROBLEMS IN HOCKING COUNTY

Upon the invitation and request of the Council, the following officers and members of the Hocking County Medical Society were present at this meeting: Dr. H. M. Boocks, President; Dr. O. V. Donaldson, former President; Dr. H. M. Cherrington, Secretary, and Dr. Claude C. Lyon. Attention was called to the Hocking County situation as recorded in the minutes of the last Council meeting, page 62, of the January, 1931, *Journal*. A statement under date of December 12, 1930, signed by Dr. Lyon and Dr. Boocks, and which had been submitted to the Council at its last meeting, was again read. A discussion was presented concerning the history of the Hocking County Medical Society. Reference was made to the rejection by the Society of the membership application of Dr. E. E. Campbell. The Council was informed that the action by the Hocking County Medical Society on this matter was unanimous by those in attendance at the meeting at which action was taken.

Following comments by each of those present from the Hocking County Medical Society, the Council informally requested Dr. Seiler, the Councilor from that District, to make further efforts toward conciliation. No further action was taken on this matter.

WORKMEN'S COMPENSATION

Information was submitted to the Council on the sixteen bills pending in the Ohio Legislature dealing with workmen's compensation and the State Industrial Commission. These were discussed and analyzed in detail by the Policy Committee. There was also submitted for the information of the Council, the result thus far of the Senate Investigating Committee, appointed under Senate Resolution 30, which is inquiring into details of administration of the Workmen's Compensation Law, and delays in the handling of correspondence and claims. Attention was also called to comment from several members concerning the present policy of the Commission to permit claimants to see the detailed reports and findings filed by physicians, and especially in cases where compensation had been disallowed on the grounds that the disability did not arise from industrial employment. It was further pointed out that a number of disappointed and dissatisfied claimants had made threats against physicians whom they held responsible for the disallowance of claims. Several members of Council further supplemented this information by citing instances where their earnest professional judgment had been the basis for the disallowance of claims, but which through the policy of the Commission in quoting reports from physicians, had created dissension and difficulty with such disappointed patients. This entire question was referred to the Medical Economics Committee for presentation to and discussion with officials of the Industrial Commission.

LEGISLATIVE QUESTIONS

Dr. Alcorn, Chairman of the Policy Committee, summarized the activities of his committee to date during the present session of the Ohio Legislature. He called special attention to the analysis of a great number of the bills with medical, health, welfare or cult angles, as analyzed in detail in recent legislative bulletins issued by his committee, through the headquarters office. He also presented and briefly analyzed measures having to do with state appropriations, workmen's compensation, social insurance, hospitals, automobiles, and bills to extend terms of various state officials.

Attention was called especially to Senate Joint Resolution 12 (Taft), for the submission to the

voters of a proposed constitutional amendment to extend the term of Governor and other state elective officers to four years; House Bill 538 (Mooney), to transfer the appointive power over the State Director of Health from the Governor to the Public Health Council; Senate Bill 98 (Gillen), to abolish the office of State Director of Welfare and recreate a state board of administration; Senate Bill 50 (Gillen), to amend sections of the law dealing with the State Department of Industrial Relations, and to place the administration of workmen's compensation and supervision over employes under the State Industrial Commission; Senate Bill 190 (Lowery), to establish a state board of education with a chief executive officer under control of the board, and abolish the office of the State Director of Public Instruction.

The Council discussed in detail the history of the State Administrative Code under which the State Director of Health is appointed by the Governor. Developments since enactment of the Code in 1921 were also discussed, including the desire of a number of groups to change the present system on the selection of the State Director of Health.

Following this detailed discussion, on motion by Dr. Freiberg, seconded by Dr. Houser and carried, the Council went on record by unanimous vote as favoring the present legal method for the appointment of the State Director of Health by the Governor, in the same manner as the appointment of other cabinet members.

There was discussion by several members of Council of Senate Bill 263 (Lowery), to provide for the care of indigent persons from other counties, at county expense, in medical university hospitals. On motion by Dr. Seiler, seconded by Dr. Freiberg and carried, action on this bill was tabled.

MISCELLANEOUS

President Waggoner reported to the Council on correspondence he had recently with the Bureau of Industrial Alcohol, of the United States Treasury Department, concerning regulations, policies and procedure governing medicinal liquor. Attention was also called to minor changes in the regulations which eliminate the necessity for the designation of the disability on prescription records, page 238 of the March, 1931, issue of *The Journal.*

Recent correspondence concerning a Women's Auxiliary was submitted for the information of the Council. Attention was called to previous and repeated action by the Council on this question.

Correspondence was submitted for the information of the Council from the National Committee on Federal Legislation concerning birth control. Reference was made to previous discussions and the attitude of the Council.

A letter was submitted for the information of the Council from Dr. Grattidge, of Marion, concerning the rejection of his membership application in the Marion Academy of Medicine.

Dr. Upham called attention to the project whereby the medical profession is offered an opportunity to contribute toward furnishing a Hall in a memorial building in Paris, to be known as Pershing Hall, and devoted to the commemoration of physicians who served and died in the war. Attention was called to a news item on this subject on page 66 of the January, 1931, issue of *The Journal.* Based on Dr. Upham's suggestion, on motion by Dr. Freiberg, seconded by Dr. Goodman and carried, instruction was issued for *The Journal* to carry an additional news item on this subject, and with an invitation to members to submit cash contributions for this purpose through the headquarters of the State Association.

The President and other members of Council submitted information on conferences and activities of a "public health survey" in Ohio, in connection with the Commonwealth Fund, the American Public Health Association, and the Continuing Program Committee of the Ohio Public Health Association.

On the suggestion of Dr. Waggoner, and on motion by Dr. Huston, seconded by Dr. Stevenson and carried, he was requested and authorized to transmit to the secretaries of the component county medical societies, a copy of Handbook No. 5, recently published by the Cattaraugus County Medical Society, from Olean, New York, relating to county health units and local health administration.

Members of Council discussed problems in connection with the National Committee on the Costs of Medical Care. Reference was also made to some of the statements and reports already issued by that committee, and by its employes and field agents.

A report on membership shows a total membership in the State Association to date for 1931, of 4567, as compared with 4531 on the same date last year, and as compared with a total of 5514 at the end of 1930.

The Council adjourned to meet on Monday evening, May 11, on the eve of the forthcoming 85th Annual Meeting of the Ohio State Medical Association in Toledo.

S. J. GOODMAN, M.D.,
Secretary of Council.

Announcement has been made of the affiliation of the New York Post-Graduate Medical School and Hospital with Columbia University, making the Post-Graduate Medical School and Hospital an integral part of the university and the center of a comprehensive program of post-graduate medical teaching sponsored by Columbia University. An administrative board of post-graduate studies in medicine has been created to coordinate the work of the two institutions.

Medical Memorial as a Section of Pershing Hall in Paris, to Be Established by Contributions

There still remains an opportunity for Ohio physicians who have not as yet contributed to the memorial for physicians who served and died in the World War, now being established in Paris, to take part in this recognition of the great part which the medical profession of America played in the world conflict.

Although the American Medical Association is officially receiving contributions for the project, which has been referred to numerous times in *The Journal of the A.M.A.*, the Council of the Ohio State Medical Association at its last meeting, March 1, officially endorsed the memorial plan and offered to assist the A.M.A. in creating sentiment for it among the medical profession in Ohio.

By action of the Council, the Executive Secretary has been authorized to accept individual contributions from Ohio physicians and to forward them to the A.M.A. So physicians who have not as yet given anything toward the project and who care to do so, may send their check to the Executive Secretary, 131 East State Street, Columbus, Ohio, and it will in turn be forwarded to the proper official at the A.M.A. office.

For the information of Ohio physicians who are not entirely familiar with the memorial plans, the following article published in the December 6, 1930, issue of *The Journal of the American Medical Association* is quoted:

"In Paris today there is being constructed a memorial building, called Pershing Hall, planned to preserve in sculpture, painting and historical mementoes America's participation in the war. The Army, the Navy, the Marine Corps, the National Guard, the Engineers, the American Field Service, the Red Cross, the Knights of Columbus, the Salvation Army, the Jewish Welfare Board, the Elks and the Daughters of the American Revolution have each contributed from ten thousand to twenty-five thousand dollars for special halls in this building dedicated to their respective services. Princeton, Harvard, Yale and a number of other universities also have established in this building memorials to their war dead. As representative of the American medical profession, the American Medical Association has been asked by the sponsors of Pershing Hall to contribute ten thousand dollars for furnishing and decorating a salon in this building devoted to the commemoration of the physicians who served and died. It is understood that this great building, now almost completed and costing approximately a million dollars, will house a great historical library, an auditorium and other facilities as an American center in Paris. There American children will be able to come for classes in English, civics and American history, and there also a center will be available for the distribution of information to Americans visiting Paris.

"The Board of Trustees of the American Medical Association, after giving careful consideration to the request to devote ten thousand dollars from the funds of the Association to the establishment of a medical salon in Pershing Hall, recognized the opportunity here available for a spontaneous contribution by physicians throughout the country who desired to be individually of assistance in sponsoring this project. The raising of ten thousand dollars by some forty-eight state medical organizations as component parts of the American Medical Association should be no great task. Therefore, the Board of Trustees authorized a special committee consisting of Dr. William Gerry Morgan, Dr. Olin West and the editor of *The Journal* to place this project before the medical profession and to request from the members of the profession individual contributions of from one to twenty-five dollars for this purpose. All contributions will be acknowledged and a list of contributors will be made available in the *American Medical Association Bulletin*. A book containing their names will rest permanently in the salon in Pershing Hall.

"No word need be said—indeed, it is doubtful whether any words might be said—that would fittingly record the service rendered by the medical profession in the great conflict. No memorial can be builded that will suitably memorialize the supreme sacrifice made by those who died in their attempt to salvage the wreckage of the greatest war the world has ever known. It is fitting, however, that, in this great memorial to be erected in Paris, some record should be available of those who served the medical profession and the nation. It is desirable that the American Medical Association, through its membership representing the vast majority of the medical profession, should sponsor the raising of the ten thousand dollars necessary to furnish, decorate and maintain the salon in which the information concerning the work of the profession in the war will be permanently available. Even in times of financial depression the majority of physicians will be able to devote one dollar to such a memorial and many will be glad indeed to contribute ten, twenty or twenty-five dollars for such a cause. It might well be that the faculties of medical colleges, the staffs of hospitals and clinics, and physicians organized in county medical societies, or in such organizations as the Association of Military Surgeons and the Medical Veterans of the World War may wish to contribute their donation in sums representing the organization. All such contributions will be specially acknowledged in *The Journal* and in *The Bulletin*."

CIVIL SERVICE POSITIONS

The United States Civil Service Commission has announced open competitive examinations for filling medical and surgical vacancies in the various U. S. services, applications for which will be received by the commission until June 30, 1931. The following vacancies have been listed:

Departmental Service, Washington, D. C., medical officer, $3,800 per annum; associate medical officer, $3,200 per annum; associate medical officer, $2,600 per annum.

U. S. Veterans Bureau, physician, $3,800 per annum; associate physician, $3,200 per annum.

Public Health Service, associate medical officer, $3,200 to $3,800 per annum; assistant medical officer, $2,600 to $3,200 per annum.

Indian Service, physician, $2,900 per annum.

Coast and Geodetic Survey, surgeon, $2,700 per annum.

Panama Canal, physician, $333.33 to $385.41 per month.

Make Hotel Reservations For the Annual Meeting of the State Association Promptly

Members of the State Association who have not already made hotel reservations at Toledo during the Eighty-Fifth Annual Meeting, May 12 and 13, will find the following list of Toledo hotels, with their location, rates and type of accommodations, convenient for reference before writing or wiring for reservations.

Those planning to be in Toledo for the annual gathering are urged to engage rooms AT ONCE in order to insure the type of accommodations desired. Write directly to the hotel you select, stating kind of reservations desired and time of arrival and departure. Written verification of these instructions should be requested.

The Secor will be the headquarters hotel and will house the registration headquarters and the exhibits. Sessions of the annual meeting not held in the Secor will be held in the Commodore Perry Hotel, just across the street.

The list of Toledo hotels furnished *The Journal* by the Convention Bureau of the Toledo Chamber of Commerce, follows:

Secor Hotel, corner of Jefferson Avenue and Superior Street, 325 rooms; *Convention Headquarters;* single room with bath, $3.00 to $5.00; single room without bath, $2.00; double room with bath, $5.00 to $7.00; double room without bath, $4.00; twin beds, $6.00 to $9.00.

Commodore Perry Hotel, (where some of the sessions will be held), corner of Jefferson Avenue and Superior Street, across the street from the Secor, 500 rooms; all rooms with bath; single room, $3.00 to $6.00; double room, $5.00 to $7.00; twin beds, $6.00 to $8.00.

Waldorf Hotel, Madison Avenue and Summit Street, 500 rooms; three blocks from the headquarters hotel; single room with bath, $2.50, $3.00, $3.50 and $4.00; single room without bath, $1.75, $2.00 and $2.25; double room with bath, $4.00, $4.50, and $5.00; twin beds, $6.00.

Fort Meigs Hotel, 224 North St. Clair Street, between Madison and Jefferson Avenues, 240 rooms; two blocks from headquarters hotel; all rooms with bath; single room, $2.50, $3.00 and $3.50; double room, $4.00, $4.50 and $5.00; twin beds, $5.00 and $6.00.

Hotel Lorraine, Jefferson Avenue and 12th Street, 150 rooms; six blocks north of headquarters hotel; all rooms with bath; single room, $2.50, $3.00 and $3.50; double room, $3.50, $4.50 and $5.00; suites, $6.00 and $7.00.

Experiments by Public Health Service and Bureau of Mines With Refrigrator Gases

A series of investigations relating to the effect of several gases used in household refrigerators has been completed by the U. S. Public Health Service and the U. S. Bureau of Mines.

The acute physiological response of guinea pigs exposed to air containing ethlyene dichloride vapors was determined. The concentrations of vapor and periods of exposure ranged from those which produced death in a few minutes to those that caused no apparent effect after several hours. The symptoms, gross pathology and fatality are given in the report, together with a brief discussion of potential health hazards.

A section of the report that summarizes the findings follows:

1. In the order of occurrence, the symptoms produced in guinea pigs by inhalation of ethylene dichloride vapor are eye and nose irritation, vertigo, static and motor ataxia, retching movements, semiconsciousness and unconsciousness accompanied by uncoordinated movements of the extremities, and death if exposure is continued. Exposure to 6 per cent vapors causes all these symptoms, excepting death, to occur in less than 10 minutes, and death in about 30 minutes. Exposure to 1 per cent causes all the symptoms to appear in 25 minutes with the possibility of death occurring a day or more following an exposure of about 15 to 20 minutes. Exposure to 0.12 per cent did not cause apparent symptoms or death following an exposure of eight hours.

2. The gross pathological findings were hyperemia, congestion and edema of the lungs with secondary degenerative changes in the kidneys. The severity of the pathology increased with the concentration of vapor and duration of exposure. The lung lesion was the most prominent and probably the greatest causative factor in death. No serious pathology was found for the following concentrations of vapor and periods of exposure: 6 per cent for 5 minutes, 1.7 per cent for 10 minutes, 0.4 per cent for 30 minutes, 0.2 per cent for 120 minutes, and 0.11 per cent for 480 minutes. Also these concentrations and exposures did not cause the death of the animals.

3. The summarized physiological response given in the four degrees usually reported are: 10 to 20 per cent kills in a few minutes; 0.4 to 0.6 per cent, dangerous in 30 to 60 minutes; 0.35 per cent maximum amount for 60 minutes without

serious disturbances; 0.1 per cent, slight symptoms after several hours or maximum amount without serious disturbances.

4. A comparison of the results obtained with those reported in the literature for other compounds indicates that for single exposure and periods of an hour or more the toxicity of ethlyene dichloride appears to be of about the same order as gasoline, benzene, carbon tetrachloride, and chloroform. For periods of less than an hour it is less toxic than these compounds.

5. The odor of ethylene dichloride is distinct and noticeable, and warning symptoms are produced by relatively safe concentrations.

Federal Maternal and Infancy Activities and Their Relation to Infant Mortality

Some interesting and significant comparative data regarding the 1929 infant mortality rates for states which participated in the federal fund provided by the Sheppard-Towner Maternity and Infancy Act, which expired June 30, 1929, and those which had refused to participate in the federal subsidy are found in the 1929 mortality tables recently issued by the United States Bureau of Census.

The infant mortality rate for the birth registration area of the United States, consisting of 46 states and the District of Columbia and comprising about 95 per cent of the population of the country, for 1929 was 68, compared to 69 in 1928 and 65 in 1927, the lowest rate on record.

When the Sheppard-Towner Act expired a year ago last June every state in the birth registration area except Illinois, Massachusetts and Connecticut were participating in the federal subsidy scheme. Maine and Kansas, which had rejected the federal plan for a number of years, were participators during the final year of the life of the act.

The rates for the birth registration area ranged from Oregon's 48 to New Mexico's 145.

Analysis of the statistics compiled by the Census Bureau reveals that Illinois, Massachusetts and Connecticut, the three states rejecting the Sheppard-Towner plan to the very last, ranked among the first 17 states with respect to low infant mortality rates. Illinois with a rate of 61 was tied with New York for 12th place; Massachusetts with 62 was tied with Missouri for 14th place and Connecticut, with a rate of 64, held 17th place.

The rate for each of the three non-participating states was under the average rate for the entire birth registration area.

The rates in Illinois and Massachusetts were the lowest ever recorded by these states.

Connecticut's rate of 64 was higher than the rate in 1928 (59) and in 1927 (59) but lower than rates for years previous to 1927.

The 1929 rates for Kansas and Maine, respectively, which had only been participating in the federal plan a short time, were 58 and 77. Kansas' rate in 1928 was 59 and in 1927, 55. Maine's 1929 rate of 77 was considerably higher than its rate in 1928 (73).

The Census Bureau report also reveals increases in a number of states which had been enthusiastic supporters of and participators in the Sheppard-Towner Act. For example, the infant mortality rate in Kentucky for 1929 was 71, compared to a rate of 70 in 1928 and a rate of 61 in 1927. Virginia's infant mortality rate for 1929 was 79, compared to 76 in 1928 and 75 in 1927.

Ohio, which was one of the states operating under the federal subsidy plan, recorded an infant mortality rate of 69 in 1929, higher than any of the three non-participating states and higher than the infant mortality rates of the state in 1928 (66); 1927 (62) and 1924 (67).

Those states which have refused to participate in the paternalistic Sheppard-Towner plan under the leadership of a federal bureau and have conducted their infancy and maternity public health work in their own way, unhampered and unhindered by federal control, have made a significant record. Their experience would indicate that all the states—most of them at any rate—are in a position to run their own affairs when it comes to public health work in an efficient and productive manner without the red-tape and bureaucratic control of the federal government.

States which submitted to federal supervision and control in infancy and maternity work during the past 10 years may hesitate to digest these and other significant statistics before they lend their support to proposals requesting Congress to renew the old Sheppard-Towner scheme or set up new but similar federal machinery for infancy and maternity work.

The Use for Apple Creek Institution

Following articles in the daily press quoting State Welfare Director John S. McSweeney as stating that the new institution erected by the state at Apple Creek, Wayne County, would in all probability be used as an institution for the insane, instead of for the feeble-minded as originally planned, several protests were filed with the State Department of Public Welfare.

Among the protests against making the Apple Creek institution an asylum for the insane was one from the Cleveland Welfare Association in which it was pointed out that there are approximately 6,000 feeble-minded in Ohio in need of institutional care who are not receiving it.

Fifty patients from the Massillon State Hospital, which is badly overcrowded, with insane have already been transferred to the Apple Creek institution.

Pertinent Court and Legal Opinions and Interpretations On Medical and Public Health Questions

Vaccination is not compulsory in Ohio and, therefore, it cannot be made the basis for criminal action, stated Common Pleas Judge H. W. Jewell, Delaware, sitting on the Franklin County Juvenile Court bench, recently, when he ordered a jury to return a directed verdict in favor of a resident of Franklin County who had been charged with contributing to the delinquency of his two minor children on the grounds that he had not provided them with a proper education by refusing to permit them to attend a school where vaccination against smallpox of all pupils had been ordered by the district board of education.

Judge Jewell cited as the basis for his decision the opinion rendered several years ago by the Court of Appeals of Franklin County, in the case of State of Ohio vs. Turney, 12 C.C. (N.S.) 33, which held that:

"A parent who sends his child to a public school and is willing to continue to do so, but the child is excluded for failure to comply with a rule of the board of education requiring vaccination, is not liable to conviction under the compulsory education act."

No reference was made by the court to a decision of the Court of Appeals of Hamilton County in a similar case (In re Hargy, O.N.P. (N.S.) 129), in which it was held that:

"* * * while the parents of children thus excluded are not liable to prosecution under the compulsory education act, such exclusion cannot be pleaded as an excuse for failure to provide their children with the education required by the statute. Children so deprived of school advantages may be declared 'dependent', and any person causing or contributing to such dependency is liable to prosecution therefor."

Refusal of the court to consider this decision in ruling on the case at issue was, in the opinion of the prosecution, due to the fact that it was testified that each day during the period that the children were refused admittance to the school, the wife of the defendant and mother of the children gave them instruction at home and compelled the children to study the lessons assigned to other pupils who had attended the school.

Judge Jewell, in his ruling, made it clear that the ruling in no way affected the power granted boards of education by statute to make vaccination against smallpox compulsory for pupils admitted to schools under the jurisdiction of the board.

The present statute authorizing boards of education to require compulsory vaccination of pupils attending school was held by the Supreme Court of Ohio, in the case of State ex rel. Milhoof vs. Board of Education, 76, O.S., 297, to be "a valid enactment, not repugnant to the Constitution of the State of Ohio, nor violation of the Fourteenth Amendment to the Constitution of the United States" and that under the power thereby conferred "boards of education, in the exercise of a sound discretion, may exclude from the public schools all children who have not been vaccinated".

The defendant is said to be a member of an anti-vaccination society of Franklin County.

In reversing the judgment of the lower court and remanding the cause for further proceedings according to law, the Court of Appeals of Hamilton County in the case of Howard, Admr., vs. the Children's Hospital of the Protestant Episcopal Church, held that:

(1). The hospital, a charitable institution, must answer for acts of its agents, acting in course of employment, if violating the statute respecting unlawful possession of a body of a deceased person.

(2). An administrator suing for damages under deceased person need not prove actual damage, at the statute for unlawful possession of a body of a least to the extent of the minimum amount of $500 provided for by statute.

(3). That a hospital is a charitable organization does not relieve it from liability for violating the statute respecting unlawful possession of a deceased person's body.

The decision of the Court of Appeals adds another to the present list of legal opinions holding that a charitable institution is not excluded from liability for the acts of its agents or employes simply because the institution is supported by benevolence and was administering charity when the statute was allegedly violated.

If during the trial it comes to the notice of the court that a person accused of crime whose trial upon such charge is pending in the court of common pleas is not then sane, the court is required either forthwith to proceed to examine into the question of the sanity or insanity of such defendant, or to impanel a jury for such purpose, according to an opinion handed down by the Ohio Supreme Court in the case of Evans vs. The State of Ohio, appealed from the Hamilton County Common Pleas Court and Court of Appeals.

In its opinion reversing the judgment of the Court of Appeals affirming the verdict of the common pleas court, and remanding the case to the trial court for further proceedings, the State Supreme Court declared:

"It appeared to be the theory of the court (the trial court) that without an examination he could decide whether or not a notice given him that the accused was not then sane was true. We look upon the duty resting upon the court under the circumstances of this record as being mandatory.

We think that there cannot rightly be, either under the statute or under the inherent power and duty of the court, a criminal trial of a person not sane at the time of the trial.

"Furthermore, we think that there cannot be a decision by the court that the person stated to be then insane is then sane without an investigation into the question of the sanity of the accused. The statute gives the court an option as to how it shall proceed under the circumstances. The court may itself proceed to examine into the question of the sanity or insanity of such person, or may impanel a jury for such purpose. The investigation must be conducted in one or the other of the methods indicated, and must be conducted whenever in good faith it is stated to the court that the defendant at the time of the trial is not then sane. In other words, under the circumstances of this record, the court is compelled to investigate the question of the sanity of the accused, and hence the accused is assured of an inquiry into his mental condition, not at the discretion of the court, but as a matter of right. This the trial court never gave."

* * * *

Several interesting opinions on public health questions were handed down recently by Attorney General Gilbert Bettman.

In one case in which a physician, a member of a district board of health, sought to be appointed county health commissioner and at the same time retain his position as physician for a state institution, Attorney General Bettman held:

(1). A physician who has heretofore been a member of the district board of health may be appointed by such board as district health commissioner, providing such physician resigned as a member of the district board of health before any action was taken as to his appointments.

(2). The office of district health commissioner and physician at the Ohio ..... may be held by one and the same person except in cases wherein the contract of employment for either office is so drawn as to require the devotion of full time to the duties of either office which would result in it not being possible to perform the duties of the other office.

* * * *

In answer to a request for advice as to whether a district board of education can employ a trained nurse for the benefit of children of the school district who are in need of the same and whose parents do not have the finances, even if there is no physician or dentist so employed by the board, Mr. Bettman held that:

"A board of education is not authorized by Section 7692, General Code, to employ a trained nurse to aid in the physical examination and diagnosis of children, teachers and janitors in the schools of the district, unless the board employs a physician or dentist to make those examinations and diagnoses."

The attorney general pointed out since Section 7692 specifies that a trained nurse may be employed "to aid in such inspection",—the examination and diagnosis to be made by school physicians and dentists under Section 7692—that the nurse would have nothing to do if the inspection spoken of is not to be made, and that to employ one would be an idle ceremony and a clear waste of public funds. He further stated that if a physician or dentist is not appointed, there is no authority to appoint a nurse.

* * * *

Attorney General Bettman, also, as part of an opinion holding that villages becoming cities on December 31, 1930, were automatically removed from county health districts and became city health districts, passed on two other issues involving public health administration.

In one case, he held that members of boards of general health districts residing in village territory which became city territory on December 31, 1930, vacate their offices unless they move to general health district territory within a reasonable time thereafter.

Mr. Bettman also held that county health commissioners need not reside in general health district territory to qualify for their positions.

* * * *

Relative to the status of a county sanitary engineer in the government of the sub-division and whether the amount of his salary may be changed during his term, the attorney general ruled that:

(1). A sanitary engineer, appointed by a board of county commissioners in a county with a population exceeding 100,000 in which there has been created and maintained a sanitary engineering department, is not a public officer.

(2). A change may be made in the amount of compensation provided for a county sanitary engineer, and the method of computing and paying the same, during the term for which such engineer is appointed, if done in good faith and for good cause.

Amplifying the first point, Attorney General Bettman held that the position is not a public office because it is filled by appointment rather than by election, and that, therefore, the constitutional rule forbidding a change of salary during the term of office does not apply.

He also explained that Section 6602-1, General Code, does not direct the authorities, the county commissioners, to "fix" the salary of the county sanitary engineer appointed in counties having a population exceeding 100,000 where there has been created and is maintained a sanitary engineering department, but simply authorizes the commissioners to "provide for and pay the compensation of such engineer".

The Up-Grade in Deaths from Appendicitis and Some Probable Courses Discussed in Recent Report

There were more than 18,000 deaths from appendicitis in the United States during 1928, according to a bulletin issued by the statistical bureau of the Metropolitan Life Insurance Company.

Records of policyholders of that company also show that 1929 had one of the highest appendicitis death rates on record. Comparing the first five with the last five years of the 19-year period, the company found an increase of 20 per cent in the death rate from appendicitis for white males and 14 per cent for white females.

Other facts regarding this disease obtained by a study of the records of Metropolitan policyholders were:

The increases in fatalities have varied by age. For children under five years, the appendicitis deathrate in 1925-1929 was 11.5 per 100,000 for white males, an increase of 126 per cent since 1911-1915. For white females, the recent deathrate at this age period was 9.2 per 100,000, an increase of 92 per cent since 1911-1915. Only between ten and nineteen years of age was there any decrease in appendicitis mortality for both males and females. Here the decrease was about 3 per cent for white males and between 10 and 15 per cent for white females. Beginning with adult life, however, the appendicitis deathrate showed marked increases in the period 1925-1929, as compared with 1911-1915. During adult life it was generally true that the higher the age the greater the rise in mortality.

In general, appendicitis mortality among males is higher than that of females. In 1911-1915, the deathrate of males exceeded that of females by 26 per cent. In 1925-1929, in view of the greater increase in mortality among males than among females, the excess in the deathrate of males had risen to 33 per cent. As measured by these data, the disease seems not to be equally common in males and females, as has been suggested in standard texts on the subject.

Asking the question: "Why?" to this steady increase in appendicitis mortality, the Metropolitan's report makes the following comments:

"Much of the recorded increase in appendicitis mortality in recent years seems to be real and is not due in large part to greater precision in reporting. Beginning with 1911 great care has been exercised in securing more complete statements of the causes of death from physicians and surgeons. "Peritonitis" and other terminal conditions in appendicitis were not accepted after 1910 as reports of causes of death without qualifying and additional information on the circumstances leading to the condition. It is believed that the statistics included in this survey are as nearly complete as such data ever will be. Hence, the recorded increase in appendicitis mortality among these policyholders must reflect, by and large, a real change in the factors leading to fatal appendicitis. At the present time we do not know what those factors are.

"With the statistical difficulty of incorrect reporting out of the way, we may try to account for the increased mortality. Certainly, the surgical risk has not increased for given types of cases; there has been, on the contrary, immense improvement in surgical technique since 1911. There has also been a wider appreciation on the part of general practitioners of medicine of the importance of early diagnosis and of nominally riskless operation in early cases, with an increased willingness of patients to consult physicians and to follow physicians' advice. There has occurred a wider spread of the practice of health examination, which brings to light many cases of tenderness in the region of the appendix, subject to hygienic management. In general health examination practice, between 2 and 3 per cent of males examined in recent years show this condition of tenderness in the region of the appendix. These known factors should have tended to improve the mortality figures.

"There remain to be explained the suggested factors of: infection, directly or from foci; diet and the faddist schools in diet, perhaps the abuse of the "roughage" philosophy; habits of living; the use, abuse and self-prescription of laxative medicines and of mineral oils which may interfere with normal digestion and normal absorption. These factors may have had something to do with the increase in appendicitis mortality during recent years. The rôle of these factors, singly or in combination, has not yet been determined with definiteness.

"In former years, it was assumed that high appendicitis rates prevailed in years characterized by high prevalence of general intestinal infections. The sharp fall of deathrates for diarrhea and enteritis since 1911, resulting from the protection of milk, and other food supplies, suggests, however, that food infections of the kind prevailing years ago were not a primary factor in bringing on the recent increase in appendicitis mortality.

"The subject is of sufficient importance to warrant well founded and critical inquiry into the prevailing and indisputably increasing incidence of fatal appendicitis."

The weight-reducing fad and improper weight-reducing methods have probably played an important part in the large increase in fatalities from appendicitis, particularly during the past 15 years, in the belief of Dr. T. F. Murphy, chief of

the division of vital statistics, U. S. Bureau of the Census.

The rise in the rate among males can be attributed, for a large part, to the changed methods of living and the irregularity of eating and resting practiced by many American business men, he said. They do not pay attention to the warning signals of Nature, and the fatality occurs often before any treatment can be given, Dr. Murphy declared.

This rise has taken place steadily since 1911, Dr. Murphy pointed out, in the face of a much-lowered rate in surgically treated cases of appendicitis, of a wider appreciation of the value of physicians' advice and early diagnosis, and of other factors that should have resulted in a reduced mortality.

Some years ago very few deaths from appendicitis were attributed to this cause, he declared, and the records show many deaths from such causes as intestinal poisoning and others that should have been classed as appendicitis. Particularly is this misclassification found among males, he said.

With the change in the mode of dressing among women, particularly the elimination of tight corsets and other tight apparel about the waist, the drop should have been tremendous, but has not resulted, Dr. Murphy said.

Another possible cause of the increase of appendicitis fatalities is the abuse and self-prescription of laxative medicines which may interfere with normal digestion and normal absorption, it was stated, but just how much these factors have contributed to the rise of fatalities from this cause is debatable.

It must be noted, Dr. Murphy said, that this rise is in the cases of appendicitis which have not been surgically treated. People no longer have the horror of the knife that they once had, he declared, and this has gone a long way toward saving lives which would have been lost otherwise.

The increase in fatalities has varied by age. Even among children under 5 years of age there has been a great increase in the period from 1925-1929, compared with the four-year period from 1911 to 1915, it was disclosed. Only between the ages from 10 to 19 was there a slight decline in appendicitis mortality. Beginning with adult life, the appendicitis death rate showed marked increases in the 1925-1929 period. The higher the age, the greater the rise in mortality since 1911, it was shown.

NEW BOOKS

General Medicine, Edited by George H. Weaver, M.D., Lawarson Brown, M.D., George R. Minot, M.D., S.D., William B. Castle, M.D., William D. Stroud, M.D., Ralph C. Brown, M.D. Practical Medical Series, comprising eight volumes on the year's Progress in Medicine and Surgery, 1930. The Year Book Publishers, 304 S. Dearborn St., Chicago.

Public Health Service Findings on "Jake" Paralysis

The so-called "jake" paralysis which has afflicted thousands of persons during the past year is not caused by ginger, but by a compound known to chemists as tri-ortho cresyl phosphate, according to a report recently made by the U. S. Public Health Service following many months of investigation.

This chemical is the main constituent of technical tricresyl phosphate, which is widely used in trade circles, especially in the manufacture of varnishes, shellacs, and similar preparations, it is stated, and being cheap and readily obtained in any quantities, it appears to have been used by irresponsible makers of so-called ginger extract to replace the ginger.

The U. S. Public Health Service in attacking the problem, found that it was dealing with a new form of paralysis and one in which many possibilities were involved.

Investigators, as they proceeded, found that some form of phenol was the causative agent. Attention was centered on technical tricresyl phosphate, since chemists of the Prohibition Bureau had found similar substances in suspects extracts. After much investigation, it was found that tri-ortho cresyl phosphate, either itself or in combination with other chemicals of harmless nature, when given to various kinds of animals will produce exactly the same kind of paralysis as that caused by drinking of "jake".

The Public Health Service declares that it has no record of a single case of paralysis caused by ginger preparations manufactured by reputable pharmaceutical concerns.

'The precise reason for including this remarkable substance as one of the ingredients of a substandard fluid extract of ginger made and sold for beverage purposes will probably never be known, unless a confession is wrung from the guilty ones," the report of the Public Health Service states.

"It seems entirely reasonable, however, to suppose that it was included on account of its physical or other properties which make it difficult to distinguish from the normal ginger constituents. Only a chemist of considerable ability could have thought of this; and had there been anything known about the pharmacologic action of this substance and the possible dire consequences, it is probable that it would never have happened. From this the question naturally arises as to whether there are not many other organic compounds of great medicinal interest, perhaps some with great possibilities for the treatment of disease, awaiting the attention of investigators."

Report Shows Adequate Number of Nurses but Shortage for Specialized Cases

Eighteen per cent of the private duty nurses in a representative group of 24,389 will not take obstetric cases if they can avoid it, according to information obtained by the Committee on the Grading of Nursing Schools which is making a nation-wide investigation to find out how to provide the type and quality of nursing service needed by the patient and desired by the physician.

When the records of 15,694 young graduates, in the 1928 class, were examined, it was found that about eighteen out of one hundred have had either no practical experience, or inadequate experience, in caring for maternity patients during their entire training.

This close agreement would seem to show that the nurse who registers against the maternity case is apt to do so because she feels the lack of sufficient training, and is unwilling to nurse a patient to whom she cannot give proper care.

Testimony of patients, doctors, and registrars show that, though all agree there is numerically a sufficient supply of nurses, there is often a serious shortage of nurses to fit the needs of the maternity patient and her doctor.

Ninety-four out of a hundred obstetricians often need a nurse for their cases, it was shown through answers to questionnaires of more than 4,000 physicians. The demand was stronger for hospital cases than for home cases, with 24 per cent, of those reported, in the home, 56 per cent in the hospital, and 20 per cent in both hospital and home.

The obstetricians were more interested than the average doctor in having nurses familiar with their specialty. Fifteen out of a hundred doctors, in general, want the nurse to have familiarity with a particular disease; 21 per cent of the obstetricians checked this as an essential qualification of a good nurse. More than one-fifth of the maternity patients gave as their reason for employing special nurses the doctor's insistence that special nursing care was necessary.

It is only occasionally that nurses refuse calls, the questionnaires showed. Of those which were refused, 8 per cent were for obstetric cases. These and contagious cases are the two types most frequently registered against by nurses. Five out of 100 registrars said that maternity case calls are the hardest to fill, harder than 24-hour duty, night or holiday calls.

Of 486 Massachusetts nurses, 98, or 20 per cent, said they register against this type of work; of 1,334 New York nurses, 245, or 18 per cent, register against it; of 309 Illinois nurses, 52, or 16.8 per cent. In general, 18 out of 100 nurses register against maternity cases.

As for satisfaction with the nursing service they obtained, the obstetricians found "very good" nurses at least as often, or slightly oftener, than the average doctor; 59 per cent of them rated their nurses under this head, as compared with the general rating of 57 per cent. The obstetricians rated 88 per cent of their nurses good or very good. On the other hand, they found twice as many poor nurses as the physicians in general, 4 per cent of their nurses being so rated, as compared with 2 per cent of the nurses in general.

This suggests either that the obstetrician, hard-pressed for a nurse, must more often take the inferior type which is rejected by the others, or that the requirements as to good nursing among obstetricians are higher than among physicians in general.

The Grading Committee made a special study of the kinds and amounts of experience and instruction given student nurses in obstetrics, which is considered by most state boards of nurse examiners as one of the essential services in the training of the well-qualified bedside nurse.

In view of the fact that a student nurse's time "on the wards" is given in some measure to routine care of patients, rather than to specific observation and care of the particular illness, nurse educators feel that less than three months' obstetrical experience is inadequate. A minimum of observation of twelve cases of labor, and actual assistance at ten deliveries, is set in the curriculum of the National League of Nursing Education.

Twenty-seven schools, or 2 per cent of those included in the survey, have no obstetric service. Forty-nine students, though in schools attached to hospitals having an obstetric service had been given no experience in it.

Examples of inadequate experience of those who did have some assignments in obstetric service follow:

13 students spent only ten to nineteen days in the obstetric service

26 students spent only twenty to twenty-nine days

56 students spent only thirty to thirty-nine days

115 students spent only forty to forty-nine days

One student in each 100 spent less than one month in obstetric service

Three students in each 100 spent one month

Fourteen students in each 100 spent two months.

Since about 25,000 nurses were graduated from the training schools altogether in that year, and since the Grading study includes the majority of the better schools among the 2,205 now in the United States—the study does not take in, for example, the 250 non-accredited schools—it is probable that for the entire number of 1928 graduates who had adequate obstetric training, the percentage is even less than the Grading figures would indicate, according to the report.

Are Government and Civilian Hospitals Comparable?

Hospitals maintained by the United States Public Health Service are operated at a lower per capita cost than are civilian institutions of similar character, according to a statement by Miss Lucy Minnegerode, superintendent of the nursing section of the Public Health Service.

"Five dollars a day per capita is considered moderate for a ward patient in a civilian hospital," declared Miss Minnegerode. "The average cost in hospitals of the Public Health Service is $3.75 or less, taking the average of the 25 hospitals situated all over the country. Where does the difference lie?

"Civilian hospitals in the main have a medical superintendent who is paid and a few interns who are also paid, but the entire medical staff attends the ward patients free of charge and no salaries are paid to them. A nursing school takes charge of the nursing with a moderate number of graduate nurses. Various opinions are advanced from time to time as to the cost of a nursing school, some authorities stating that the proper nursing school is more costly than graduate service and others believing that they are getting their nursing done for approximately nothing by the conducting of a nursing school.

"Usually in civilian hospitals patients pay for their laboratory work and for any *X*-ray work which is done. Usually *X*-ray work must be done on the outside. They pay for drugs, for dressings, for anesthetics, etc., all extra over and above the cost of the room.

"In hospitals of the Public Health Service included in the $3.75 per capita cost are the salaries of all doctors from the medical officer in charge and the consultants down, full graduate nursing service is provided, graduate dietitians, physiotherapists, dental clinics, eye, ear, nose and throat clinics, *X*-ray departments, laboratories, including hydrotherapy, electrotherapy and diathermy.

"The orderly and attendant service is paid for at the usual civilian rates, there being no enlisted personnel in the Public Health Service which can be called upon as is the case with army and navy hospitals. Equipment in these hospitals is ample, beds are comfortable, good mattresses and everything needed is provided for the comfort of the patient.

"It would form an interesting subject for study just why it is that these hospitals giving certainly as good care as can be found in any hospital in the United States in all the essentials which go to make up good care, but without the frills, are run at so much less cost than civilian hospitals of a corresponding bed capacity and in the same locality."

Miss Minnegerode's summary raises some interesting points in hospital management and about the cost of illness and medical care. There is undoubtedly a lesson in her statement for every hospital board and manager.

However, there are, on the other hand, a few of her observations which need clarifying.

As one authority has pointed out two factors which enable government hospitals to operate its hospitals at a lower cost than civilian hospitals are: (1) government hospitals are run on a "full, to capacity basis" and (2) buying is done on a large scale.

It is quite obvious that many civilian hospitals would be able to minimize economic hardships if they could be assured of a capacity registration at all times and if they could purchase supplies in large enough quantities to obtain reduced prices.

Another factor also enters the picture. Government hospitals are not compelled to cater to the individual tastes and whims of patients. A uniform, standardized service is maintained in government institutions from the matter of rations to the comforts of the room. An attitude of "take it or leave it" prevails.

In the civilian hospitals, it is a different story. Various types of services must be maintained to suit the desires of patrons. There is some spirit of competition about the whole matter and the hospital which comes the nearest to suiting the tastes of all classes is usually the most popular.

Hospital authorities probably could cite many other arguments in defense of the civilian hospital and to substantiate the contention that the status of government and civilian institutions is not comparable.

Hospital Losses from Automobile Accidents

During the 12 months period, July 1, 1929, to June 30, 1930, hospitals representing 85 per cent of the hospital bed capacity of Ohio handled 21,905 automobile accident cases, according to a recent survey made by the Ohio Hospital Association, the report on which has been sent to members of the association.

The cost of hospitalizing these cases totaled $691,347.24 of which $346,967.34, or more than 50 per cent, was not collected by the institutions.

One writer in applying these figures and percentages to the entire United States has found that the loss to all the hospitals of the country through automobile accidents amounts to approximately $12,000,000 during the corresponding period.

It would be interesting to know the approximate losses of the medical profession during a year from uncollectable accounts involving automobile accident victims. It also would be interesting to know just how many of those who failed to settle with hospitals and physicians received compensation either through the courts or by virtue of insurance settlements.

Deaths in Ohio

Philip M. Bell, M.D., Sherrodsville; Toledo Medical College, 1899; aged 70; died February 13 of heart disease. Dr. Bell had practiced in Sherrodsville for 24 years, and was coroner of Carroll county at the time of his death. He is survived by his widow and four daughters.

Charles M. Comer, M.D., Bascom; Columbus Medical College, 1882; aged 82; former member of the Seneca County Medical Society; died March 7. He had practiced in Seneca county since his graduation until his retirement a few years ago.

Claude L. Difford, M.D., Cleveland; Western Reserve University School of Medicine, 1905; aged 52. Dr. Difford served his internship at Lying-in Hospital, New York and Lakeside Hospital, Cleveland, before opening an office in Lakewood, where he practiced until his death. He is survived by his widow, one daughter, one son; his mother and one sister.

William Hennings, M.D., Orwell; Cleveland Medical College, 1896; Cleveland College of Physicians and Surgeons, 1899; aged 65; died February 14 following several months illness. Dr. Hennings practiced for several years in New York before locating in Orwell.

James J. Hogan, M.D., Ashtabula; Detroit College of Medicine and Surgery, 1894; aged 58; member of the Ohio State Medical Association and Fellow of the American Medical Association; died February 25 of heart disease. Dr. Hogan was house physician at St. Mary's hospital, Detroit, before locating in Ashtabula in 1895, where he continued in active practice until a few months ago. Dr. Hogan was a former president of the Ashtabula County Medical Society, the Ashtabula County General Hospital, and city council, and was a member of the executive board of the Community Welfare Association. Surviving him are five sons and a daughter.

Alice M. Johnston, M.D., Columbus; Woman's Medical College of Pennsylvania, Philadelphia, 1889; aged 62; member of the Ohio State Medical Association and Fellow of the American Medical Association; died March 3. Dr. Johnston retired from active practice seven years ago because of ill health. She is survived by a sister.

John J. Jones, M.D., Cincinnati; Cincinnati College of Medicine and Surgery, 1876; aged 82; died March 5. He retired from active practice eight years ago. Surviving him are his widow, one son; four sisters and a brother.

Robert S. Lowry, M.D., Kingsville; Medico-Chirurgical College of Philadelphia, 1904; aged 51; member of the Florida State Medical Association and Fellow of the American Medical Association; died February 23 at Ashtabula General Hospital. Dr. Lowry was a veteran of the World War, and served in the Naval Medical Corps until 1925 when he located at Fort Lauderdale, Florida. He moved to Kingsville a year ago. Surviving him are his widow, one son; his father and two brothers, G. C. Lowry of Butler, Pennsylvania, and Dr. W. T. Lowry, of Jefferson, Ohio.

Delos H. Marcy, M.D., Williamsport; Ohio Medical College, Columbus, 1902; aged 54; member of the Ohio State Medical Association and the American Medical Association; died February 4 of heart disease, following several months' illness. Dr. Marcy had practiced in Williamsport and Pickaway county for 25 years. He is survived by his widow, one son, two brothers and two sisters.

Edwin E. Meyers, M.D., New Madison; Eclectic Medical College, Cincinnati, 1889; aged 65; member of the Ohio State Medical Association and the American Medical Association; was instantly killed, February 14 when his automobile was struck by a train. Dr. Meyers had practiced in New Madison and Darke county for 35 years. For a number of years he served on the local Board of Education. Surviving him are his widow and one daughter.

H. S. Preston, M.D., Urbana; Columbus Medical College, 1876; aged 87; died February 14 at the home of a daughter in Springfield, Ohio. Dr. Preston practiced in Urbana and vicinity for thirty years and retired fifteen years ago. He is survived by three daughters.

Jonathan Thatcher, Westville; licensed, 1896; aged 90. He retired in 1918 after 54 years' active practice. Before locating in Champaign county, he practiced at Donnelsville, Clark county, and in Miami county. Two sons and two daughters survive him.

William D. Richardson, Bowling Green; licensed 1896; aged 95; died February 17. He had been a resident of Wood County since 1853, and continued in active practice until fifteen years ago. Surviving him are two sons, three daughters and three sisters.

Jeremiah Worley Russell, M.D., Bellville; Starling Medical College, 1888; aged 72; member of the Ohio State Medical Association and the American Medical Association; died February 1. Dr. Russell had practiced in Belleville and Richland County since his graduation. He is survived by his widow, one daughter and two sons.

Nicholas I. Scott, M.D., Norwood; Medical College of Ohio, Cincinnati, 1881; aged 80; died February 12. Dr. Scott had practiced in Norwood for 50 years. He was a former member of the Norwood School Board. Surviving him are his widow, one daughter and two sons.

Charles L. Reason, M.D., Grafton; Western Reserve University School of Medicine, 1890; aged

63; member of the Ohio State Medical Association and Fellow of the American Medical Association; died February 15 at Elyria Clinic. Dr. Reason moved to Grafton about a year ago from Green Springs, where he had practiced for a number of years. Two sons survive him.

NEWS NOTES of OHIO

Toledo—Dr. W. W. Stone has returned from a vacation in Florida.

Cleveland—Dr. W. E. Bruner is on a six-weeks vacation at Sarasota, Florida.

Cincinnati—Dr. Donald Lyle has been appointed an instructor in anatomy at the College of Medicine, University of Cincinnati.

Cleveland—More than 300 Cleveland physicians attended a dinner given in honor of Dr. George W. Crile, at which the speakers were: Dr. Charles H. Mayo, Rochester, Minn., and the following Cleveland physicians: Dr. S. C. Lind, Dr. Geo. Edw. Follansbee, Dr. N. C. Yarian, Dr. W. J. Manning, Dr. E. C. Cutler, Dr. A. B. Eisenbrey, and Dr. H. L. Sanford. Dr. Howard Dittrick was toastmaster of the occasion.

Toledo—Dr. C. J. Czarnecki is taking post-graduate work in internal medicine at the University of Michigan.

Cleveland—Dr. A. G. Cranch addressed the Employment Managers Group of the Cleveland Chamber of Commerce recently on, "Selection of Employes and Conservation of Efficiency".

Lakewood—Dr. R. B. Crawford has been elected president of the Lakewood Chamber of Commerce.

Columbus—Dr. Emery R. Hayhurst, chairman of the department of public health and hygiene, College of Medicine, Ohio State University, has resigned. He had been connected with the university for the past 16 years. He expects to continue his connection with the State Department of Health.

Lima—Twenty-five Lima and Allen County physicians have returned from Toronto, Canada, where they attended medical and surgical clinics. The trip was under the auspices of the Travel Club of the Allen County Medical Society.

Chillicothe—Dr. J. M. Hanley recently celebrated his 54th anniversary as an active practitioner of medicine.

Ashland—In a talk before the Lions Club, Dr. C. B. Meuser, part-time director of health of this city, made a plea for the establishment of a full-time health department and related briefly some of the business taken up at the recent White House Conference on Child Welfare.

Troy—Dr. and Mrs. J. W. Means recently celebrated their fiftieth wedding anniversary.

Wadsworth—Drs. Harold Biggs, J. K. Durling and Robert L. Johnson have been appointed examiners of applicants from Medina County Citizens Military Training camps.

Kent—Two Portage County physicians, Dr. S. U. Sivon and Dr. W. J. Thomas, are among those who have volunteered to equip rooms at the new Robinson Memorial Hospital.

Springfield—A birthday party was given recently at the nurses' home of the Clark County Sanatorium in honor of Dr. J. D. Thomas, superintendent of the institution.

Bloomville—An interesting address, with motion pictures, was made before the local Parent-Teacher Association recently by Dr. Robert Benner of Tiffin.

Cincinnati—Dr. Daniel J. Davies has been elected president of the Cincinnati Obstetric Society.

Orrville—Dr. J. H. Seiler, Akron, discussed mental hygiene problems recently before a meeting of the local Rotary Club.

Dover—Some of the work done at the Massillon State Hospital was described recently by Dr. P. J. Alspaugh, New Philadelphia, formerly of the hospital staff, at a meeting of the Dover Rotary Club.

Toledo—Dr. R. B. Bowen has been named physician for the Lucas County Jail.

Akron—Two bandits recently robbed Dr. R. H. McKay of $200 and his automobile.

Cleveland—Dr. E. M. Alger, professor of ophthalmology at the New York Post-Graduate Medical School and Hospital, was the guest speaker at a meeting of the Cleveland Ophthalmological Club.

Miamisburg—"Mental Hygiene" was the subject of an address given before the local Rotary Club recently by Dr. E. C. Fischbein, Dayton.

Wellston—Dr. W. H. Parker has returned from Philadelphia where he took post-graduate work in otology.

Xenia—The history and treatment of diphtheria were described by Dr. Reyburn R. McClellan at a recent meeting of the Xenia Rotary Club.

Uhrichsville—Dr. F. A. Morrison was badly bruised when his automobile skidded and crashed into a tree.

Xenia—A special room in the Greene County Courthouse has been furnished by the Greene County Medical Society for regular meetings of the society. The room has been adorned with portraits of physicians of the past in this section of Ohio.

Wooster—Among physicians who participated in the program of health talks given at the local high school were: Drs. J. B. Patterson, W. G.

Rhoten, J. R. Jameson, W. B. Turner, L. A. Yocum, W. A. Feitz, A. C. Smith, E. W. Douglas, Eva Cutright, L. A. Adair and R. C. Paul.

Cincinnati—Several hundred physicians attended the reunion of the Ex-Internes' Society of the old Cincinnati City Hospital held recently.

Canton—Dr. Edward M. Feiman has been awarded a degree from the University of Vienna upon completion of a special course in ophthalmology.

Lima—Under a new plan for hospitalizing the indigent sick of Lima, indigents will be accepted at city hospitals upon presentation of a certificate signed by a physician; the Family Welfare Association will make an investigation of the financial status of each patient accepted, and the hospital will be given the right to decide whether the patient is able or unable to pay for the hospital service.

Toledo—Dr. Walter W. Randolph has been commissioned a major in the Organized Medical Reserve Corps, and Dr. Robert A. Gilreath has received a commission as first lieutenant.

Wadsworth—Dr. J. K. Durling is preparing a medical history of Medina County and neighboring townships of surrounding counties for the Medina County Medical Society.

Lorain—Dr. William E. Wheatley, Lorain physician and surgeon, has been awarded the achievement trophy of the *Lorain Journal*, given annually to the person selected as the most valuable citizen of that city during the previous year.

Lima—Dr. S. M. Mumaugh was a recent speaker before the Lima Chapter of the Association of Torch Clubs.

Lorain—Dr. Louis J. Karnosh, Cleveland, was a recent speaker before the local Rotary Club.

Youngstown—The Mahoning County Medical Society has announced the following schedule of speakers: May—Dr. Joseph Brennemann, on "Acute Abdominal Conditions in the Child"; June 18—Post Graduate Day, with five members of the Johns Hopkins University faculty as speakers; September—Dr. John Erdman, of New York City; November—Dr. Graeme Mitchell, of Cincinnati; December—Dr. Chevalier Jackson, of Philadelphia. The president, Dr. A. W. Thomas, cordially invites out of town physicians to attend these meetings.

Wilmington—Dr. E. Briggs, who has been a patient in McClellan Hospital, Xenia, for several weeks, has returned home much improved.

Springfield—Dr. Joseph A. Link, Springfield surgeon, who was recently awarded a golden key by the University of Vienna in recognition of post-graduate work done there, has been notified of his promotion to colonel in the Organized Medical Reserve Corps.

Fourth annual session of the All Ohio Safety Congress will be held at the Neil House, Columbus, April 21-23 inclusive.

PUBLIC HEALTH NOTES

—A summary of the deaths in Ohio for the year 1930 reflects generally healthful conditions in Ohio incident to comparative freedom from communicable disease. The death rate per 1000 population was 11.1, as compiled by the State Department of Health, Division of Vital Statistics. This is the lowest rate recorded since the establishment of registration in 1909.

The provisional data for 1930 compared with similar information in 1929 shows a decline of 5225 deaths or a decrease of 14 deaths each day. The greatest decrease was in influenza and pneumonia, being 37 per cent lower. There was no major epidemic that resulted in a notable increase in the number of deaths from any disease during the year. Other causes of death reporting a decrease were: measles, whooping cough, diphtheria, meningococcus meningitis, tuberculosis, (all forms), nephritis, cerebral hemorrhage, the puerperal state, diseases peculiar to early infancy, accidental burns, (conflagration excepted), streetcar and railroad accidents.

The causes of death indicating an increase in their order were: accidental falls, conflagration, heart disease, diarrhea and enteritis (under 2 yrs.), cancer, automobile accidents, suicides, homicides, diabetes, typhoid fever, acute anterior poliomyelitis, scarlet fever, smallpox.

Tabulated below is a comparison of a few of the causes of death with rates per 100,000 population for 1929 and 1930:

Disease	Number 1929	Number 1930	Rate 1929	Rate 1930
Typhoid fever	145	217	2.15	3.17
Smallpox	3	13	.04	.19
Measles	238	186	3.53	2.72
Scarlet fever	149	170	2.21	2.49
Whooping cough	527	198	7.83	2.90
Diphtheria	225	184	3.34	2.69
Influenza	4009	1296	59.53	18.96
Acute anterior poliomyelitis	41	108	.60	1.58
Meningococcus meningitis	180	123	2.67	1.80
Rabies	3	3	.04	.04
Tuberculosis (all forms)	4536	4199	67.36	61.43
Cancer	6768	7006	100.50	102.50
Diabetes	1358	1444	20.16	21.13
Cerebral hemorrhage	7376	7175	109.53	104.97
Heart disease (all forms)	14701	15022	218.31	219.77
Pneumonia (all forms)	5995	4972	89.03	72.72
Diarrhea and enteritis (under 2 years)	824	1093	12.24	15.99
Nephritis	5466	5220	81.17	76.37
The puerperal state	687	646	10.20	9.45
Malformations & deaths peculiar to early infancy	4273	3941	63.45	57.66
Suicide	1008	1101	14.97	16.11
Homicide	503	606	7.49	8.87
Conflagration	64	406	.95	5.94
Accidental burns (conflagration ex.)	332	287	4.93	4.10
Accidental falls	934	1382	13.87	20.22
Railroad accidents	572	396	8.49	5.79
Streetcar accidents	158	90	2.35	1.32
Automobile accidents	1915	2022	28.44	29.58
All other accidents not listed above	1517	1538	22.53	21.60
All other causes not listed above	16656	14884	247.54	217.75
Total	81153	75928	1205.12	1110.82

—A program of public health lectures has been launched under the auspices of the Cleveland

Academy of Medicine. Those who will address the public meetings so far scheduled are: Dr. T. Wingate Todd, Dr. George W. Crile and Dr. Louis J. Karnosh. The meetings are being arranged by the Academy's committee on health education, composed of Dr. Lester Taylor, chairman, Dr. Richard Bolt, Dr. J. W. Conwell, Dr. A. B. Denison, Dr. C. G. LaRocco, Dr. E. A. Peterson, Dr. H. D. Piercy and Dr. H. L. Rockwood.

—Under a new plan adopted by the Scioto County commissioners, physicians will be paid $1 for administering each Pasteur treatment and the serum will be furnished free by the county.

—Dr. Henry R. O'Brien, a native of Oberlin and at present taking post-graduate work in public health at Johns Hopkins University, has been appointed health commissioner of Lorain County, succeeding Dr. C. D. Barrett, who has resigned to take a departmental position with the Michigan State Department of Health. Dr. O'Brien will assume his duties June 1. He has had extensive public health experience with the United States Public Health Service and with mission boards in foreign countries.

—Dr. J. B. Poling has been re-appointed health commissioner of Lima.

—Dr. J. H. Kinnaman, appointed medical director of the Cincinnati Department of Health about one year ago, has resigned to become deputy health commissioner of the State of Iowa.

—A feature article describing the public health work being done in Summit County by Dr. R. H. Markwith, health commissioner of that city, was published in a recent issue of the Ohio State University Alumni Monthly.

—Dr. Stanley D. Giffen has been re-elected president of the Toledo Public Health Association.

—At a recent organization meeting of the Lorain County Public Health Council, Dr. W. S. Baldwin, Lorain, was re-elected president.

—Since Shick testing was introduced into the public schools of Youngstown in 1924, the number of cases of diphtheria in the city has been reduced 76 per cent and the death rate from that disease reduced 56 per cent, according to a recent announcement of the school health department.

—A mental hygiene clinic for Lima and Allen County has been opened at the Lima State Hospital for the Criminal Insane with the medical staff of the hospital in charge.

—Dr. Loy C. Schiff, Ashville, has been appointed part-time health commissioner of Pickaway County.

—Dr. Harry Lautenschlager has been appointed health commissioner of Oakwood, Montgomery County, which became a city under the new census. Dr. F. D. Crowl is a member of the board of health.

—Dr. T. R. Meyer, city and county health commissioner of Mansfield and Richland County, respectively, has resigned. He has not announced his future plans.

—Annual meeting of the Central District, Ohio Society of Sanitarians was held recently at the Neil House, Columbus. Among the speakers were State Director of Health H. G. Southard, F. H. Waring, chief engineer for the Department; Mrs. Zoe McCaleb, chief of the division of nursing, Dr. E. F. McCampbell, Columbus, and D. Oberteuffer, director of physical education, State Department of Education.

—The following places have been ordered by the Ohio Public Health Council to improve their water supplies: Greenwich, Caldwell, Barnesville and Plymouth.

—Pertinent comment on the responsibilities resting on the shoulders of boards of education in solving smallpox outbreaks is found in a recent issue of the *Ohio Health News*, quoted in part as follows:

"Alger, a little community of 857 population in Hardin County, seems to have solved the smallpox problem to its own satisfaction—and it certainly has solved it to the satisfaction of the State Department of Health. The Ohio law puts on boards of education the responsibility for enforcement of vaccination. Too many of these organizations are either negligent concerning their responsibility or actually hostile to this only method of preventing the loathsome disease. Hostility, when shown, usually reflects a condition of permeation by sects and cults fanatically opposed to preventive medicine. Alger has shown the way; and to all others, this Department says, "Go thou and do likewise!"

"The information is contained in an interesting letter to the editor of *Ohio Health News*, written by Thomas W. Figley, superintendent of the Alger schools. Mr. Figley says:

You may be interested to know that in our schools here we have settled the smallpox question. Every child in our schools is now vaccinated, the only exception being in case the pupil can show that he actually has had smallpox. The date of vaccination is recorded, and revaccination is required at the end of five years. New pupils entering must be vaccinated within ten days.

"This program was initiated last year, when there was an epidemic of smallpox in the county. The result was immediate. While adults and children under school age in the district contracted smallpox all during the rest of the term, not a pupil got it, and school went on while house after house was under quarantine. We think we have smallpox conquered here so far as our schools are concerned.'

"There can't be any doubt that Mr. Figley is conservative when he modifies his final statement by prefacing it with 'We think'; for where and when vaccination is enforced, smallpox is conquered."

Northern Tri-State Meeting

The Fifty-Eighth Annual Meeting of the Northern Tri-State Medical Association, will be held in Ann Arbor, Michigan, Tuesday, April 14, 1931. Officers are Dr. Norris Gillette, Toledo, President and Dr. Edward B. Pedlow, Lima, Secretary. The program follows:

MORNING SESSION—(Begins at 9:00 Sharp)

(Hospital Amphitheater)

Dr. Cyrus C. Sturgis.....Pernicious Anemia. (Clinic)
(Prof. of Medicine in the University of Michigan)

Dr. John Alexander.....Certain Problems in Thoracic Surgery (Clinic)
(Prof. of Clinical Surgery in University of Michigan)

Dr. Frank Wilson.....Cardiac Clinic. (Clinic)
(Associate Prof. of Medicine in University of Michigan)

AFTERNOON AND EVENING SESSION

(Natural Science Bldg. and Michigan Union)

Dr. Arnold Jackson.....The Diagnosis and Treatment of Diseases of the Thyroid Gland
(Madison, Wisconsin)

Dr. L. J. Karnosh.....Neurology of the Emotions. (Slides)
(Cleveland, Ohio)

Dr. Norman F. Miller.....Pelvic Inflammatory Disease
(Prof. of Obstetrics in University of Michigan)

Dr. Plynn Morse.....Sudden Deaths
(Detroit, Michigan)

Dr. George Crile.....A Further Report on Clinical Results of Degeneration of the Adrenal Glands. (Slides)
(Cleveland, Ohio)

Dr. W. Wayne Babcock.....A Surgical Subject
(Prof. of Surgery Temple University, Philadelphia, Pa.)

The wholesale value of the proprietry medicines and compounds made in the United States last year amounted to $313,764,874 (f.o.b. factory prices, only a small percentage of which contained narcotic drugs, according to an announcement of the Bureau of Census. While the proprietary medicines showed a substantial increase over the preceding census year, 1927, there was a sharp decline in the amount of medicines containing narcotic drugs.

Population Trends and Distribution of Physicians

An answer to one of the most important, if not the most important, reason why more physicians opening offices in cities and urban communities instead of in rural districts is found in a recent report of U. S. Census Director Steuart.

A check of the 1930 census figures reveals, the report states, that 56.2 per cent of the 122,775,046 persons in the United States are listed as urban dwellers, an increase of 4.8 per cent since 1920. This figure does not include many suburbs the citizens of which are listed as rural inhabitants but whose work and interests remain in the city.

The census tabulation for Ohio showed that 67.8 per cent of the total population is urban, compared to 63.8 per cent in 1920.

Economic and social conditions are the principal factors in the distribution of population as they also may be the chief factors in the distribution of physicians.

News Notes From County Societies and Academies

First District

ACADEMY OF MEDICINE OF CINCINNATI

(D. T. Vail, Jr., M.D., Secretary)

Program for March; meetings held at Chamber of Commerce Rooms.

March 2—"Physiology of the Liver", by Dr. F. C. Mann, Professor of Pathology and Surgery, Mayo Clinic, Rochester, Minn.

March 9—"Defective Vision Due to Squint", by Dr. Clarence King; "Squint; A Clinical Study Emanating from the Children's Hospital, Cooper Procter Foundation", by Dr. Donald Lyle; "Free Fascial Transplants in the Treatment of Recurring Inguinal Hernia" (illustrated case reports—lantern slides) by Dr. R. William Good.

March 13—Special joint meeting with the Dental Society. "Further Studies on Focal Infection and Elective Localization" (illustrated by lantern slides and motion pictures) by Dr. E. C. Rosenow, Mayo Clinic, Rochester, Minn. "Social and Economic Influences on Health", by Dr. L. Howard Schriver, President, Academy of Medicine of Cincinnati.

March 16—"The Registration of Life's Handicaps" (lantern slides), by Dr. T. Wingate Todd, Professor of Anatomy, Western Reserve University, Cleveland.

March 23—"A Review of Current Studies of Acid-Base Equilibrium of the Blood and their Clinical Application", by Dr. George M. Guest; "The Practice of Medicine and Surgery in China", by Dr. M. M. Zinninger.

March 30—"Recent Researches in Etiology of Epilepsy", by Dr. Lawrence O. Morgan, Anatomy Department, College of Medicine; "Some Further Observations on the Absorption and Excretion of Lead by Normal Individuals", by Dr. Robert A. Kehoe, Physiology Department, College of Medicine.—Bulletin.

Clinton County Medical Society met at Shreve Hotel, Wilmington, on Tuesday, March 3, with an attendance of 21 members. After luncheon, Dr. Robert Carothers, of Cincinnati, whose generous interest in this Society dates back to his years as Councilor of this District, gave an interesting and instructive talk on "The Modern Treatment of Fractures", illustrated by moving pictures. Dr. C. A. Roof read a paper on "The Differential Diagnosis of Stomach and Duodenal Lesions", illustrated by typical *X*-ray plates. Dr. C. A. Crabtree, Martinsville, presented a paper on "Chronic Constipation".—Robert Conard, Secretary.

Second District

Clark County Medical Society held its regular luncheon meeting at Hotel Shawnee, Springfield,

on Wednesday, February 11, with more than fifty members present. Dr. Frank Seinsheimer, University of Cincinnati College of Medicine, addressed the Society on "The Prevention and Early Diagnosis of Contagious Diseases of Childhood". Drs. H. B. Elliott and A. A. Gavey were elected to membership.

The guest speaker for the meeting held on February 25 was Dr. C. A. Coleman, Dayton, and the regular meeting held March 11 was addressed by Dr. A. B. Brower, Dayton, on the subject of "The Anemias".—News Clipping.

Darke County Medical Society met Friday evening, February 13 at the Service Restaurant, Greenville. Following the dinner, Dr. G. C. Ullery, Springfield, spoke on "Indication in General for the Surgical Treatment of Goiter". Following discussion, Dr. Ullery presented a series of motion pictures on "Territory Alaska", which he photographed during a recent visit to that territory.

Members of the Darke County Bar Association were guests of the Society at the regular meeting held on Friday, March 13 at the Cul-Mur Tea Room, Greenville. Dr. Walter G. Stern, Cleveland addressed the meeting on "The Doctor in Court". —Bulletin.

Greene County Medical Society met at the Court House, Xenia, on Friday, March 6, in the new quarters provided for the society. The medical library owned by the society, has been moved to the rooms, and a telephone installed for the convenience of members. At the business session, Dr. George Davis was appointed a member of the milk commission, succeeding Dr. H. C. Messenger. A paper on "Fetal and Infant Mortality" was presented by Dr. C. W. Dawson. The February meeting of the Society, on February 6th was devoted to discussion of current medical problems. Luncheon followed at the Iron Lantern, Xenia.—News Clipping.

Miami County Medical Society held its regular meeting on Friday, March 6, at Stouder Memorial Hospital, Troy. "Diagnosis and Treatment of Goiter" was the subject of a paper by Dr. J. F. Beachler, Piqua. Discussion was opened by Drs. G. E. McCullough of Troy, and G. R. Upton, of Piqua. Dinner was served at the Hospital following the program. Attendance, 26 members and three visitors.—News Clipping.

Montgomery County Medical Society met at the Dayton State Hospital on Friday evening, February 20th, with members of the staff as hosts. Following a dinner at 6:30, a clinic was held. The regular meeting was held Friday evening, March 6, in the auditorium of the Fidelity Building, Dayton, with the following program: "Symposium on Diabetes", by Drs. H. D. Cassell and A. W. Carley. Dr. Cassell discussed "Diabetic Problems", and Dr. Carley spoke on "Surgery in Diabetes". Discussion was opened by Drs. Olch, Weiss, Finley, Johnston and Austin.—Bulletin.

Shelby County Medical Society and the staff of Shelby County Wilson Memorial Hospital, met Friday afternoon, February 6, at the hospital, in Sidney. "The Social and Legal Medicine of the Morrow" was the subject of a general discussion, which was opened by the president, Dr. M. F. Hussey. Following the program, a buffet luncheon was served. Dr. Vernon LeMaster read a paper on "Usurpation of the Function of the Doctor", at the regular meeting of the Society on Friday afternoon, March 6, which was followed by a general discussion.—News Clipping.

Preble County Medical Society held its regular meeting on Thursday evening, February 19, at the Central Hotel, Eaton. Dr. E. R. Arn, Dayton, spoke on "Diseases of the Biliary System and their Surgical Treatment".—News Clipping.

Third District

Allen County—Thirty members of the Academy of Medicine of Lima and Allen County were present at the regular meeting held Tuesday evening, February 17, in the Steiner Building, Lima. Following a business session, Dr. J. V. Hartman, Findlay, spoke on "Some Unusual Ectopic Cases". —News Clipping.

Auglaize County Medical Society met at St. Marys, on Thursday evening, February 26, with an attendance of seventeen members, and six guests, members of the Mercer County Medical Society. At the business session, a new Constitution and By-Laws, as suggested in outline by the State Association, was adopted in toto. The time for the regular meetings was fixed for the second Thursday of each alternate month. The president, Dr. F. F. Fledderjohann, appointed the following committees: Legislative, Dr. Guy E. Noble, St. Marys, chairman, Drs. R. C. Hunter, Wapakoneta, and C. L. Dine, Minster; Medical Defense, Dr. T. A. Campbell, Wapakoneta, chairman, and Drs. J. E. Heap, St. Marys and H. J. Gudenkauf, Minster; Delegate to State Meeting, Dr. I. E. Williams, St. Marys, and Dr. W. S. Stuckey, Wapakoneta, alternate; Censors, Drs. R. A. Rulmann, E. H. Heffner and C. P. McKee. The regular officers are to constitute the Membership and Program committees, and are as follows: President, Dr. F. F. Fledderjohann, New Bremen; vice-president, Dr. R. C. Hunter, Wapakoneta; secretary-treasurer, Dr. Charles C. Berlin, Wapakoneta.

The program consisted of two very interesting and practical addresses—"Urethral Stricture", by Dr. E. H. Hedges, Lima, and "The Value of Urology to the General Practitioner", by Dr. F. G. Maurer, Lima. The next meeting will be held in Wapakoneta on April 9.—Charles C. Berlin, Secretary.

Hancock County Medical Society held its regular meeting at the Elks Club, Findlay on Wednesday evening, February 4. "The Use of the Electrocardiogram in Clinical Medicine" was the sub-

MAY WE HELP
TO CLEAR UP A

CONFUSION

REGARDING THE PRESCRIBING OF GELATINE?

WHEN you prescribe gelatine (for the diabetic diet, as an example) you want your patient to *get* gelatine—real, pure, plain gelatine, free from sugar, coloring and flavoring content. There is a fundamental difference in gelatine—a plain gelatine, such as Knox, is a pure protein—entirely free of sugar. The ready-mixed gelatin dessert mixtures contain 85% sugar, coloring and flavoring, *and* less than 10% gelatine. Therefore, may we recall to your attention the advantages in specifying *plain* gelatine! May we suggest that a sure way to guarantee to your patients that they will get this plain, pure gelatine you want them to have is to prescribe Knox Gelatine—(on which extensive medical research work was done exclusively)—the gelatine that for over forty years has been the highest quality for health.

ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods

KNOX *is the real* **GELATINE**

P. S. Several booklets, helpful in prescribing liquid and soft diets, diabetic diets, diets for anemia, reducing diets and convalescence, may be had by mailing to us the coupon herewith. We should

KNOX GELATINE LABORATORIES,
434 Knox Ave., Johnstown, N. Y.

Name.....

Address.....

City.....*State*.....

ject of an address by Dr. Louis N. Katz, of Michael Reese Hospital, Chicago. A six-o'clock supper preceded the program.—News Clipping.

Logan County Medical Society met Friday evening, February 6 for its regular dinner meeting at Hotel Ingalls, Bellefontaine. The program was devoted to case reports, presented by Drs. M. L. Pratt, A. J. McCracken, O. C. Amstutz, and Dr. Frank B. Kaylor.—News Clipping.

Seneca County Medical Society held its regular monthly meeting at the Shawnee Hotel, Tiffin, on Thursday evening, February 19. Following a dinner, Dr. Edson J. Brown, of Cleveland, spoke on "Head Injuries". At the business session, eight new members from Fostoria were admitted to membership in the Society. Visitors were present from Findlay and Fostoria. Music was furnished by an orchestra composed of members of the family of Dr. C. F. Daniels.—News Clipping.

Van Wert County Medical Society met Tuesday night, February 17, at Hotel Marsh, Van Wert, with Dr. S. A. Edwards, host at the dinner. In addition to members, guests, including members from several adjoining County Medical Societies, members of the Board of Trustees of Van Wert County Hospital, and a number of heads of departments and nurses of the hospital, were in attendance.—A. T. Rank, Correspondent.

Fourth District

ACADEMY OF MEDICINE OF TOLEDO

(A. P. Hancuff, M.D., Secretary)

Program for March; meetings held at the Academy Building.

March 6—General Meeting: "Some Quantitive Consideration Underlying the Application of Light Therapy", with Lantern Slide Demonstration, by Brian O'Brien, Ph.D., Professor of Physiological Optics, University of Rochester, Rochester, New York. Buffet supper at the University Club followed the meeting.

March 13—Section of Pathology, Experimental Medicine and Bacteriology: "Meningoencephalitis Following Infective Diseases of Children", by Dr. I. R. Cohn; "Splenic Anemia, or Banti's Disease" (Case Report), by Dr. W. Gordon Hartnett; "Atrophic Cirrhosis of Liver" (Case Report), by Dr. P. R. Ensign.

March 20—Medical Section: Symposium on Peptic Ulcer—(a) "Etiology, Pathology and Symptoms", by Dr. Howard Holmes; (b) "Diagnosis and Medical Treatment", by Dr. Will Gardiner; (c) "*X*-ray Diagnosis", by Dr. John T. Murphy. "The History of Medicine", by Dr. C. E. Hufford.

March 27—Surgical Section: Symposium on Peptic Ulcer—(a) "Surgical Treatment of Gastric Ulcer", by Dr. Norris Gillette, discussion opened by Dr. W. A. Neill; (b) "Surgical Treatment of Duodenal Ulcer", by Dr. T. F. Heatley, discussion opened by Dr. E. W. Doherty. "The Necessity of Friendly Interrelationship Between the Specialist and General Practitioner", by Dr. D. J. Slosser, Councilor, Fourth District, Defiance. —Bulletin.

Four-County Medical Society met in Bryan on Thursday afternoon, February 26, with an attendance of fifty physicians from Defiance, Henry, Fulton and Williams Counties. Dr. B. S. Cornell, of Fort Wayne, Indiana, addressed the meeting on the subject of "The Role of Dental Infection in Disease". Dr. L. W. Easton, also of Fort Wayne, spoke on "Ectopic Pregnancy". After the business session, members enjoyed a banquet at the Jefferson Hotel.—News Clipping.

Putnam County Medical Society held its regular meeting on Tuesday evening, February 3, at Hotel Dumont, Ottawa. Following the dinner, C. W. Fogle, D.V.M., Leipsic, spoke on "The Parasite of Animals as Related to Man". The March meeting of the Society was held at the Dumont Hotel, Ottawa, on Tuesday evening, March 3, with twenty members present. Dr. E. B. Pedlow, Lima, gave an interesting talk on "Goiter".—News Clippings.

Sandusky County Medical Society met in the council chamber, Fremont, on Thursday evening, February 26 for its regular monthly meeting. Dr. D. J. Slosser, Defiance, councilor of the Fourth District, gave a fine talk on medical organization; Dr. O. C. Vermilya spoke on "Caesarian Section", and Dr. E. M. Ickes discussed "Diseases of the Heart".—News Clipping.

Wood County Medical Society held a dinner meeting in the Woman's Building, Bowling Green, on Thursday evening, February 19. Dr. D. J. Slosser, Defiance, Councilor of the Fourth District, and Dr. Paul Holmes, of Toledo, were the visiting speakers.—News Clipping.

Fifth District

ACADEMY OF MEDICINE OF CLEVELAND

(Clarence H. Heyman, M.D., Secretary)

March 20—The regular meeting of the Academy was held on Friday evening, March 20. In response to a widespread request, the program was devoted to venereal diseases, with special reference to treatment. Dr. H. N. Cole spoke on "Bismuth Salts in the Treatment of Syphilis", and Dr. Percy S. Pelouze, of the University of Pennsylvania, presented a paper on "Gonorrhea and its Treatment".

March 6—Clinical and Pathological Section. Program: "Megacolon", by Dr. W. M. Champion; (a) "Duodenal Ulcer with Marked Retention, Showing Response to Medical Treatment", (b) "Hemochromatosis", by Dr. F. C. Oldenburg; "Reconstruction of the Hip-joint", by Dr. T. A. Willis; "Hypertrophy of Pylorus of Stomach with Stenosis, in an Adult", by Dr. O. A. Weber; (a) "Sleeve Resection of Stomach for Ulcer" (b)

RADIUM THERAPY
DEEP X-RAY THERAPY
ELECTRO COAGULATION

BEN RENICK KIRKENDALL, M.D.
EDWARD TAYLOR KIRKENDALL, M.D.

137 E. State Street, Columbus, Ohio
Or Mt. Carmel Hospital

Office Phone Adams 7656 **Res. Phone** Gahana, Ohio 44 F. 14

W. H. MILLER, M. D.

X-Ray

328 East State Street **Columbus, Ohio**

Complete Diagnosis and Therapy

Diseases of Chest
Gastro-Intestinal Tract
Genito-Urinary Tract
Gall Bladder
High Voltage X-Ray Therapy
Portable X-Ray
Electro-Coagulation
Fractures and Dislocations

PROMPT AND FULL REPORT

"Lumbar Ganglionectomy" (c) "Popliteal Aneurism" (d) "Femoral Aneurism" by Dr. E. P. Neary; "Progressive Pyelitis", by Dr. F. C. Herrick; "Chronic Ulcerative Colitis: (a) Roentgenological Diagnosis, by Dr. J. D. Osmond; (b) "Clinical Diagnosis and Treatment", by Dr. C. C. Perry.

March 13—Experimental Medicine Section. Program: "The Relation of Gastrointestinal Movements to Blood Sugar Levels" (by invitation) J. P. Quigley, Ph.D. and W. R. Hallaran; "Blood Sugar Levels after Glucose Injections in Normal and Vagotomized Dogs", (by invitation) W. R. Hallaran and J. P. Quigley, Ph.D.; "Further Observations on the Supposed Conversion of Fat to Sugar", (by invitation) D. E. Gregg, Ph.D.; Symposium on Dynamics of Aortic Regurgitation; (a) "General Statement of Problems", by Dr. C. J. Wiggers; (b) "The Validity of Lewis Observations on A-V Fistulae in Interpretation of Aortic Insufficiency" (by invitation) Alice Maltby; (c) "Characteristics of the Aortic Pressure Pulses with Leaks of Different Sizes", by Dr. C. J. Wiggers; (d) "The Characteristics of Subclavian Pulses in Clinical Aortic Insufficiency", by Dr. H. Feil; "The Beginning of the Embryonic Circulation" (with micro-moving picture demonstration), by Dr. B. M. Patten.

No other Section Meetings were held in March. —Bulletin.

Ashtabula County Medical Society held its annual dinner-dance on Tuesday evening, February 10 at Hotel Ashtabula, with dentists and pharmacists and their wives as guests. Dr. P. J. Collander, President of the Society, acted as toastmaster, and introduced the speaker, John Creamer, who gave an entertaining and humorous talk. Dr. F. Smith, of Geneva, also spoke.—News Clipping.

Lake County Medical Society met at the Lake County Memorial Hospital, Painesville, Tuesday afternoon, February 24. Mr. Tracy Herrick, vice-president of the Cleveland Trust Company, Cleveland, spoke on "The Doctor and His Investments". The meeting was concluded with a dinner held at the Hospital.—F. J. Dineen, Secretary.

Lorain County Medical Society held its March meeting at the Elks Restaurant, Elyria, on Tuesday evening, March 10, beginning with a five o'clock dinner. Dr. A. Strauss, Cleveland, addressed the society on the subject of "Injection Treatment of Varicose Veins".—Bulletin.

Trumbull County Medical Society met at the Trumbull Country Club, Warren, on Thursday night, February 19, with a splendid attendance, including guests from Youngstown, Akron, Cleveland and Butler, Pennsylvania. Following the dinner, Dr. Guy L. Hunner, Professor of Clinical Gynecology of Johns Hopkins University School of Medicine, spoke on "Frequency of Ureter Stricture". Moving pictures were projected on findings by Dr. Baers, of Johns Hopkins, on "Chronic Infection of the Bones, or Osteomyelitis".—News Clipping.



Cocomalt for...

CONVALESCENTS—The high caloric value and quick assimilability of Cocomalt makes it an especially valuable food for convalescents.

GENERAL DEBILITY—The necessity for a concentrated food of high digestibility in asthenic conditions is met by Cocomalt.

MALNUTRITION—Undernourished children and adults respond splendidly to the balanced ration of Cocomalt mixed with milk. Furthermore, it increases the appetite.

TUBERCULOSIS—Cocomalt is very useful in increasing the caloric value of tubercular diets without throwing an additional strain upon the digestive system. Its mineral content is likewise useful in producing calcification of tubercular lesions.

POST OPERATIVE—Following an operation, Cocomalt meets the demand for a highly nutritious food that does not produce intestinal fermentation or stasis.

FEVER CASES—The high carbohydrate content and caloric value of Cocomalt make it extremely valuable in treating fever cases. It saves body proteins.

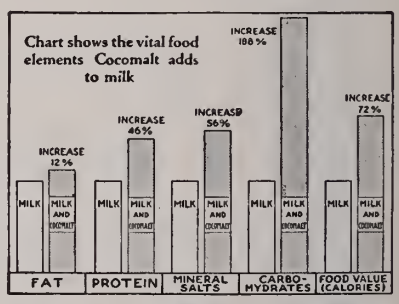
EXPECTANT MOTHERS—During pregnancy, Cocomalt answers the great need for Vitamins B and D. Provides the additional food needed by the developing foetus.

NURSING MOTHERS—Cocomalt provides necessary food elements for the production of milk, without inducing constipation.

Cocomalt—the delicious food drink—adds 70% to the caloric value of milk.

FREE
to Physicians

We would like to send you a trial can for testing. Coupon brings it to you—*free.*



Cocomalt

DELICIOUS HOT OR COLD



ADDS 70% MORE NOURISHMENT TO MILK

R. B. DAVIS CO., Dept. AT-4, Hoboken, N. J.
Please send me, without charge, a trial can of Cocomalt.
Name .....
Address .....
City ..... *State* .....

RADON

ACCEPTED AMERICAN MEDICAL ASSN Chemistry, Pharmacy and Chemotherapy

GOLD RADON IMPLANTS OF PROVED VALUE IN THE TREATMENT OF CANCER. USED BY MAJOR CANCER CLINICS.

Literature on Request

RADON COMPANY, Inc.
1 East 42nd St., New York
Telephones: Vanderbilt 3-2811; 3-2812

Columbus Radium Laboratory

Radium
and
Deep X-Ray Therapy

EDW. REINERT, Ph.G., M.D.
350 E. State St., Columbus, O.
Bell, Main 1537

CHAS. F. BOWEN, M.D.

SPECIALIZES
in
Superficial Malignancies
Removal of Foreign Bodies
Radium and X-Ray
Diagnosis and Therapy

332 E. State Street
COLUMBUS, OHIO

RADIUM RENTAL SERVICE

BY

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to Physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

CAREFUL CONSIDERATION WILL BE GIVEN INQUIRIES CONCERNING CASES IN WHICH THE USE OF RADIUM IS INDICATED.

The Physicians Radium Association
1307 Pittsfield Bldg., 55 E. Washington St.,
CHICAGO, ILL.
Telephones Central 2268-2269
Wm L. Brown, M.D., Director.

BOARD OF ADVISORS
William L. Baum, M.D. Bennett R. Parker, M.D.
Frederick Menge, M.D. Walter S. Barnes, M.D.
Louis E. Schmidt, M.D. S. C. Plummer, M.D.

This laboratory is approved by the Council on Medical Education and Hospitals of the American Medical Association

Langdon-Meyer Laboratories

OFFER A COMPLETE 24 HOUR SERVICE ON WASSERMANNS—INCLUDING, WATER-BATH; ICE-BOX; AND KAHN TEST.

Fee—$5.00

Send for our Fee Table

519 Main Street **CINCINNATI, OHIO**

Sixth District

Mahoning County Medical Society held its regular meeting on Tuesday, February 24 at the Youngstown Club, with 145 members in attendance. Dr. P. Brooke Bland, Professor of Obstetrics, Jefferson Medical College, Philadelphia, spoke on the subject of "Leucorrhea; Its Significance and Treatment". Emphasis was placed on the pathogenicity and morbidity of the Trichomonas Vaginalis. Due credit was given to Dr. David H. Wenrick, Professor of Zoology, University of Pennsylvania, for the study of the morphology. Motion pictures illustrated the active parasite and the methods of treatment. Dr. Bland conducted an operative clinic at the Youngstown Hospital during the morning.—John U. Buchanan, Correspondent.

The annual banquet of the Mahoning County Medical Society was held on Tuesday evening, March 10, at the Youngstown Club, with Dr. John W. Davis, of New York, a well-known humorist, as speaker.—Bulletin.

Portage County Medical Society met in the office of Dr. Krape, Kent, on Thursday evening, March 5. A paper on "Conservation of Hearing" was presented by Dr. L. E. Brown, of Akron, with discussion opened by Dr. H. W. Bennett, of Ravenna. Case reports were presented by Drs. H. C. Hurd of Hiram, and I. M. Huffman, of Ravenna. An important feature of the business session was the consideration of the report of the Committee on the New Hospital Building, to be erected at Ravenna.—E. J. Widdecombe, Secretary.

Stark County Medical Society held its March meeting at the Canton Woman's Club, Canton, on Tuesday evening, March 10. The following program was presented: "Few Factors in Causation of Stealing", by Dr. John D. O'Brien, Canton; discussed by Dr. Henry C. Schumacher, Director, Child Guidance Clinic, Cleveland, and Hon. James August, Prosecuting Attorney, Stark County, Canton; "Cerebrospinal Fluid Pathways" with Lantern Slide Demonstration, by Dr. J. Fremont Bateman, Neurological Department, University of Cincinnati.—Bulletin.

Summit County Medical Society held its regular meeting at the Akron City Club on Tuesday evening, March 5. Dr. R. W. Scott, Professor of Clinical Medicine, Western Reserve University, School of Medicine, Cleveland, spoke on "Heart Disease, Chief Barrier to Longevity". The program was preceded by a dinner at the Club. Dr. Scott conducted a cardiovascular clinic at the Akron City Hospital from 2 to 4:30.—Bulletin.

Seventh District

Belmont County Medical Society held a well-attended meeting at Kilkenny Inn, Bellaire, on Thursday afternoon, February 5, with Dr. C. H. Maxwell, Morgantown, West Virginia, President of the West Virginia State Medical Association as guest speaker. Following the program, a chicken dinner was served.—News Clipping.

Columbiana County Medical Society met at the East Liverpool County Club, Thursday evening, March 19, for a joint session with the Columbiana County Dental Society. A symposium on "Pulpless Teeth as Foci of Infection", with demonstration by slides and motion pictures, was presented as follows: "As a Biological Problem", by E. Alfred Wood, Ph.D., Professor of Biology, University of Pittsburgh; "As a Problem for the Physician and Dentist", by L. E. VanKirk, D.D.S., of Pittsburgh; "Methods Used in This Study", by W. F. Swanson, D.D.S., Pittsburgh; "Experimental Results", by N. C. Ochsenhirt, M.D., Pittsburgh; "Clinical Aspects", by James H. Barach, M.D. The program was preceded by a dinner.—Bulletin.

Tuscarawas County Medical Society met on Thursday evening, February 12 at the council chamber, Dover, for its regular monthly meeting. A discussion of subjects of current interest to the profession was participated in by members present. Motion pictures on scientific subjects were presented by a representative of the Petrolagar Laboratories, Chicago.—News Clipping.

URINE
BLOOD
SPUTUM
EFFUSIONS
STOMACH CONTENTS
WASSERMAN & KAHN PRECIPITIN TESTS
GONORRHEAL COMPLEMENT FIXATION TEST
BLOOD CHEMISTRY
PROTEIN SENSITIZATION TESTS
BASAL METABOLISM
AUTOGENOUS VACCINES
FAECES
GENITO-URINARY SURGICAL and GYNECOLOGICAL PATHOLOGY
DARK FIELD ILLUMINATING FOR SPIROCHETA PALLIDA
MEDICO-LEGAL POST-MORTEMS
X-RAY

LABORATORY

Clinical and Pathological

Approved by the American Medical Association

Columbus, Ohio 370 E. Town Street

DIRECTOR

J. J. Coons, B. Sc., M.D., D. Sc.
Dorris Coss, B. Sc., M. Sc.
Frances Coup, A. B.
Flora Moone

PROMPT SERVICE
Immediate Report on Frozen Sections of all Tumors.
ESTABLISHED 1904

Physicians' Service

QUALITY FIRST

We are exclusive manufacturers of Pharmaceuticals, U. S. P. and N. F. Preparations, Specialties, Tablets, Ointments, Ampoules, Suppositories, Effervescents, etc., for Physicians Dispensing and Prescribing.

NOTHING SOLD AT RETAIL EXCEPT ON ORDER OF PHYSICIAN

Offices and Laboratories
330-336 OAK STREET, EAST
One-half Square North of Grant Hospital and Carnegie Library.

THE
COLUMBUS PHARMACAL CO.
COLUMBUS, OHIO

X-Ray Film Consultation



A service for Physicians who do their own X-Ray work and are in doubt as to the interpretation. Detailed reports will be made.

A brief case history sent with the films will assist in the diagnosis.

Correspondence solicited.

HUGH J. MEANS, M.D.
683 East Broad St.,
Columbus, Ohio

X-RAY DIAGNOSIS AND THERAPY

LABORATORY

Service and Consultation

James A. Beer, B.Sc., A.M., M.D.

21 East State Street Columbus, Ohio

Telephone, ADams 3847

Eighth District

Athens County Medical Society held its regular meeting at the Presbyterian Church, Athens, on Monday, March 2, with 21 members present. A dinner was served at noon by the ladies of the church. The speaker for the session was Dr. John Sprague, of Athens.—News Clipping.

Fairfield County Medical Society met at the Florentine in Lancaster on Tuesday, February 17. Following luncheon and a short business session, Dr. Wells Teachnor, Jr., of Columbus, gave an interesting address on "Mesenteric Adenitis".—News Clipping.

Guernsey County Medical Society held its semi-monthly meeting on Thursday, February 19, with a luncheon at the noon hour at the Romance restaurant, Cambridge. Dr. R. A. Ramsey, Columbus, gave a splendid address on "Endocrine Therapy", which was well received by the members of the Society. The first March meeting of the Society was held on Thursday, March 5 at the Romance restaurant, with Dr. F. C. Huth, of the local society as speaker. His topic, "Indications for Hysterectomy", was well received. Dr. Huth is chief surgeon to Wells Hospital, Cambridge.—D. L. Cowden, Correspondent.

Muskingum County Academy of Medicine met in the American Legion rooms, Zanesville, on Wednesday evening, March 4. A paper on "Possibilities in the Treatment of Prostatic Disease without Surgery", was presented by Dr. S. W. Obenour, and "Exfoliative Dermatitis" was the subject of a paper presented by Dr. R. D. Bateman.—Bulletin.

Washington County Medical Society held its regular meeting on Wednesday evening, February 11, in Marietta. The visiting speaker was Dr. B. S. Parks, Parkersburg, West Virginia, who discussed the subject of "Non-Surgical Drainage of Biliary Tract".—Bulletin.

Ninth District

Jackson County Medical Society met at the Cambrian Hotel, Jackson, on Tuesday evening, February 3, for its annual election of officers, which resulted as follows: President, Dr. Gomer Jones, Oak Hill (re-elected); vice-president, Dr. J. L. Frazer, Jackson; secretary-treasurer, Dr. W. R. Riddell, Jackson, (re-elected). Dr. George Lyons, Huntington, West Virginia, was the speaker of the evening. Among the pediatric subjects discussed were "Pneumonia in Children", "Otitis Media", and "Prevention of Mastoiditis".—News Clipping.

Scioto County—The regular meeting of the Hempstead Academy of Medicine was held on Monday evening, March 9, at the Nurses' Home, Portsmouth. Dr. Clifford Straehley, Cincinnati, spoke on "Practical Treatment of Diseases of the Heart"; discussion was opened by Dr. J. N. Ellison, of Portsmouth. Buffet lunch was served at the close of the meeting.—Bulletin.

INTENSIVE TWO WEEKS' COURSE IN SURGICAL TECHNIQUE

Arranged for the General Surgeon to make every minute count. General, Gynecological, Rectal, Urological, Orthopedic and Goiter Surgery.

Supervised cadaver and dog surgery by the student surgeons. LOCAL, Spinal and Regional anesthesia emphasized.

Beginning the first Monday of each Month

ALSO COURSES IN X-RAY, LABORATORY AND ANESTHESIA

Write for descriptive pamphlets

POST GRADUATE HOSPITAL AND MEDICAL SCHOOL

2400 S. Dearborn Street CHICAGO, ILL.

CLASSIFIED ADVERTISEMENTS

Rates for advertisements under this heading are 50 cents per line, payable in advance. Minimum charge of $1.00 for each insertion. Price covers the cost of remailing answers. Forms close 16th of the month preceding publication.

Situation Wanted—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan Chicago. Established 1896. Member of Chicago Association of Commerce.

Speeches, special articles, papers on special subjects, prepared from the latest data and authorities, for busy physicians. Prompt service extended at reasonable rates in an expert manner to your requirements. Authors' Research Bureau, 516 Fifth Ave., New York.

Assistance Offered to Medical Writers. Researcb. Abstracts. Translations (all languages). Papers prepared from authors' data. Ten years' experience with leading physicians and appointments on medical journals of highest standing. I employ no assistants, all my work is done personally and is reliable. Florence Annan Carpenter, 413 St. James Place, Chicago.

For Sale—Ideal location for physician or surgeon. Southern Ohio, 10,000 population. Bargain. Terms. Address, W. S. J., care *Ohio State Medical Journal.*

For Sale—Physician's home and office adjoining, 11 rooms. Northern Ohio. Price assessed value, good practice thrown in; money from the start. Rare chance; all money not necessary. Specializing in another city. Address M. M., care *Ohio State Medical Journal.*

For Sale—At once. Proctologist's office 35 years. Fixtures, Drugs, Books and Instruments. Near center city 200,000. Rent moderate, heat and janitor furnished. Sudden health condition reason. Address G. S., care *Ohio State Medical Journal.*

Location—For an up-to-date physician. For information write Ellis C. Mace, Proctorville, Ohio.

Situation Wanted—M. D., single, age 28, with excellent qualifications, desires association, preferably with surgeon. Three years hospital training. Cleveland or vicinity preferred.—Address C. H., care *Ohio State Medical Journal.*

For Sale—Established urological practice of deceased physician, in a town of 50,000. Office furniture, equipment and complete set of urological instruments. Inquire of Dr. J. R. Welch, Spencerville, Ohio.

Tenth District

COLUMBUS ACADEMY OF MEDICINE

(James A. Beer, M.D., Secretary)

February 3—Program for the regular meeting of the Academy, held Monday evening, February 3 at Columbus Public Library, included a symposium on "Causes and Treatment of Headaches". Dr. Jonathan Forman discussed the subject from

ILETIN
INSULIN~LILLY



INSULIN

"AN EPOCH IN THE HISTORY OF MEDICINE"

"A BOON TO THE HUMAN RACE"

ELI LILLY AND COMPANY *Indianapolis U.S.A.*

PULVULES

SODIUM AMYTAL LILLY

Sodium Iso-amyl-ethyl barbiturate

FOR ORAL USE

A preliminary to anesthesia induction



PULVULES SODIUM AMYTAL

ADMINISTERED ORALLY OR RECTALLY

Each Filled Capsule Contains 3 Grains Sodium Iso-amyl-ethyl barbiturate

Write for Literature Supplied through the Drug Trade

Progress Through Research

ELI LILLY AND COMPANY

INDIANAPOLIS, U. S. A.

THE NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL
(ORGANIZED 1881)

THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

GASTRO-ENTEROLOGY
PROCTOLOGY
and
ALLIED SUBJECTS

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street NEW YORK CITY

The Wendt-Bristol Company

Two complete ethical stores in Columbus

51 E. State St. 721 No. High St.

for the convenience of the Physicians and Surgeons—and the many people they serve

Two Prescription Departments

maintained in a high class manner with eight registered Pharmacists

Other Complete Departments

OFFICE EQUIPMENT
PHYSIO THERAPY APPARATUS
HOSPITAL SUPPLIES
HEALTH FOODS

W-B Pharmaceutical Supplies

JOBBING STOCKS ALL LEADING MANUFACTURERS

Antitoxins and Vaccines in Special Refrigeration Plants

Prompt Service on Phone Orders

LABORATORY APPARATUS

Coors Porcelain **Pyrex Glassware**
R. & B. Calibrated Ware
Chemical Thermometers
Hydrometers **Sphygmomanometers**

J. T. Baker & Co's C. P. Chemicals

Stains and Reagents
Standard Solutions

BIOLOGICALS

Serums	Bacterins	Media
Antitoxins	Vaccines	Pollens

We are completely equipped, and solicit your inquiry for these lines as well as for Pharmaceuticals, Chemicals and Supplies, Surgical Instruments and Dressings.

The Rupp & Bowman Co.

319 Superior St. Toledo, Ohio

the standpoint of diet; Sinus infections were given as the cause of many headaches in a paper presented by Dr. C. B. Silbernagel; Relation of eyestrain to headaches was discussed by Dr. D. M. Johnson; and Headaches caused by nervous disorders were discussed by Dr. George T. Harding, III.

February 10—Methods used by the ancients in the treatment of headaches and epilepsy, were described by Dr. J. H. J. Upham, dean of the College of Medicine, Ohio State University, in giving the history of coma. Other speakers on the subject included Drs. S. A. Hatfield, Earl E. Gaver, and Edwin J. Stedem.

February 16—The History of Tularemia was outlined in a symposium presented at the meeting of the Academy, held at the Nurses' Home of St. Francis Hospital. Other topics discussed included skin-grafting, treatment of cysts, and gallstone recurrence following prostatectomy. Speakers included Drs. Luke V. Zartman, I. B. Harris, Ernest Scott, Paul W. Palmer, and G. H. Shawaker, and Mr. Leo F. Ey, of the Laboratories of the State Department of Health.

February 23—Regular meeting of the Academy held at Columbus Public Library, with program devoted to a Clinico-pathological Conference on Nephritis, participated in by Drs. Ernest Scott, S. A. Hatfield, G. I. Nelson, Clayton S. Smith, and Harry L. Reinhart.—News Clippings.

Knox County Medical Society held its regular noon luncheon meeting at the Alcove, in Mt. Vernon, on Friday, February 27. The speaker was Mr. Julius Headington, Knox county representative to the Ohio General Assembly.—News Clipping.

Union County Medical Society held a dinner meeting at the Park Hotel, Magnetic Springs, on Tuesday evening, March 3, with members from adjoining county medical societies as guests. Speakers included Dr. D. C. Houser, Urbana, President-elect of the Ohio State Medical Association, and Dr. J. F. Baldwin, of Columbus.—News Clipping.

HOSPITAL NOTES

—A staff of thirteen physicians for the St. Francis Hospital for Incurables, Cincinnati, has been announced as follows: Drs. F. M. Solar, W. C. Schmidter, R. C. Gaston, E. D. Allgaier, D. E. Weaver, E. R. Swepston, Harry Stevens, George Stevens, F. X. L. Baurichter, R. C. Peale, Amos E. Stueve, Louis Feid, Jr., and Thomas J. Ball.

—Work is well underway on the new $1,800,000 Springfield Municipal Hospital.

—A farm of 420 acres near London, Madison

In using lactic acid milk for infant feeding, physicians find Mead's Powdered Non-curdling Lactic Acid Milk No. 1 (containing Dextri-Maltose) the simplest and most satisfactory medium for the preparation of lactic acid milk in the home or hospital. The proper amount of carbohydrate incorporated in this product correlates the lactic acid content, so that it is always ready for use. This product never curdles. Samples and literature sent on request. Mead Johnson & Company, Evansville, Ind., U.S.A.

DIABETICS
have palatable
Starch-free Bread
when you prescribe
Listers
DIETETIC FLOUR
Self-rising — contains no starch, no gluten
Ask for nearest Depot or order direct
LISTER BROS. Inc. 41 East 42nd Street NEW YORK, N. Y.



To the PEDIATRICIAN:



"Babies deprived of mother's milk find a food closely resembling it chemically and physically in formulas prepared with evaporated milk . . . In the transformation of raw cow's milk into evaporated milk, the protein and fat are given physical properties like the protein and fat of breast milk. . . . Laboratory tests, therefore, would indicate that Unsweetened Evaporated Milk is the best form of cow's milk for preparing the feeding formula."—*Archives of Pediatrics, October, 1930.*

Wilson's Evaporated Milk brings to you the maximum of wholesomeness and safety in your feeding formulas. Clinical samples, also information and literature will be forwarded to physicians upon request.

WILSON'S MILK COMPANY
728 CHAMBER OF COMMERCE BLDG., INDIANAPOLIS, IND.

Mellin's Food

ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods

A Real Milk Modifier

accomplishing more than supplying maltose and dextrins in building up the carbohydrate content of a baby's diet—*important as this is acknowledged to be*—for Mellin's Food assists materially in the digestion of milk by changing the physical condition of the coagulated casein into a soft, flocculent, sponge-like curd, readily permeated by the fluids of the stomach and incapable of forming in tough, tenacious masses.

It is a matter of common knowledge that the chief obstacle to surmount in the management of an infant's diet is the trouble most babies have in digesting the casein portion of milk protein, so the fact that Mellin's Food overcomes this difficulty is a long step toward simplifying infant feeding, for other necessary adjustments are relatively easy.

Literature and samples sent to physicians upon request—carrying charges prepaid.

Mellin's Food Company **Boston, Mass.**

Curdolac Breakfast Food.
Curdolac Casein Bran Improved Flour.
Curdolac Casein Compound.
Curdolac Soya-Bran Breakfast Food.
Curdolac Soya-Bran Flour.
Curdolac Soya Cereal Johnny Cake Flour.
Curdolac Soya Flour.
Curdolac Wheat-Soya Flour.

Curdolac Foods Aid the Physician in Outlining DIABETIC DIETS

With these foods an attractive, palatable, satisfying and diversified diet is possible for every diabetic. Literature and samples on request.

CURDOLAC FOOD COMPANY Box 299 Waukesha, Wisconsin

The Ohio State Nurses' Association

Official Registries for Nurses

District No. 1—42 Hawthorne Ave., Akron, Ohio. Phone: Lincoln 0600
District No. 3—149 Hollywood Ave., Youngstown, Ohio. Phone: 2-1171
District No. 4—2157 Euclid Ave., Cleveland, Ohio. Phone: Prospect 1951
District No. 8—Room 1112 Chamber of Commerce Bldg., Cincinnati, Ohio Phone: Main 7142
District No. 9—1930 Robinwood Ave., Apartment 40, "The Scotwood," Toledo, Ohio. Phone: Main 7962
District No. 12—398 N. Garfield Ave., Columbus, Ohio. Phone FAirfax 3615
District No. 15—Portsmouth General Hospital, Portsmouth, Ohio. Phone: 559

County, has been presented to the White Cross Hospital, Columbus, by Mrs. Amelia O'Day of London.

—Drs. S. U. Sivon, Paul H. Zinkham and George Waggoner were members of a party representing the building commission of the new Portage County Hospital which recently completed a tour of a number of hospitals throughout the state to obtain ideas to be incorporated in plans for the new Portage County institution.

—A civic movement has been launched at Lima to induce Congress to construct a U.S. Veterans' Hospital at Lima.

—Ohio Valley Hospital, Steubenville, has received a gift of $5000 from Mrs. Emma Carter Sharpe to buy laboratory equipment.

—The Middletown Hospital was bequeathed $2000 under the will of the late Miss Josephine Breeding, former school teacher.

—Dr. W. N. Mundy, Forest, has been elected president of the board of trustees of the McKitrick Hospital, Kenton. Among trustees elected were Dr. Mundy, Dr. J. K. Evans, McGuffey, and Dr. W. H. Rabberman, Forest.

—Extensive improvements are being made to the heating and water systems of the Tiffin Mercy Hospital.

—Miss Miriam Kehler has resigned as superintendent of the Van Wert County Hospital, effective June 1.

—Shelby Memorial Hospital, Shelby, is bequeathed $1000 under the terms of the will of the late Mary Pittenger.

—The medical staff of Bethesda Hospital, Cincinnati, has been organized for the year as follows:

Medicine—Dr. A. R. Walker, Director; Doctors E. B. Snyder, E. M. Craig, William L. Freyhof, C. E. Geiser, Lincoln Phillips, George E. Rockwell.

Surgery—Dr. J. S. Hagen, Director; Doctors E. B. Shewman, B. N. Carter, J. A. Caldwell, J. A. Davis, C. T. Souther.

Gynecology—Dr. C. E. Eha, Director; Doctors H. H. Wiggers, H. P. Fischbach.

Obstetrics—Dr. F. H. Miketta, Director; Doctors D. J. Davies, William D. Porter, Thad. R. Gillespie.

Eye, Nose, Throat—Dr. C. S. Amidon, Director; Doctors F. D. Phinney, V. Fischbach, J. R. McCleary, W. H. Smith, C. C. Jones.

Ear—Dr. M. F. McCarthy.

Orthopedics—Dr. C. W. Betzner, Director; Dr. Walter R. Griess.

Urology—Dr. E. O. Smith, Director; Dr. E. O. Swartz.

Neurology—Dr. W. C. Kendig, Director; Dr. A. W. Foertmeyer.

Dermatology—Dr. George Holt, Director; Dr. Karl G. —Zwick.

Dental Surgery—Dr. V. B. Dalton, Director; Dr. C. H. Burmeister.

Radiography—Dr. E. R. Bader.

Pathology—Dr. O. Berghausen.

Pediatrics—Drs. William J. Graf, C. W. Beaman.

Children's Hospital Committee—Dr. William J. Graf, Director; E. B. Snyder.

Anesthesia—Dr. E. V. Stewart, Director; Dr. F. H. Harris.

Members of the Junior Staff—Doctors L. M. Buckner, Harry M. Crum, R. L. Crudgington, Nancy E. Finney, Frederick A. Fischer, Paul D. Grove, Joseph N. Ganim, William Gillespie, D. W. Heusinkveld, Ralph Kuhn, H. P. Lyle, Ivan S. Johnson, J. S. Mathews, J. H. McLachlin, H. G. Nelson, B. H. Nellans, R. E. Raitz, H. W. Reid, C. J. Straehley, Paul Woodward.

The following interns were appointed:

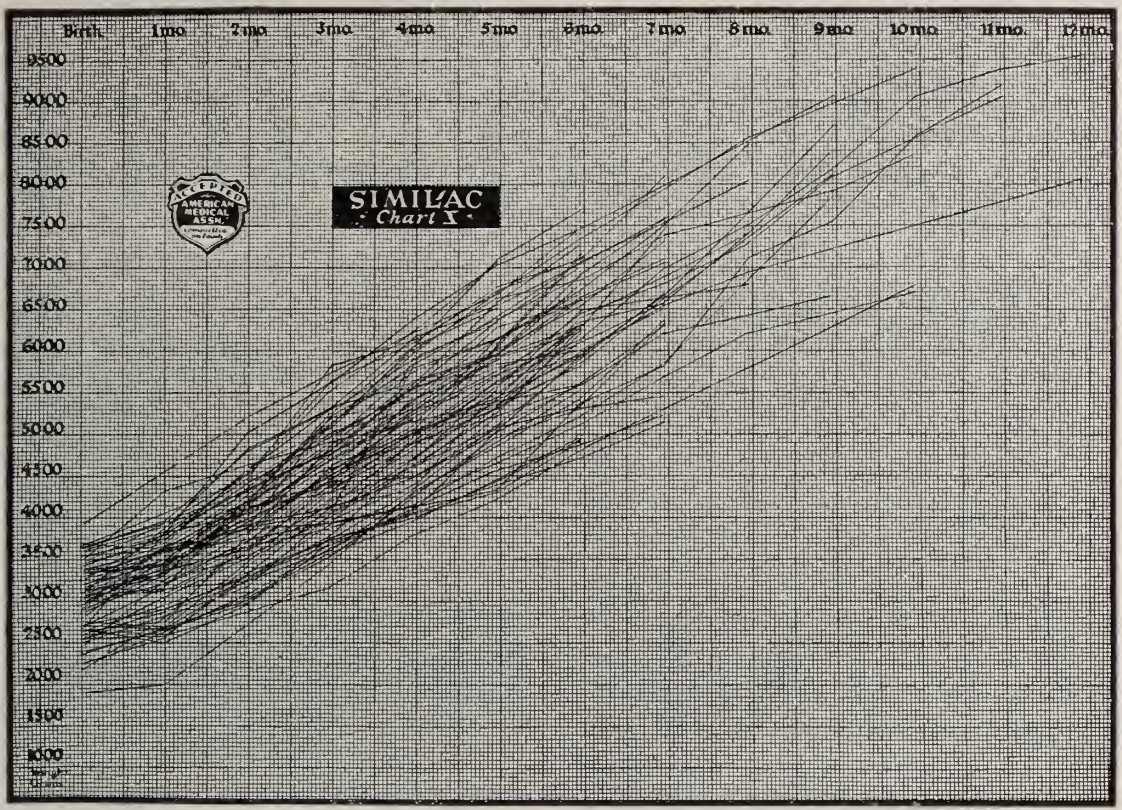
Dr. Vivien M. Amidon, graduate University of Cincinnati Medical College; Dr. D. P. Donisi, graduate of Hahnemann Medical College, Philadelphia, Pa.; Dr. Fred F. Shepard, graduate New York Homeopathic Medical College, New York City; Dr. Grace Ferry Brown, graduate University of Louisville Medical College; Dr. W. L. Strohmenger, graduate University of Louisville Medical College; Dr. L. S. Hirsh, graduate University of Louisville Medical College.

—Dr. Malcolm L. McInnes has been appointed resident physician at the Toledo Mercy Hospital.

—Dr. H. N. Donaldson has been re-elected president of the Bellevue Hospital Association.

—Dr. J. C. M. Floyd has been elected a member of the board of directors of the Ohio Valley Hospital, Steubenville.

—LaRue Bird has resigned as superintendent of the Massillon City Hospital. His successor has not been chosen.



Recorded Results of 75 Consecutive Cases Fed With Similac Over a Period of Six Months or Longer.

The weight curves reported on the chart are taken from the hospital records where 75 consecutive cases were fed Similac as a substitute for breast milk.

Duration of Feeding—Six Months or Longer

Each line represents the weight curve of one infant, and the age of the infant at the time the chart was made, all cases here recorded still being fed Similac. No weight curve has been recorded on this chart unless the infant had been on the feeding of Similac for at least six months.

Formula Used

The infants were started on Similac at birth, the Similac being prepared in the proportion of one ounce of Similac by weight to 7½ ounces of water, and were fed an amount of this mixture daily, each feeding period lasting not longer than twenty minutes. The amount of Similac offered the infants was in accordance with their demand for food, there being no set rule as to the quantity which was given. At no time were they urged to take all food offered.

Accessory Foods

In addition to the feeding of Similac, each infant received four c.c. of cod liver oil and at least one ounce of orange juice or two ounces of tomato juice daily. The amount of orange or tomato juice was gradually increased. Vegetable pulp and cereals were added to their diets, but in all cases Similac constituted the only milk feeding that the infants, whose weights are represented on this chart, received.

No Intestinal Disturbances

One of the most striking features of these cases was the lack of intestinal disturbances. The hospital histories of these seventy-five cases do not record a single instance where the feeding of Similac had to be discontinued because of a gastro-intestinal upset. Neither do they record the administration of any cathartic. The fact that not one of them had to have its diet changed because of an intestinal upset is rather remarkable in view of the possibility of cross infection which always exists in a hospital.

Results in Your Practice

In your private practice Similac will give you just as good results. Mail us your prescription blank for a supply of Similac to be sent to convince you that it is possible to duplicate, in your private practice, the recorded results as shown on this chart.

M & R DIETETIC LABORATORIES, Inc.
COLUMBUS, OHIO

—Representatives of Marion, Hardin, Union, Logan and Delaware counties met recently to discuss a proposed district tuberculosis hospital. Further meetings are planned.

—Commissioners of Hamilton County have applied to the Department of Buildings for a permit to construct a six-story wing to the County Tuberculosis Hospital.

—Size of the new Lima Memorial Hospital has been fixed definitely at 144 beds by the hospital building committee.

—Bishop Joseph Schrembs of the Cleveland Catholic diosese has confirmed the appointments to the staff of the Cleveland Charity Hospital, recently made by the faculty of the School of Medicine, Western Reserve University. Dr. L. W. Ladd was named chief of staff. Other appointments were:

Consulting staff, consulting gynecologist, Dr. W. H. Humiston; consulting physician, Dr. J. E. Cook.

Visiting staff, visiting physician, Dr. F. J. Geib, associating visiting physicians, Dr. A. A. Jenkins and Dr. J. C. Placak; assistant visiting physicians, Dr. M. M. Levine, Dr. E. W. Parsons and Dr. F. J. Savage.

Assistant visiting dermatologist, Dr. R. N. Inch; assistant visiting pediatrists, Dr. L. S. Kish, Dr. J. J. Zickas and Dr. H. Robertson; associated visiting surgeons, Dr. E. P. Monaghan, Dr. F. S. Gibson and Dr. W. J. Sheehan.

Assistant visiting surgeons, Dr. W. H. Odell, Dr. H. C. Nash and Dr. A. C. J. Brickel. Ophthalmology, assistant visiting ophthalmologist, Dr. D. G. Allen, Otolaryngology, associate visiting otolaryngologist, Dr. C. W. Engler; assistant visiting otolaryngologists, Dr. C. H. Stoffregon and Dr. Charles Berns.

Urology, associate visiting urologist, Dr. L. F. Huffman and Dr. N. R. Trattner; assistant visiting urologists, Dr. M. B. King, Dr. H. S. Wright and Dr. C. H. Kuhlman, Neurological surgery, associate visiting surgeon, Dr. O. C. Bell. Proctology, associate visiting proctologist, Dr. C. C. Perry.

—Formal opening of the newly remodeled Mary Rutan Hospital, Bellefontaine, was held New Year's Day.

—Dr. F. D. Phinney is the new president of the medical staff of Bethesda Hospital, Cincinnati. Dr. C. S. Amidon is vice president and Dr. C. E. Eha, secretary-treasurer.

An *X*-ray machine has been purchased by the Marion City Hospital.

—Rev. A. G. Lohmann, for the past sixteen years superintendent of the Cincinnati Deaconess Hospital and a dominant figure in Ohio hospital circles for many years, has resigned as superintendent of that institution. Rev. Mr. Lohmann, who will be 70 years of age next June 12, in tendering his resignation stated that because of his age he felt he should be released from the duties of that position. He is a former member of the State Board of Charities and Corrections, a charter member of the Ohio Hospital Association, a past president of that organization and for fifteen years a member of its board of trustees.

William H. Frersing, Cincinnati public accountant, has been named superintendent and financial secretary of the Cincinnati Deaconess Hospital, succeeding Rev. Lohmann. Mr. Frersing has been a member of the board of directors of the hospital for a number of years.

Mercurochrome
220 Soluble
(Dibrom-oxymercuri-fluorescein)

The Stain Provides for Penetration
—and—
Fixes the Germicide in the Tissues

Mercurochrome is bacteriostatic in exceedingly high dilutions and as long as the stain is visible bacteriostasis is present. Reinfection or contamination are prevented and natural body defenses are permitted to hasten prompt and clean healing, as Mercurochrome does not interfere with immunological processes. This germicide is non-irritating and non-injurious when applied to wounds.

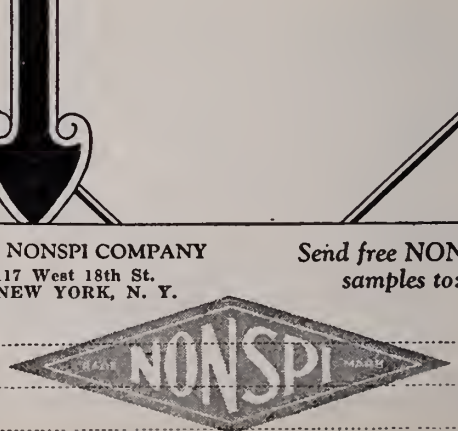
Hynson, Westcott & Dunning
Inc.
BALTIMORE, MD.

Nonspi
For Excessive Armpit Perspiration
Physician's samples sent without cost or obligation.

THE NONSPI COMPANY
117 West 18th St.
NEW YORK, N. Y.

Send free NONSPI samples to:

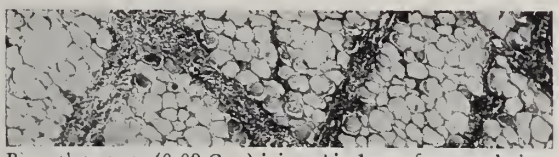
Name.....
Street.....
City.....



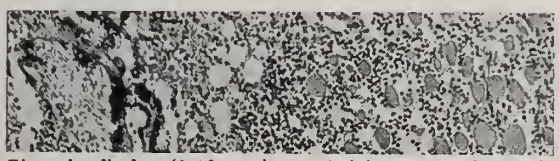
AN ANTISYPHILITIC AGENT THAT WILL NOT PRECIPITATE IN THE TISSUES

THIO-BISMOL

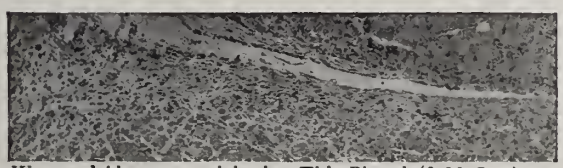
Careful studies have been carried out in our Research Laboratories with reference to the local injuries produced by the injection into the tissues of various bismuth preparations. The photographs reproduced below reflect the results of experiments with three types of bismuth preparations used for the treatment of syphilis:



Bismuth tartrate (0.09 Gm.) injected in 1 cc. of water solution. Tissues excised at end of 48 hours. The bismuth has been precipitated in connective tissue trabeculae by tissue fluids. All tissue structures entirely necrotic.



Bismuth salicylate (0.13 Gm.) was administered deep in muscle in 1 cc. of oil with chloretone. Tissues excised at end of seven days. Injected site shows leucocyte infiltration, some muscle fibre destruction, oil lakes and some unabsorbed bismuth. Injury is comparatively mild.



Water-soluble, non-precipitating Thio-Bismol (0.20 Gm.) was administered in 1 cc. of water solution. Tissues excised at end of 7 days. Site of injection presents a young connective tissue scar. Unusually rapid healing of injured tissues.

Accepted

FOR N. N. R. BY COUNCIL ON PHARMACY AND CHEMISTRY OF THE A. M. A.

BISMUTH, in suitable chemical form, ranks next to arsphenamines as an antisyphilitic agent. In the form of Thio-Bismol (sodium bismuth thioglycollate) it is taken up promptly and completely from the site of injection (the muscle tissues), reaching every part of the body within a short time with rapid therapeutic effect.

The injections cause a minimum of tissue damage, for Thio-Bismol is not only water-soluble but it will not precipitate in the tissues at the site of injection. The injections are usually so well borne and their effects so manifest that the patient is more than willing to continue the treatment for the necessary length of time.

PACKAGES

Boxes of 12 and 100 ampoules (No. 156), each ampoule containing one average adult dose (0.2 Gm.—3 grs.) of Thio-Bismol, to be dissolved, as needed, in sterile distilled water, a sufficient amount of which is supplied with each package.

Write for Booklet on Thio-Bismol
It Will Be Sent You Promptly

PARKE, DAVIS & CO.

The World's Largest Makers of Pharmaceutical and Biological Products

DETROIT NEW YORK CHICAGO KANSAS CITY ST. LOUIS BALTIMORE NEW ORLEANS
MINNEAPOLIS SEATTLE *In Canada:* WALKERVILLE MONTREAL WINNIPEG

The Ohio State Medical Association

STANDING COMMITTEES
(Constitutional)

PUBLIC POLICY

John B. Alcorn, Chairman, (1933) Columbus
J. H. J. Upham, (1931) Columbus
H. S. Davidson, (1932) Akron
C. W. Waggoner, (ex-officio) Toledo
D. C. Houser, (ex-officio) Urbana

PUBLICATION

Andrews Rogers, Chairman (1931) Columbus
Gilbert Micklethwaite, (1932) Portsmouth
A. B. Denison, (1933) Cleveland

MEDICAL DEFENSE

J. E. Tuckerman, Chairman, (1931) Cleveland
F. P. Anzinger, (1932) Springfield
W. H. Snyder, (1933) Toledo

MEDICAL EDUCATION AND HOSPITALS

Ben R. McClellan, Chairman, (1931) Xenia
R. H. Birge, (1932) Cleveland
John F. Wright, (1933) Toledo

MEDICAL ECONOMICS

J. Craig Bowman, Chairman, (1933) Upper Sandusky
Geo. Edw. Follansbee, (1931) Cleveland
E. O. Smith, (1932) Cincinnati

SPECIAL COMMITTEES

MENTAL HYGIENE COMMITTEE

C. W. Stone, Chairman Cleveland
E. J. Emerick Columbus
O. O. Fordyce Toledo
Wm. H. Pritchard Columbus
T. A. Ratliff Cincinnati

PERIODIC HEALTH EXAMINATIONS

B. J. Hein, Chairman Toledo
C. W. Brown Lancaster
Kelley Hale Wilmington
M. V. Replogle Bryan
V. C. Rowland Cleveland

MILITARY COMMITTEE

H. H. Snively, Chairman Columbus
John L. Beach Seville
Byron Bing Pomeroy

COUNCIL COMMITTEES

AUDITING AND APPROPRIATIONS

S. J. Goodman, Chairman Columbus
E. R. Brush Zanesville
John A. Caldwell Cincinnati

PROGRAM 1931 ANNUAL MEETING

D. C. Houser, Chairman Urbana
D. J. Slosser Defiance
S. J. Goodman, Secretary Columbus

ARRANGEMENTS 1931 ANNUAL MEETING

D. J. Slosser, Chairman Defiance
C. L. Cummer Cleveland
D. W. Stevenson Akron

Delegates and Alternates to American Medical Association

DELEGATES		ALTERNATES	
J. P. DeWitt (1931)	Canton	G. F. Zinninger (1931)	Canton
C. E. Kiely (1931)	Cincinnati	L. H. Schriver (1931)	Cincinnati
C. W. Waggoner (1931)	Toledo	J. L. Henry (1931)	Athens
Wells Teachnor, Sr. (1932)	Columbus	D. H. Morgan (1932)	Akron
Ben R. McClellan (1932)	Xenia	A. C. Messenger (1932)	Xenia
E. R. Brush (1932)	Zanesville	H. S. Noble (1932)	St. Marys
Geo. Edw. Follansbee (1932)	Cleveland	C. L. Cummer (1932)	Cleveland

SECTION OFFICERS FOR 1930-1931

MEDICINE

Julien E. Benjamin, Chairman
19 W. Eighth St., Cincinnati
Leo C. Bean, Secretary
Gallipolis

SURGERY

Fred M. Douglass, Chairman
421 Michigan St., Toledo
M. E. Blahd, Secretary
1420 Medical Arts Bldg.

OBSTETRICS AND PEDIATRICS

Wayne Brehm, Chairman
683 E. Broad St., Columbus
Jacob V. Greenebaum, Secretary
19 W. Eighth St., Cincinnati

EYE, EAR, NOSE AND THROAT

J. W. Millette, Chairman
117 S. Main St., Dayton
A. L. Brown, Secretary
2700 Union Central Bldg., Cincinnati

NERVOUS AND MENTAL DISEASES

Louis J. Karnosh, Chairman
City Hospital, Cleveland
John D. O'Brien, Secretary
332 Market Ave., N., Canton

PUBLIC HEALTH AND INDUSTRIAL MEDICINE

J. F. Elder, Chairman
Court House, Youngstown
Geo. F. Sykes, Secretary
White Motor Company, Cleveland

Eighty-fifth Annual Meeting, Toledo, May 12 and 13, 1931

EXTRA VALUE!

The value of *Professional Protection* is essentially measured by the coverage and service it provides.

There is *extra* value in a Medical Protective Contract because it provides *extra coverage* and supports that coverage with *Specialized Service.*

There is no premium difference which can compensate for a deficiency in coverage or unsatisfactory service.

The lowest cost
for the coverage and service provided

The Medical Protective Company
of Fort Wayne, Ind.
360 North Michigan Boulevard : Chicago, Illinois

MEDICAL PROTECTIVE CO.
360 North Michigan Blvd.
Chicago, Ill.

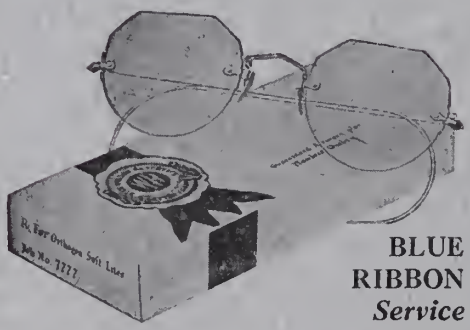
Kindly send details on your plan of Complete Professional Protection

*Name*_____
*Address*_____
*City*_____

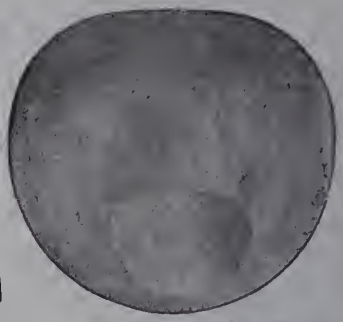
7-30

THE PANOPTIK BIFOCAL

[the "all-seeing" lens]



BLUE RIBBON *Service*



THERE has been a long-felt need for a bifocal that really provides the new Presbyope with *natural* single-vision comfort. The new PANOPTIK offers this welcome convenience. Ideal shape and size of segment . . . color-free Nokrome construction . . controlled optical centers—those are a few of the many advantages that prophesy: "It's the coming bifocal!"

To everyone who prescribes bifocals—be sure to investigate this modern bifocal advancement —PANOPTIK!

Descriptive Folder on Request!

The WHITE-HAINES OPTICAL COMPANY

"There's a W-H house near you"

Columbus Cleveland Cincinnati Dayton
Lima Zanesville Springfield
Marion Youngstown



STONEMAN PRESS, COLS., O

PRINTED IN U.S.A.

The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY BY
THE OHIO STATE MEDICAL ASSOCIATION
AS A MEDIUM OF SERVICE TO ITS MEMBERS

THE N.Y. ACADEMY OF MEDICINE
MAY -1 1931
LIBRARY

MAY 1, 1931 VOLUME XXVII Number - 5

Annual Reports of State Association Committees In This Issue

Annual Meeting, Toledo, May 12 and 13.
Special Features, Page 409

Summary of Contents

ORIGINAL ARTICLES

The Relative Value of Irradiation and Operation in the Cure of Uterine Cancer. John Osborn Polak, M.D., F.A.C.S., Brooklyn, New York 363

Hereditary Deforming Chondrodysplasia or Multiple Exostoses. Report of Six Cases in One Family. George T. Harding, III, M.D., and Hubert H. Fockler, M.D., Columbus 366

Bacillus Coli Meningitis. Case Report. A. R. Vonderahe, M.D., and F. X. Baurichter, M.D., Cincinnati 370

A Consideration of Craniocerebral Injuries. H. E. LeFever, A.B., M.D., Columbus 371

The President's Page. C. W. Waggoner, M.D., Toledo 375

EDITORIAL

Annual Summary of Organization Accomplishments 361
Your Attendance is Requested 361
Public and Private Competition 362

ANNUAL REPORTS

Committee on Public Policy 377
Committee on Medical Economics 383
Publication Committee 389
Committee on Medical Defense 391
Committee on Medical Education and Hospitals 394
Committee on Periodic Health Examinations 397
Committee on Auditing and Appropriations 400
Committee on Mental Hygiene 402
Committee on Military Affairs 405
Annual Report of the Councilors 407

STATE NEWS

Special Features—Clinics. Entertainment and Diversion in Connection with the Annual Meeting, Toledo, May 11, 12 and 13 409
Health Education Foundation Organized in Cleveland 413
News Notes 414
Deaths 415
News Notes from County Societies and Academies of Medicine 416
Classified Advertisements 422
Public Health Notes 428
Hospital Notes 430

the Squibb Laboratories Announce

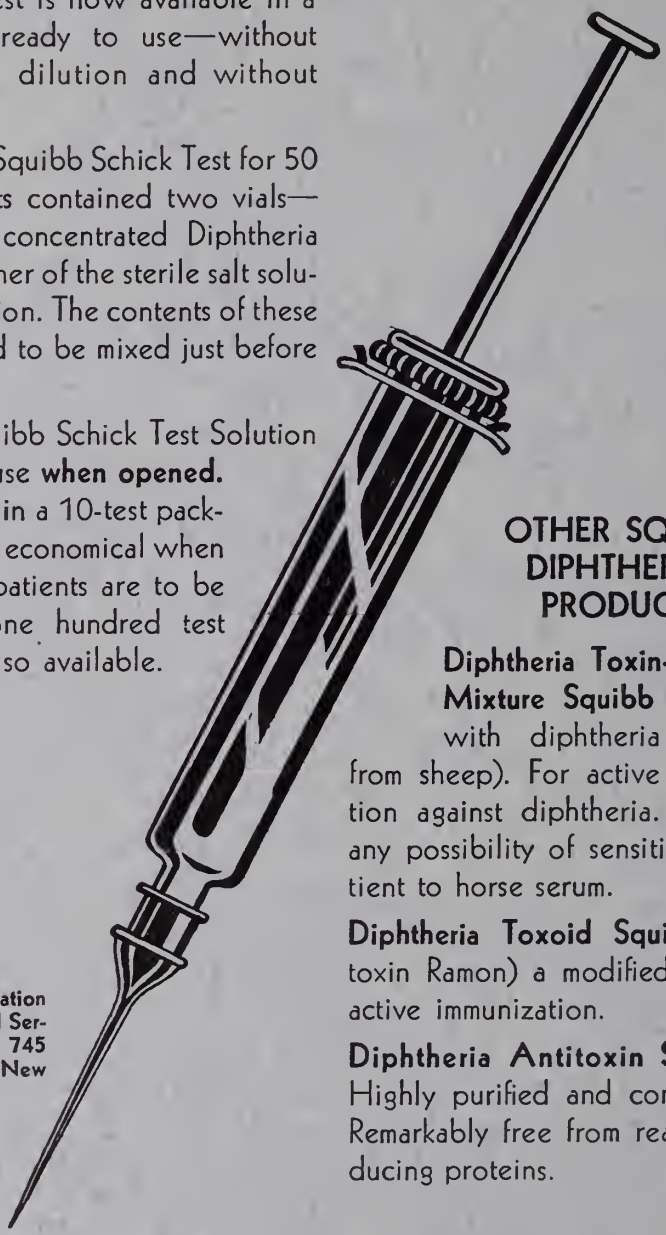
SCHICK TEST SOLUTION

Diluted . . . Ready for Use

Physicians will be interested in the announcement that Diphtheria Toxin for Schick Test is now available in a new form—ready to use—without troublesome dilution and without waste.

The **original** Squibb Schick Test for 50 and 100 tests contained two vials—one of the concentrated Diphtheria Toxin, the other of the sterile salt solution for dilution. The contents of these two vials had to be mixed just before using.

The **new** Squibb Schick Test Solution is ready for use **when opened.** It is supplied in a 10-test package, which is economical when only a few patients are to be tested. A one hundred test package is also available.



For further information write Professional Service Department, 745 Fifth Avenue, New York City

OTHER SQUIBB DIPHTHERIA PRODUCTS

Diphtheria Toxin-Antitoxin Mixture Squibb (prepared with diphtheria antitoxin from sheep). For active immunization against diphtheria. Eliminates any possibility of sensitizing a patient to horse serum.

Diphtheria Toxoid Squibb (Anatoxin Ramon) a modified toxin for active immunization.

Diphtheria Antitoxin Squibb — Highly purified and concentrated. Remarkably free from reaction-producing proteins.

E·R·SQUIBB & SONS, NEW YORK

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

THE SAWYER SANATORIUM

White Oaks Farm, Marion, Ohio

TREATS NERVOUS AND MENTAL DISEASES



THE PATIO

Provides Thorough Diagnosis, Scientific Treatment, Homelike Surroundings, Complete Equipment, Individual and Personal Professional Attention, Splendid Cuisine, all the modern conveniences of the best private homes. Located on an 130-acre farm. Presided over by men and women devoting all their time to the work.

Send for Booklet, Address

SAWYER SANATORIUM WHITE OAKS FARM MARION, OHIO

The Ohio State Medical Association

Ohio State Medical Journal

Entered as second class matter July 5, 1905, at the Postoffice at Columbus, Ohio, under act of Congress of March 3, 1879: Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Oct. 3, 1917. Authorized July 10, 1918.

Published monthly by
THE OHIO STATE MEDICAL ASSOCIATION
131 East State Street, Columbus, Ohio
Telephone: ADams 7045

This journal is published for and by the members of the Ohio State Medical Association. The Publication Committee does not assume responsibility for opinions expressed by individual essayists. It endeavors to maintain a high standard of advertising. Its advertising policy is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

Subscription $3.00 per year; single copies 30 cents.
Issued under the direction of the Publication Committee.

PUBLICATION COMMITTEE

Andrews Rogers, M.D., Chairman (1931)—Columbus
Gilbert Micklethwaite, M.D., (1932)—Portsmouth
A. B. Denison, M.D., (1933)—Cleveland

EXECUTIVE STAFF

Don K. Martin—Editor-Manager
Alice B. Haney—Advertising Manager

Officers 1930-1931

PRESIDENT
C. W. Waggoner, M.D.—Toledo

PRESIDENT-ELECT
D. C. Houser, M.D.—Urbana

TREASURER
H. M. Platter, M.D.—Columbus

EXECUTIVE SECRETARY
Don K. Martin—Columbus

State Council

First District
John A. Caldwell, M.D.—Cincinnati

Second District
E. M. Huston, M.D.—Dayton

Third District
O. P. Klotz, M.D.—Findlay

Fourth District
D. J. Slosser, M.D.—Defiance

Fifth District
C. L. Cummer, M.D.—Cleveland

Sixth District
D. W. Stevenson, M.D.—Akron

Seventh District
E. B. Shanley, M.D.—New Philadelphia

Eighth District
E. R. Brush, M.D.—Zanesville

Ninth District
I. P. Seiler, M.D.—Piketon

Tenth District
S. J. Goodman, M.D.—Columbus

Ex-Officio the ex-President:
A. H. Freiberg, M.D.—Cincinnati

CORRECTED ROLL OF DISTRICT AND COUNTY SOCIETIES

Societies	President	Secretary	
First District			
Adams	Ray Vaughn, West Union	O. T. Sproull, West Union	3d Wednesday in April, June, Aug., Oct.
Brown	R. B. Hannah, Georgetown	Geo. P. Tyler, Jr., Ripley	4th Wednesday in Feb., May and Nov.
Butler	P. E. Decatur, Hamilton	H. N. Ward, Hamilton	2d Wednesday, monthly.
Clermont	H. E. Cover, Bantam	Allan B. Rapp, Owensville	3d Wednesday, monthly.
Clinton	Kelley Hale, Wilmington	Robert Conard, Wilmington	1st Tuesday, monthly.
Fayette	E. H. McDonald, Bloomingburg	J. F. Wilson, Washington C. H.	1st Thursday, monthly.
Hamilton	L. H. Schriver, Cincinnati	D. T. Vail, Jr., Cincinnati	Monday evening of each week.
Highland	J. D. McBride, Hillsboro	W. B. Roads, Hillsboro	1st Wednesday in Jan., April, July and Oct.
Warren	S. S. Stahl, Franklin	James Arnold, Lebanon	1st Tuesday in May, June, July, Sept., Oct. and Nov.
Second District	Howard Harris, Springfield	H. R. Huston, Dayton	
Champaign	E. W. Ludlow, Urbana	L. A. Woodburn, Urbana	2d Thursday, monthly.
Clarke	D. W. Hogue, Springfield	Wm. M. Runyan, Springfield	2d and 4th Wednesday noon.
Darke	E. A. Fisher, Yorkshire	W. D. Bishop, Greenville	Friday each month.
Greene	W. C. Marshall, Yellow Springs	Marshall M. Best, Xenia	1st Thursday, monthly.
Miami	M. I. Miller, Troy	G. A. Woodhouse, Pleasant Hill	1st Friday, monthly, except July and August.
Montgomery	H. H. Herman, Dayton	Miss M. E. Jeffrey, Dayton	1st and 3d Friday each month.
Preble	J. I. Nisbet, Eaton	C. M. Treffinger, Eaton	3d Thursday, monthly.
Shelby	M. F. Hussey, Sidney	B. S. Stephenson, Sidney	1st Friday, monthly.
Third District	F. M. Douglass, Toledo	E. E. Rakestraw, Findlay	
Allen	W. W. Beauchamp, Lima	Jerome V. Pace, Lima	3d Tuesday, monthly.
Auglaize	F. F. Fledderjohann, New Bremen	C. C. Berlin, Wapakoneta	2nd Thursday, bi-monthly.
Hancock	E. E. Rakestraw, Findlay	J. H. Marshall, Findlay	1st Wednesday, monthly.
Hardin	R. C. McNeill, Kenton	W. N. Mundy, Forest	1st Thursday, monthly.
Logan	Ben S. Leonard, West Liberty	O. C. Amstutz, Bellefontaine	1st Friday, monthly.
Marion	F. E. Mahla, Marion	Kenneth D. Smith, Marion	1st Tuesday, monthly.
Mercer	M. L. Downing, Rockford	F. E. Ayers, Celina	2d Tuesday, monthly.
Seneca	R. E. Hershberger, Tiffin	Robert Benner, Tiffin	3rd Thursday, monthly.
Van Wert	S. A. Edwards, Van Wert	R. H. Good, Van Wert	3d Tuesday, monthly.
Wyandot	B. A. Moloney, Upper Sandusky	J. Craig Bowman, Up. Sandusky	1st Thursday, monthly.
Fourth District	(With Third District in Northwestern Ohio District)		
Defiance	Geo. DeMuth, Sherwood	D. J. Slosser, Defiance	3d Thursday, monthly.
Fulton	L. C. Cosgrove, Swanton	Harold Heffron, Metamora	Semi-monthly.
Henry	T. P. Delventhal, Napoleon	F. M. Harrison, Napoleon	3d Wednesday, monthly.
Lucas	B. G. Chollett, Toledo	A. P. Hancuff, Toledo	Friday, each week.
Ottawa	Geo. Boon, Oak Harbor	Gordon S. Sloan, Elmore	2d Thursday, monthly.
Paulding	L. R. Fast, Paulding	Gaile L. Doster, Paulding	3d Wednesday, monthly.
Putnam	H. H. Sinks, Columbus Grove	Oscar J. Fatum, Ottoville	1st Tuesday, monthly.
Sandusky	F. L. Moore, Fremont	E. J. Shanahan, Clyde	Last Thursday, monthly.
Williams	H. W. Wertz, Montpelier	H. J. Luxan, Montpelier	3d Thursday, monthly.
Wood	O. S. Canright, Haskins	F. V. Boyle, Bowling Green	3d Thursday, monthly.
Fifth District	C. L. Cummer, Councilor	Chrm. Com. on Arrangements	Cleveland.
Ashtabula	P. J. Collander, Ashtabula	E. H. Merrell, Geneva	1st Tuesday, monthly.
Cuyahoga	S. C. Lind, Cleveland	Clarence H. Heyman, Cleveland	3d Fri. March, May, Sept., Nov., Dec.
Erie	H. W. Lehrer, Sandusky	G. A. Stimson, Sandusky	Last Thursday, monthly.
Geauga	Clara J. Swan, Chardon	Isa Teed-Cramton, Burton	Last Wednesday, Apr. to Dec.
Huron	John A. Sipher, Norwalk	B. C. Pilkey, Norwalk	2d Thursday, monthly.
Lake	W. R. Carle, Perry	F. J. Dineen, Painesville	4th Tuesday, monthly.
Lorain	W. S. Baldwin, Lorain	W. E. Hart, Elyria	2d Tuesday, monthly.
Medina	R. L. Mansell, Medina	J. K. Durling, Wadsworth	3d Thursday.
Trumbull	Ralph Herlinger, Warren	R. H. McCaughtry, Warren	3d Thursday, monthly, except June, July, August.

Societies	President	Secretary	
Sixth District	J. G. Blower, Akron	J. H. Seiler, Akron	2d Wed., Jan., April & Oct.
Ashland	D. L. Mohn, Ashland	H. M. Gunn, Ashland	1st Friday, bi-monthly.
Holmes	L. E. Anderson, Mt. Hope	C. T. Bahler, Walnut Creek	1st Tuesday, quarterly, Jan., April, July, October.
Mahoning	A. W. Thomas, Youngstown	J. P. Harvey, Youngstown	3d Tuesday, monthly.
Portage	A. O. DeWeese, Kent	E. J. Widdecombe, Kent	1st Thursday, monthly.
Richland	D. C. Lavender, Mansfield	C. H. Bell, Mansfield	3d Thursday, monthly.
Stark	H. M. Schuffell, Canton	F. S. VanDyke, Canton	2d Tuesday monthly except July and August.
Summit	C. C. Pinkerton, Akron	A. S. McCormick, Akron	1st Tuesday, monthly.
Wayne	W. B. Turner, Wooster	R. C. Paul, Wooster	2d Tuesday, monthly.
Seventh District	A. E. Weinstein, Steubenville	Carl Goehring, Steubenville	Steubenville, 1931
Belmont	A. T. Hopwood, Holloway	C. W. Kirkland, Bellaire	2d Wednesday, monthly at 1:45 p.m
Carroll	(With Stark Co. Society)		
Columbiana	E. W. Miskall, East Liverpool	T. T. Church, Salem	2d Tuesday, monthly.
Coshocton	J. G. Smailes, Coshocton	J. D. Lower, Coshocton	4th Thursday, April, June, Sept., December.
Harrison	J. M. Scott, Scio	R. P. Rusk, Cadiz	3d Wednesday, monthly.
Jefferson	M. H. Rosenblum, Steubenville	John Y. Bevan, Steubenville	Last Friday, monthly.
Monroe	G. W. Steward, Woodsfield	A. R. Burkhart, Woodsfield	2d Wednesday, monthly.
Tuscarawas	Jay W. Calhoon, Uhrichsville	R. E. Wolf, Uhrichsville	1st Thursday, monthly.
Eighth District			
Athens	H. T. Phillips, Athens	T. A. Copeland, Athens	1st Monday, monthly.
Fairfield	J. W. Whittus, Baltimore	C. W. Brown, Lancaster	2d Tuesday, monthly.
Guernsey	O. R. Jones, Cambridge	W. L. Denny, Cambridge	1st and 3rd Tuesday each month
Licking	C. J. Dillon, Newark	D. A. Skinner, Newark	Last Friday, monthly.
Morgan	D. G. Ralston, McConnelsville	C. E. Northrup, McConnelsville	3d Wednesday, monthly.
Muskingum	O. I. Dusthimer, Zanesville	Beatrice Hagen, Zanesville	1st Wednesday, monthly.
Noble			
Perry	W. D. Porterfield, Junction City	F. J. Crosbie, New Lexington	3d Monday, monthly.
Washington	C. A. S. Williams, Marietta	E. W. Hill, Jr., Marietta	2d Wednesday, monthly.
Ninth District			
Gallia	O. A. Vornholt, Gallipolis	Milo Wilson, Gallipolis	1st Thursday, monthly.
Hocking	H. M. Boocks, Logan	M. H. Cherrington, Logan	Quarterly.
Jackson	Gomer E. Jones, Oak Hill	W. R. Riddell, Jackson	1st Tuesday, monthly.
Lawrence	F. R. Stewart, Ironton	Chas. H. Gallagher, Ironton	1st Thursday, monthly.
Meigs	P. A. Jividen, Rutland	Byron Bing, Pomeroy	1st Thursday, April, July and Oct
Pike	Paul Jones, Stockdale	L. E. Wills, Waverly	1st Monday, monthly.
Scioto	Geo. Martin, Portsmouth	C. M. Fitch, Portsmouth	2d Monday, monthly.
Vinton	O. S. Cox, McArthur	H. S. James, McArthur	3d Wednesday, monthly
Tenth District			
Crawford	K. H. Barth, New Washington	A. E. Loyer, New Washington	1st Monday, monthly.
Delaware	D. S. James, Delaware	F. M. Stratton, Delaware	1st Tuesday, monthly.
Franklin	Joseph Price, Columbus	James A. Beer, Columbus	1st four Mondays.
Knox	W. H. Eastman, Fredericktown	J. Shamansky, Mt. Vernon	Last Thursday, monthly.
Madison	R. H. Trimble, Mt. Sterling	H. P. Sparling, London	4th Wednesday.
Morrow	C. E. Neal, Cardington	Todd Caris, Mt. Gilead	1st Wednesday, monthly.
Pickaway	Glenn D. Sheets, Williamsport	E. S. Shane, Circleville	1st Friday, monthly.
Ross	John Franklin, Chillicothe	W. C. Breth, Chillicothe	1st Thursday, monthly.
Union	H. G. Southard, Marysville	Angus MacIvor, Marysville	2d Tuesday, monthly.

A PRIVATE SANATORIUM WITH HOSPITAL FACILITIES

A quarter century of efficient operation



RATES: $25.00 PER WEEK AND UP

ALCOHOLIC treatment destroys the craving for alcohol, restores the appetite and sleep, and builds the patient up physically and mentally. Whiskey withdrawn gradually. Not limited to one pint of whiskey in ten days.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

DRUG treatment is one of GRADUAL REDUCTION. It relieves the constipation, restores the appetite and sleep. Withdrawal pains absent. No Hyoscine or rapid withdrawal methods used unless the patient desires same.

MILD mental cases have every comfort that their own home affords.

FEMALE PATIENTS: Mild mental separated from mild nervous. Female attendants only; absolute privacy; comfortable, well-appointed ladies' lounge.

Cherokee Road (Long Distance Phone East 1488)

DR. STOKES' SANATORIUM LOUISVILLE, KENTUCKY

Situated in the choice highland section of Louisville, just 20 minutes' ride from all railroad stations

CHICAGO SANITARIUM

FOR THE CARE OF NERVOUS AND MENTAL DISORDERS AND ALCOHOLISM
ALSO DRUG ADDICTION INTELLIGENTLY HANDLED



VERY FACILITY for care and thorough investigation as well as management of Neuro-Psychiatric problems, including kindred physical infirmities pertaining thereto, is available in the new sound-proof building. On admission every case is carefully studied from every angle; routine dental examination is included. Laboratory for routine and special tests is available. Facilities are had for cases for over night stay following a spinal puncture; X-ray is available and an elaborate hydro, physio and mechano-therapy is had.

WHERE HOME-LIKE SURROUNDINGS are a benefit to the patient, one such building is available. Varied entertainment is furnished by motion pictures, radios, books and musicales. The Sanitarium is conveniently located near Lake Michigan and only a few minutes from the Chicago loop, where excellent hotel facilities are available to relatives or friends of out-of-town patients.

DR. ALEXANDER B. MAGNUS, Med. Dir.

2828 Prairie Avenue, Chicago, Ill. ◆ Phone Victory 5600 ◆

Windsor Hospital

THE Windsor Hospital and Sanitarium is completely equipped with all the best apparatus for giving Hydrotherapy, Occupational Therapy, and other treatment for all types of Nervous diseases, acute and chronic.

Herbert Sihler
Director

Phone RAndolph 2744

4415 Chester Ave., N.E.
(Formerly 4415 Windsor Ave., N.E.)

CLEVELAND, OHIO
ESTABLISHED 30 YEARS

BACKWARD and PROBLEM CHILDREN

Require Intensive Scientific Training in a Suitable Environment

The Bancroft School

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. Winter quarters in New Jersey, summer camp on the coast of Maine. An incorporated educational foundation, operated not for profit, controlled by a Board of Trustees, offering the highest type of education attainable at rates within the reach of all. Organized to give the fullest possible cooperation to physicians.

Illustrated Catalog on Request

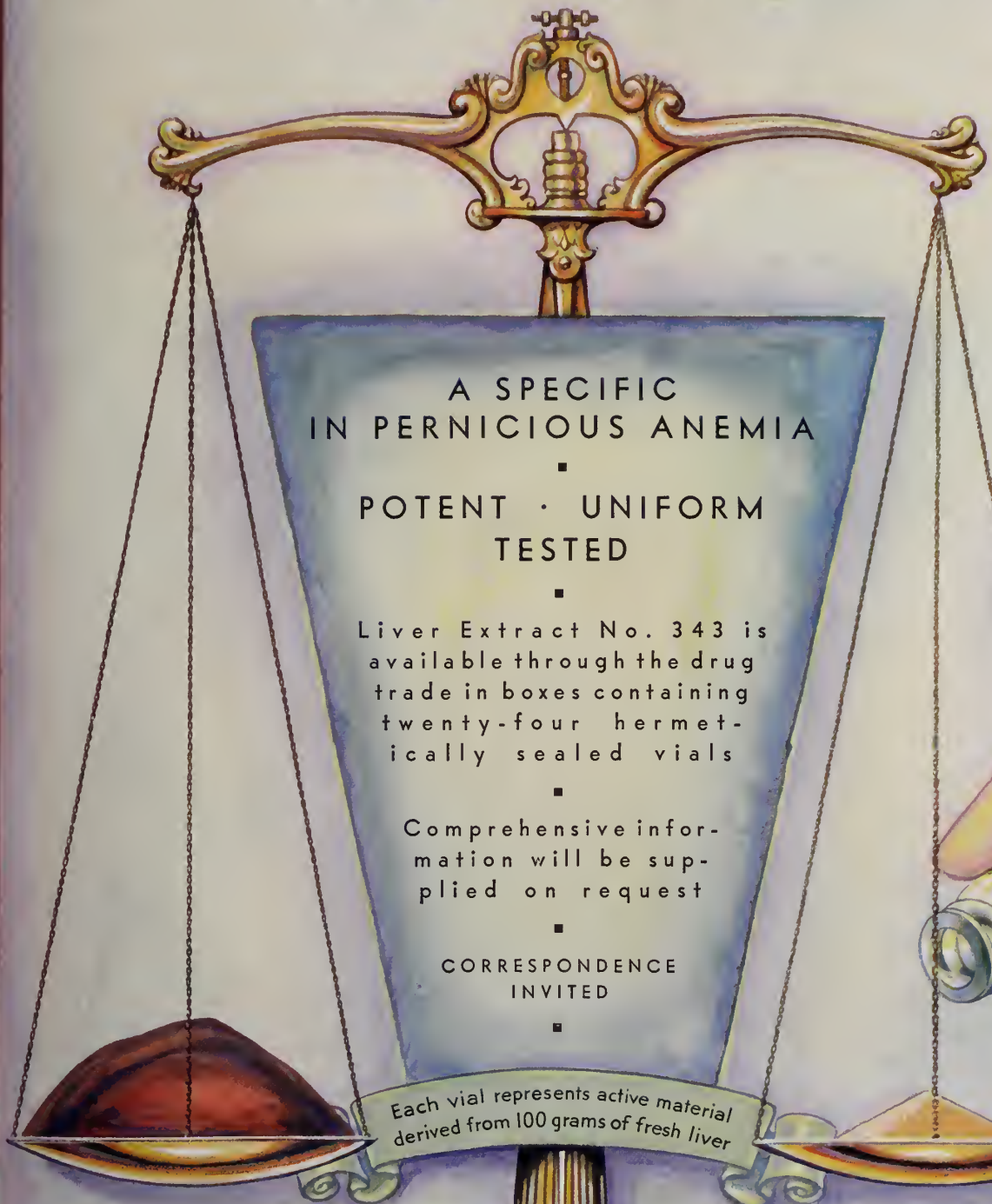
The Bancroft School Haddonfield, N. J.

"MESCO" Laboratories

The "MESCO" Laboratories manufacture the largest line of Ointments in the world. Sixty different kinds. We are originators of the Professional Package. Specify "MESCO" when prescribing Ointments. Send for lists.

MANHATTAN EYE SALVE CO.
Louisville, Kentucky

LIVER EXTRACT NO. 343



A SPECIFIC
IN PERNICIOUS ANEMIA

▪

POTENT · UNIFORM
TESTED

▪

Liver Extract No. 343 is available through the drug trade in boxes containing twenty-four hermetically sealed vials

▪

Comprehensive information will be supplied on request

▪

CORRESPONDENCE INVITED

▪

Each vial represents active material derived from 100 grams of fresh liver

ELI LILLY COMPANY
INDIANAPOLIS INDIANA

PROGRESS THROUGH RESEARCH

EPHEDRINE
PRODUCTS
LILLY

Noteworthy in a wide range of Lilly Ephedrine Products are

INHALANT No. 20
EPHEDRINE COMPOUND

for those physicians who prefer ephedrine in combination with cooling, aromatic principles

INHALANT No. 21
EPHEDRINE, PLAIN

and the convenient bland, water-soluble

EPHEDRINE JELLY

Both inhalants contain 1 percent ephedrine. Ephedrine Jelly contains ephedrine sulphate, 1 percent.

May we send you additional information and a complete list of Lilly Ephedrine Preparations?





THE McMILLEN SANITARIUM

Cor. Nelson Road and East Fifth Ave.
SHEPARD—COLUMBUS, OHIO

R. A. KIDD, M.D., Superintendent

A PRIVATE NEUROPSYCHIATRIC HOSPITAL, modern in all particulars. Ideal location at the east edge of Columbus. Specialists services, laboratory facilities and well trained nurses. Fifty individual rooms. Patients taken for observation. Phone or write for information. ALCOHOLISM GIVEN SPECIAL ATTENTION.

H. IRVING COZAD, M.D.
G. DEAN TIPTON, M.D.

FAIR OAKS VILLA
AND
COTTAGES

¶ Any NERVOUS or MENTAL CONDITION which in the judgment of the attending physician needs our care, protection or treatment will be received at any time that we have the suitable environment available.

CUYAHOGA FALLS, OHIO
28 Miles from Cleveland
4 Miles from Akron

Reached by
Pennsylvania Lines
B. & O. R. R.
Akron, Bedford, Cleveland Interurban
Kent, Ravenna Interurban

THE ORCHARD SPRINGS SANITARIUM
near DAYTON, OHIO

A Private Hospital For Mental and Nervous Diseases — Established in 1911

This institution, with its modern facilities, its delightful and restful suburban location, and its well-trained efficient organization, has for 15 years been in a splendid position to render skilled beneficial service at reasonable rates.

GEORGE V. SHERIDAN
President

For detailed information, address
CHARLES B. ROGERS, M. D.
Resident Medical Director
R. F. D. No. 13, Dayton, Ohio
Telephone: Lincoln 213, Dayton City Exchange

HILLSVIEW FARMS

A sanitarium equipped for diagnosis and follow-up in convalescent cases.

Physical therapy department equipped and staffed by trained technicians for treatment of such Ortbopedic conditions as Torticollis, Congenital or acquired Postural changes, Arthritis, anterior Poliomyelitis, Neuritis and allied Bone and Joint conditions.

We are especially interested in the Anemias, Diabetes and Arthritis.



Write for particulars, or telephone 2650.

WASHINGTON, PA.

Laboratory and X-Ray investigations under direction of Physicians of known and recognized ability.

Food preparations under direction of graduate dietitian. Dining-room and tray service. Milk and cream from our own herd of registered tuberculin tested Jerseys.

Mental cases and drug addicts not admitted.

Located high on the edge of Washington, thirty miles south of Pittsburgh.



THE OXFORD RETREAT
OXFORD, OHIO

For

Nervous
and
Mild Mental Cases

R. HARVEY COOK,
Physician in Chief

Write for Descriptive Circular

New Fire Proof Bldg. Opened June 1926



WHITING MINERAL SPRINGS
Sanitarium and Baths

Hydrotherapy scientifically applied for the treatment of rheumatism and allied diseases together with cases for elimination and rest cure.

Medical department thoroughly proficient and STRICTLY ethical.

First class and modern in every department with moderate rates.

DR. U. G. WHITING, Phy. & Mgr. MARTINSVILLE, INDIANA

THE MERCER SANITARIUM · MERCER, PENNA.

For Nervous and Mild Mental Disorders. Located at Mercer, Pa., 30 miles from Youngstown. Farm of 75 acres with registered tuberculin-tested herd. Re-educational measures emphasized, especially arts and crafts and outdoor pursuits. Modern laboratory facilities.

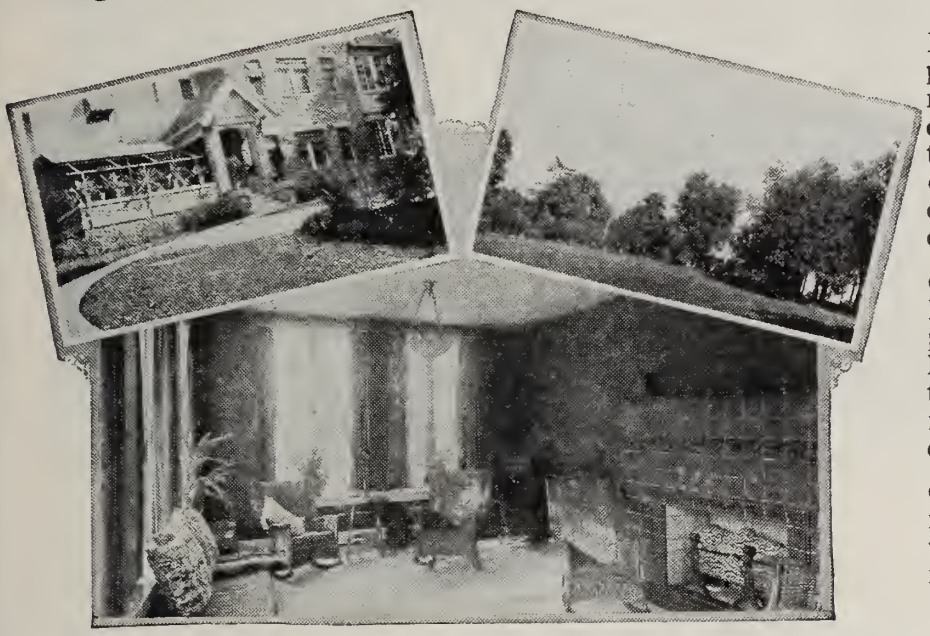
Address

W. W. Richardson, M.D., Medical Director
(Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.)

"REST COTTAGE"

College Hill, Cincinnati, Ohio

STAFF
F. W. Langdon, M.D. ..... Visiting Consultant
Robert Ingram, M.D. ..... Visiting Consultant
Emerson A. North, M.D. ..... Visiting Consultant
D. A. Johnston, M.D. ..... Medical Director
H. P. Collins ..... Business Manager
Box No. 4, College Hill, Cincinnati, Ohio



For purely nervous cases, nutritional errors and convalescents.

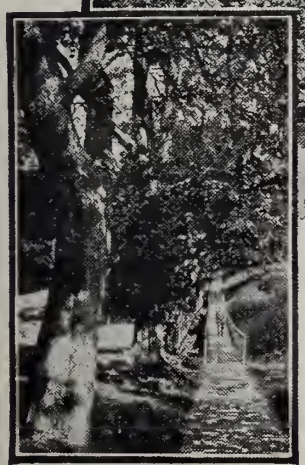
Completely equipped for hydrotherapy, massages, etc.

Cuisine to meet individual needs.

THE CINCINNATI SANITARIUM

INCORPORATED 1873







A strictly modern hospital fully equipped for the scientific treatment of nervous and mental affections. Situation retired and accessible. For details write for descriptive pamphlet.

For Mental and Nervous Diseases

STAFF
Charles E. Kiely, M.D.
Emerson A. North, M.D.
Visiting Consultants
D. A. Johnston, M.D. ... Medical Director
H. P. Collins ... Business Manager
Box No. 4, College Hill, Cincinnati, O.



APPALACHIAN HALL, ASHEVILLE, N. C.

AN INSTITUTION FOR REST, TREATMENT OF NERVOUS AND MENTAL DISEASES, DRUG ADDICTION AND ALCOHOLISM.

Appalachian Hall wishes to announce that it has recently acquired and is now occupying the famous Kenilworth Inn as its new sanatorium. Kenilworth Inn was erected at a cost of more than a million dollars and furnished at a cost of three hundred thousand. Appalachian Hall is an institution for the treatment of nervous and mental diseases, alcoholism, drug habituation, and a place for rest and convalescence. Every luxury and convenience, private rooms or rooms en suite. Special department for rest cures and convalescents. Physiotherapy, Occupational Therapy, Gymnasium, etc. Volley Ball, Tennis, Croquet, Horseback Riding, Golfing. Five beautiful golf courses available to patients. Resident physicians on duty at all times, a corps of graduate nurses, especially trained for this work. Training school for nurses. For information and rates write:

DRS. GRIFFIN AND GRIFFIN, Appalachian Hall, Asheville, N. C.

THE COLUMBUS RURAL REST HOME

AT WORTHINGTON, OHIO—JUST NORTH OF COLUMBUS



One of The Cottages—Forty-five Acres of Woods and Lawn

NERVOUS AND MILD AFFECTIVE DISORDERS

A Secluded Spot for Rest and Treatment. Good Accommodations—Kind and Efficient Nursing. Medical—Physical—Psychotherapeutic Measures.

Medical Director
G. T. Harding, Jr., M.D.

Laboratory
Geo. T. Harding III, M.D.

Resident Physicians
Fred'k H. Weber, M.D.
Mary J. Weber, M.D.



Receiving Hospital 2102 Cherry Street
MENTAL AND NERVOUS DISEASES, ALCOHOLISM, DRUG ADDICTION AND GENERAL INVALIDISM

THE TOLEDO SANITARIUM, Toledo, Ohio

2102 Cherry Street — Phone Jeff. 3979
JAS. A. BELYEA, M.D., Manager — LOUIS A. MILLER, M.D., Neurologist, Supervising Physician



DR. GAVER SANITARIUM

71 Winner Ave. — Phone Fairfax 8315 — Columbus, Ohio
DRUG ADDICTION AND ALCOHOLISM — NERVOUS AND MENTAL DISEASES
RATES REDUCED
EARL E. GAVER, Medical Sup't.

Grandview Hospital

MENTAL AND NERVOUS DISEASES

2700 GLENWAY AVENUE, PRICE HILL
TELEPHONE, WARSAW 1784
CINCINNATI, OHIO

T. A. RATLIFF, M. D., Resident Medical Director

Especial feature of treatment
INDIVIDUAL CARE
with Modern Hospital Service

Equipment—modern; **Location**—accessible.
Grounds—a park of 25 acres, well wooded and retired.
Descriptive Circular on request.

Ferguson-Droste-Ferguson Sanitarium

Ward S. Ferguson, M.D. - James C. Droste, M.D. - Lynn A. Ferguson, M.D.

PRACTICE LIMITED TO
DIAGNOSIS AND TREATMENT OF

DISEASES OF THE RECTUM

GRAND RAPIDS, MICHIGAN
6 Park Ave.—on Fulton Park

Sanitarium Hotel Accommodations

Here

is one of the advertisements of The Sugar Institute

THE advertisement reproduced here is one of the series appearing in publications throughout the country. In order to keep the statements in accord with modern medical practice, they have been submitted to and approved by some of the leading authorities in the field of human nutrition in the United States. The Sugar Institute, 129 Front Street, New York.





The Only

BREAST MILK

Adaptation

of its kind in the world

• •

ANALYSIS

Comparative Analysis of S. M. A. and Breast Milk

Chemicol and Physicol Analysis	S M. A.	Breast Milk
Fat	3.5-3.6%	3.59
Protein	1.3-1.4%	1.23-1.5
Carbohydrate	7.3-7.5%	7.57
Ash	0.25-0.30%	0.215-0.226
pH	6 8-7.0	6.97
△	0.56-0.61	0.56
Electricol Conductivity	0.0022-0 0024	0.0023
Specific Gravity	1.032	1.032
Coloric Value:		
per 100 c. c	68 0	68.0
per ounce	20.0	20.0

Write for samples and literature

S.M.A.

CORPORATION

CLEVELAND, OHIO

HYCLORITE

HYCLORITE
SOLUTION
SODIUM
HYPOCHLORITE

Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed.

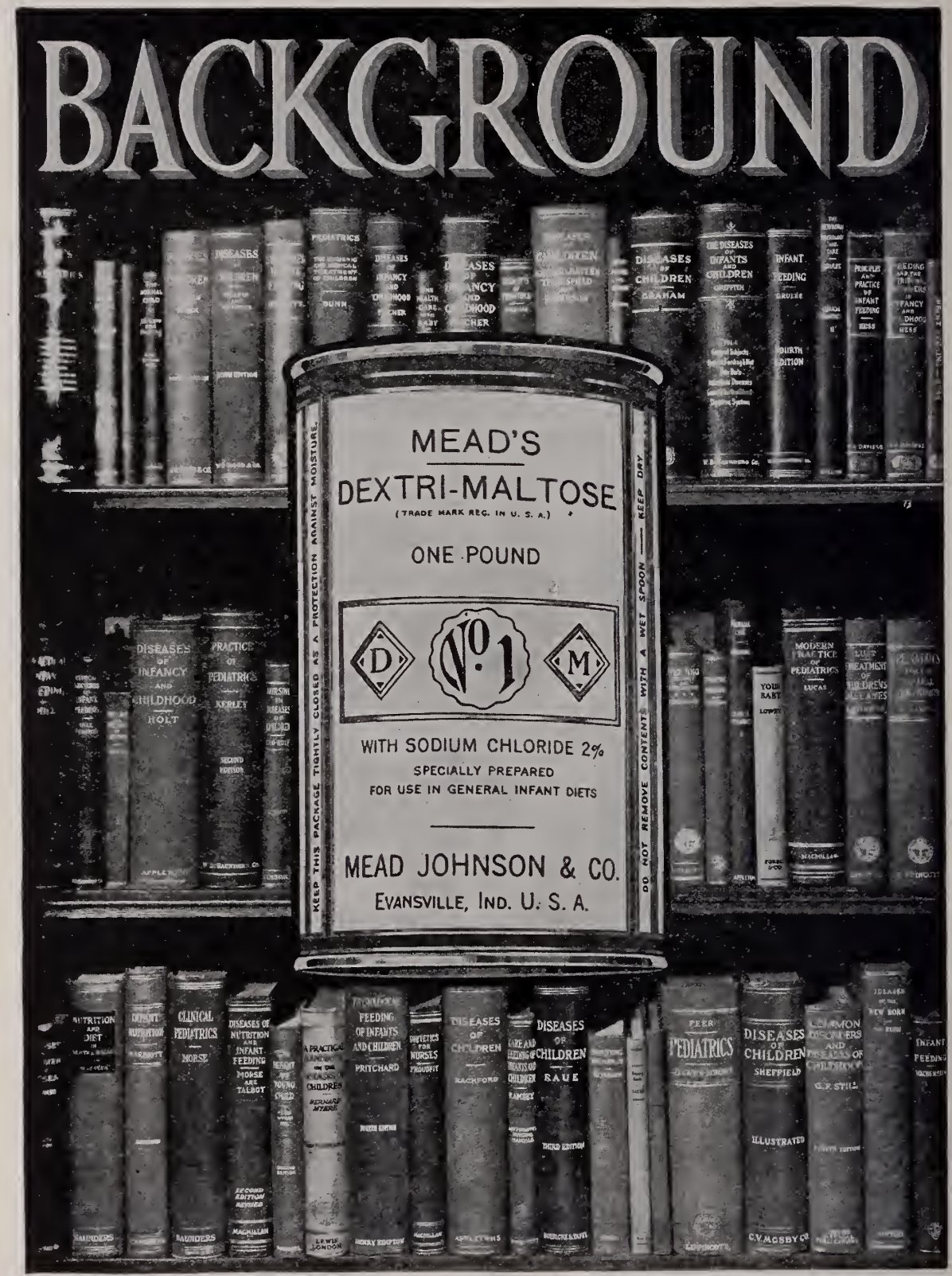
For Hand and Skin Sterilization.

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity.

NON-POISONOUS
NON-IRRITATING

Write for Literature

BETHLEHEM LABORATORIES
INCORPORATED
300 Century Building,
PITTSBURGH, PENNA.



THE use of cow's milk, water and carbohydrate mixtures represents the one system of infant feeding that has consistently, for three decades, received universal pediatric recognition. No carbohydrate employed in this system of infant feeding enjoys so rich and enduring a background of authoritative clinical experience as Mead's Dextri-Maltose.



We cordially invite you to visit our DISPLAY at the Annual Meeting of The Ohio State Medical Association in Toledo. Representatives from the Wagner Laboratories will be present to answer any questions.

THE W. T. WAGNER'S SONS CO., CINCINNATI, OHIO

Since 1868

SYRUP of THIOCOL 'Roche'

for

COUGHS *and* COLDS



A widely prescribed remedy

A trial supply will be sent to physicians on request

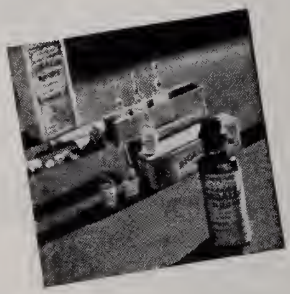
•

At all pharmacies in 6-ounce prescription bottles

Syrup of Thiocol contains the potassium salt of ortho-guaiacol-sulphonic acid

HOFFMANN-LA ROCHE, INC.
Nutley New Jersey

DIGALEN 'Roche'



for

CARDIAC CONDITIONS

A mighty fine digitalis

Issued in ampuls, vials and oral tablets

•

A complimentary supply of Digalen for your bag sent on request

HOFFMANN-LA ROCH
New Jer



To the PEDIATRICIAN:

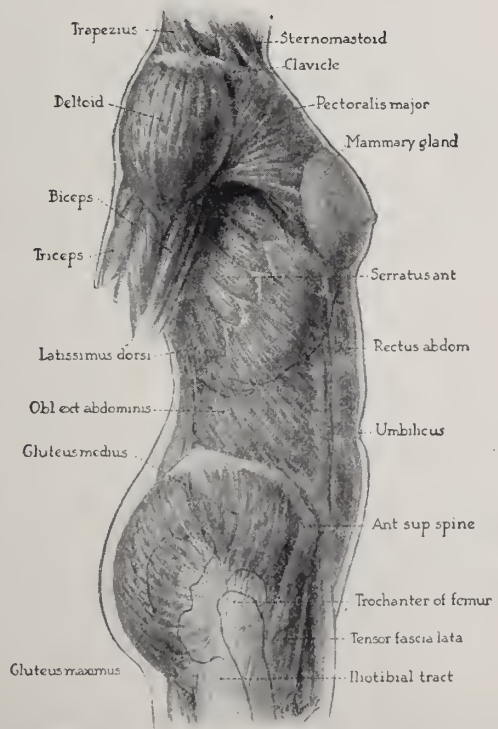


"Babies deprived of mother's milk find a food closely resembling it chemically and physically in formulas prepared with evaporated milk . . . In the transformation of raw cow's milk into evaporated milk, the protein and fat are given physical properties like the protein and fat of breast milk. . . . Laboratory tests, therefore, would indicate that Unsweetened Evaporated Milk is the best form of cow's milk for preparing the feeding formula."—*Archives of Pediatrics, October, 1930.*

Wilson's Evaporated Milk brings to you the maximum of wholesomeness and safety in your feeding formulas. Clinical samples, also information and literature will be forwarded to physicians upon request.

WILSON'S MILK COMPANY
728 CHAMBER OF COMMERCE BLDG., INDIANAPOLIS, IND.

ANATOMICAL STUDIES



SUPERFICIAL MUSCLES IN THE FEMALE
LATERAL VIEW

for the Practitioner

Sets of Anatomical Studies (in book form) furnished to physicians on request — upon receipt of 20c to cover mailing costs.

CAMP TRADE MARK

Physiological Supports
Scientifically Designed

S. H. CAMP & COMPANY
Manufacturers
JACKSON, MICHIGAN

Chicago
1056 Merchandise Mart

New York
330 Fifth Ave.

London
252 Regent St. W.

ENZYMOL

For Topical Application

Observations of the action of gastric juice outside the body show a usefulness for a properly prepared product of this nature. An example of one of its indications is solution of necrotic and carious bone tissue.

ENZYMOL is an extract of the fresh stomach tissue juice, specially designed for topical application.

ENZYMOL is put up in convenient vials. It requires ordinarily for use, dilution with an equal volume of water; also with hydrochloric acid especially for cases in which this may be desirable—refractory tissue, large cavities, etc.

Originated and Made by

Fairchild Bros. & Foster

NEW YORK

PUBLIC HEALTH - SOCIAL WELFARE MEDICAL ECONOMICS and ORGANIZATION PROBLEMS

With Editorial Comment by D.K.M.

Annual Summary of Organization Accomplishments

Presentation in this issue of *The Journal* of the annual reports of the standing and special committees of the State Association offers the entire membership an opportunity to study and survey some of the important problems with which medical organization has been confronted during the past year.

These reports merit careful consideration as they reflect in some degree the activities of the committees, based on meetings, conferences, much correspondence and much time devoted by them the questions of interest and concern. Furthermore, they serve as advance notice to those expecting to attend the Eighty-Fifth Annual Meeting, to be held May 12 and 13, at Toledo, of a few of the important matters which undoubtedly will be discussed at the Toledo gathering.

These reports are submitted after much study and thorough discussion by the committee members following months of unusual activity and interest. Each report analyzes briefly some of the work of the committee and reveals the sincere endeavors being put forth by medical organization to bring about advances in scientific medicine, to improve public health through the widespread application of preventive medicine, and to solve the multiplicity of confusing economic and social problems affecting scientific medicine, public health and medical practice.

In these committee records are found many substantial reasons for the existence of a strong organization, such as the Ohio State Medical Association, interested solely and unselfishly in the health of the public, in the advancement of the art and science of medicine, and in safeguarding the professional and personal interests of the individual physician, which, in the final analysis, reacts to the benefit of the public generally.

In the second place, these reports emphasize the necessity for active interest and cooperation on the part of each individual member of the State Association to insure the accomplishment of the aims and purposes of the organization.

The suggestions and recommendations of the various committees would be of little effect unless given the active support of the members of the Association, individually and collectively. Fortunately, in the past and at the present time, the various State Association Committees have had and are now receiving earnest and active cooperation from the great majority of the members of the Association. That is the principal reason these committees have been able to accomplish much and have been so successful in solving many of the complex problems which have confronted them.

The same spirit of helpfulness and cooperation on the part of the membership generally has been of far-reaching assistance to the officers and councilors of the State Association in their official duties. Without this support from most of the physicians of the state, the officers and members of The Council would have been tremendously handicapped and medical organization would have lost much, if not all, of the strength required to accomplish good for the public and the profession.

Because of the splendid attitude and spirit shown by members of the State Association generally, the officers, councilors and committeemen have been able to discharge the ever-increasing responsibilities of their offices in a meritorious manner. Furthermore, they have felt perfectly free to meet many situations, calling for keen, careful and accurate judgment, in a fearless manner, knowing that they had the practically undivided support and confidence of the profession at large. Much credit and appreciation is due the officers, councilors and members of the committees for their unselfish and untiring efforts during the past year and the large amount of time and energy devoted by them to the duties of their offices. The State Association is fortunate in having had in its key positions men of outstanding qualifications, who, themselves, have been fortunate in having had the cooperative support at all times of the membership at large in organization activities.

Your Attendance Is Requested

Arrangements for the Eighty-Fifth Annual Meeting of the Ohio State Medical Association, to be held Tuesday and Wednesday, May 12 and 13, at Toledo, have been completed.

Those who have studied the official program for the Toledo gathering, published in full in the April issue of *The Journal*, were no doubt impressed with the variety of important and interesting subjects scheduled for discussion and with the carefully chosen group of Ohio and out-of-state physicians and surgeons selected to present some of the newest developments in the field of scientific and

preventive medicine, and discuss the important questions relating to social medicine.

The program committee and various section chairmen have been exceedingly fortunate in arranging what promises to be one of the best scientific programs ever offered at a meeting of the State Association.

Furthermore, an imposing array of talent has been secured for the general sessions on Wednesday afternoon and Wednesday evening. Dr. Joseph C. Aub of Boston and Drs. Temple Fay, Eugene P. Pendergrass and N. W. Winkelman of Philadelphia, will be the essayists at the scientific general session Wednesday afternoon, Dr. Harry M. Hall, Wheeling, West Virginia, and Dr. E. Starr Judd, Rochester, Minnesota, president-elect of the American Medical Association, will speak at the Wednesday evening general session. Their addresses will deal with social and economic problems affecting medical practice, public health and scientific medicine. An interesting program of motion pictures, with sound, has been arranged to precede the Wednesday afternoon session.

The opening day of the meeting—Tuesday, May 12—will be climaxed with a general session at which the President and President-elect, Dr. C. W. Waggoner, Toledo, and Dr. D. C. Houser, Urbana, respectively, will deliver their presidential and inaugural addresses.

Announcements of the medical and surgical clinics and the annual tournament of the Ohio State Medical Golfers' Association, to be held on Monday, May 11, the day preceding the opening of the Annual Meeting, will be found elsewhere in this issue of *The Journal*. Both the clinics and the golf event are expected to attract many physicians from all parts of the state.

An effort has been made by the Committee on Arrangements to leave ample time for the holding of college, fraternity and class reunions and luncheons, and other informal get-to-gethers of classmates and old acquaintances.

Those who have not as yet made hotel reservations for the Toledo meeting should do so promptly. A list of first-class, centrally-located Toledo hotels was published in the March and April issues of *The Journal*. The Secor, the headquarters hotel, will house the exhibits and the registration headquarters, and will be the meeting place for many of the scientific and general sessions. Some of the general and section sessions will be held at the Commodore Perry Hotel, just across the street from the Secor.

Every member of the State Association who can possibly do so, should attend the Toledo meeting not only because of the educational value of the program arranged, but also because of the opportunity it will offer to meet colleagues and old friends and to discuss formally and informally some of the many important social questions in which all members should be vitally interested.

Public and Private Competition

Two important and effective arguments often used by writers and speakers in opposing further extension of the national and state governments in the field of medicine and against the encroachment of governmental agencies on the work of the private individual practitioner have been:

Such state or socialistic services are basically inefficient and therefore do not render adequate and competent service to the public.

Control by the state of what should be private competitive enterprise throttles initiative and progress.

The same arguments are being used by business and industrial leaders who, too, are alarmed at the growing tendency of governments to monopolize the fields of private endeavor.

Dr. Adolphe Johr, Swiss economist, writing in *The Nation's Business*, gives a graphic account of what has happened in Switzerland where the government has gone into business to such an extent that it supplies more than three-quarters of the country's electric power; operates railroads, communication services and absorbs 40 per cent of the insurance business.

Dr. Johr summarizes his observations of the mess which his country has made of things in the following paragraphs:

"In my opinion the greatest drawback to public operation lies in the fact that, when all is said and done, it is the taxpayer who bears the risks. A private enterprise established on an unsound foundation and run on uneconomic lines loses its capital as well as its profits, and faces bankruptcy if it cannot begin again on an economic basis. On the other hand, public operation, as the state itself, is of its very nature permanent, and taxpayers are obliged to pay for the crockery broken by those in control. * * *

"The economic and technical progress realized during the last century was the work not of the state, but of private initiative. So far the state has never taken the trouble to discover new methods of production, and only when there is a question of finding new taxes has it shown an inventive spirit. The country where economic output is unquestionably greater, I refer to the United States of America, is also a country where public ownership and government monopoly is virtually unknown."

His declarations that the taxpayer foots the bill and that little economic progress is made in public control of business parallel the arguments advanced by far-thinking men in America that state medicine would mean suffering for the public and a curtailment of research and progress in scientific medicine.

Annual D. Tod Gilliam Memorial Address before the Columbus Academy of Medicine, November 17, 1930

The Relative Value of Irradiation and Operation in the Cure of Uterine Cancer

JOHN OSBORN POLAK, M.D., F.A.C.S., Brooklyn, N. Y.

Mr. President, Fellows of the Columbus Academy of Medicine; Ladies and Gentlemen:

It is indeed a privilege to come here tonight and pay my respects to one of those pioneers in abdominal surgery, who without the opportunity of modern facilities, developed an operation for the cure of retro-displacements of the uterus which in its fundamental conception has been accepted, copied and modified by operators in this country and in Europe.

I do not need to tell you who were his colleagues of the modesty of the man, his earnestness, his quiet sympathy or his ability; but I can assure you that the name of D. Todd Gilliam will ever stand out in our memories as one of the leaders in American Gynecology.

I have taken for discussion tonight, The Relative Value of Irradiation and Operation in the Cure of Uterine Cancer: Today there is considerable confusion in the mind of the practitioner as to what should be done in the particular case of cervix cancer, for so many conflicting reports are being published that it is difficult to know if we are all speaking the same language. While as yet the cause has not been determined, there are so many irrefutable facts which have been observed and recorded, in the development and management of cancer cases, that we are in a position to lay down certain dicta which have the support of those members of the profession whose clinical experience is sufficiently large to warrant their acceptance. These facts are simple and uncontradictable:

1. Cancer always begins as a local lesion.
2. Cancer in the cervix develops with greater frequency than cancer in any other part of the woman's body with the single exception of the breast.
3. Cancer extends by continuity and metastasizes through the lymphatics.
4. Glandular enlargements represent nature's attempt at defense.
5. Cervical laceration with ectropion and erosion precede the development of cervix cancer in 93 per cent of the cases, and even in the absence of laceration, erosion with infectious leucorrheal discharge may be present. Billroth, said: "There can be no cancer without preceding irritation and inflammation". This is as true today, as when he uttered these words.
6. Certain women are potential cancer victims, while others can produce a great immunity against cancer. Maud Slye has experimentally confirmed this observation.
7. The cure of cancer depends (a) on the early diagnosis; (b) the type of malignancy; (c) the individual's immunity; (d) its radical removal or destruction before the growth has spread beyond the confines of the cervix or uterine body.

It must be admitted that the operable case is seldom seen. An investigation of the cancer clinics in this country shows that the operability rate is relatively low. By the operable case we mean a growth which is wholly within the confines of the cervix, the uterus movable and on careful rectoabdominal examination no appreciable parametrial infiltration or extension. This is the group which is classed as Group-1. This group makes up about 10 per cent of the cervix cancers in some of the large clinics. The remaining ninety (90) fall within the groups which are classed as borderline or advanced where extension has taken place into the parametrium or the adjacent vaginal wall or into the bladder and glandular metatasis or glandular reaction are present in the iliac or sacral glands. *These fall into the irradiation class and do not come into competition with radical surgery.* In this country, at least, we can say that there is not more than a 10 or possibly 15 per cent operability for cancer of the cervix. It is, therefore, only in this limited class that radium and deep *X*-ray therapy come in competition with the radical operation. When we examine a case of cervix cancer to determine its group, we should never omit to make a rectoabdominal examination and with the tenaculum in the cervix test the mobility of the uterus in order that we may note whether there has been any extension into the parametria. If this is done in the knee-chest position the slightest amount of limitation can be noted. Parametrial extension always limits motion whether it be an extension or an inflammatory reaction. Some of these Group-2 cases with moderate extension in the hands of such men as Bonney and Weibel and a few of the men in our own country, are operable; but for you and for me, the average operator, they are not operable and we do certain things which cause the woman to lose her life; for *cutting through cancer tissue spreads the growth.*

Some cancer patients seem clinically to have the power to immunize themselves against recurrence so long as their physical health is good, and apparently they do this after irradiation by encapsulation of viable cancer cells in fibrous tissue which remain quiescent in the glands owing to the closure of the afferent blood vessels. In this way

an insufficient amount of nutrition reaches the malignant cells and their proliferation is prevented. But if the cells of the neoplasm are permitted to escape by biopsy or other surgical intervention, it is a well known fact that recurrence is likely to take place.

Heiman inoculated rapidly growing carcinomata and sarcomata from the rat into the center of large spontaneous or transplanted fibromata and adenomyomata of the breast which resulted in the growth of a malignant tumor, but with a greatly reduced proliferative rate. This was especially noticeable in carcinoma—the carcinoma implants continued to remain encysted in the center of the benign tumor; while the sarcomata were able to grow along the track of the needle infiltrating the fibrous tissue and ultimately escape into the tissues of the host.

As stated above, if the cells of a malignant neoplasm escape beyond the dense protective fibrous tissue barrier by opening through this tissue by biopsy or by surgical intervention, rapid recurrence is likely to take place. This furnishes the additional evidence for the well-known fact that after a clinical cure has been produced by irradiation no further surgical interference should be permitted. It is further admitted that unless the operation is radical and removes every cancer cell or cancer node, death is hastened rather than postponed, for operation through cancerous structures stimulates malignant growth.

Early cervical cancer is seldom diagnosticated for the earliest clinical sign, a typical bleeding after coitus or manipulation, does not appear until tissue necrosis in the original lesion has occurred. This symptom is earlier in the proliferating, everting type than in cancer of the endocervix. Atypical bleeding associated with cervical laceration or erosion which gives the impression of infiltration to digital touch and which is friable to tenaculum pressure, permitting the tenaculum to tear out and cause bleeding, is always strongly suggestive of early malignancy. *All suspected cases should be subjected to biopsy study*, and all excised tissue routinely examined. One point about biopsy is, that the tissue removed should be excised with a very sharp thin-bladed scalpel and the cut surfaces seared with the actual cautery. No compressive instrument such as a punch or scissors should be used to take a biopsy specimen.

Broder, Martzloff and Cutler have attempted and have in a way succeeded in determining the degree of malignancy by classifying the predominating type of cell in epidermoid cancers. All are agreed that the embryonal cell type with its disorderly proliferation and marked anaplasia is the most malignant, most radio sensitive as well as being the most unfavorable type for operation. On the other hand, the adult spinal cell group is most favorable for surgery, could we depend on pathological differentiation there would be some basis for operation.

Radical operation means the removal of a wide cuff of vagina together with the uterus, ovaries, tubes and parametria including complete extirpation of the iliac and sacral glands. To many surgeons this is technically impossible and carries with it a primary operative mortality of from 8 to 40 per cent. Weibel and Bonney in their last 500 cases have reached the lower figure; but it must not be forgotten that even this radical procedure only applies to from 10 to 25 cases out of the 100, and if we add this primary mortality it leaves an extremely small proportion of permanent cures on the side of operation.

Years ago, Gaylord showed in his animal experimentation that implanted rat cancer became encysted and failed to grow so long as it was implanted into rats which were not potential cancer victims by heredity, who were properly fed and within certain limits had their freedom. He also proved that he could cause extension of the growth almost at will, (1) by traumatizing the surrounding tissue; (2) by bleeding the rat from its tail, taking off a few minims a day, or (3) by subjecting the rat to general anesthesia. In other words; trauma, hemorrhage and anesthesia reduce individual resistance and permit rapid cancer growth—*all three of these conditions obtain in the radical operation.*

While we have no exact knowledge of the etiology of cancer, constant clinical study has shown that the cervix is the most common site of chronic irritation. Infected lacerations and erosion with or without ectropion exposes the cervix to irritation and may cause cancer when added to hereditary susceptibility. Bonney claims that erosion is the usual precursor of cervical cancer. Some individuals who are *susceptible by heredity* may never encounter the type of irritation or lesion fitted to induce cancer in the locally susceptible tissues. Furthermore, the epidermoid type develops from the epithelial layers of the portio, and that cancer is seldom seen in the virginal or the repaired, or amputated cervix. This clinical fact is supported by the recent report of Pemberton and Smith, based on the follow-up study of the cases admitted to the Free Hospital for Women in Boston. Graves and Smith subjected all cervices removed and all removed portions of suspicious cervices to microscopic examination. By following this routine 16 cases of unsuspected cancer were found. This figure represents 2.39 per cent of the total number of cervical cancers seen at the hospital in the past fifteen years. These findings suggest the advisability of serial section of biopsy specimens and extirpated tissue as preventive in the cure of cancer; for the earlier the diagnosis and the earlier the institution of treatment the better is the prognosis. In this same follow-up study there were over 5000 cases on whom trachelorrhaphy, amputation and cauterization had been performed. In this group but five which includes one case

operated but a few months before, developed cervix cancer. Of the 1408 cases which had amputation or extensive cauterization, no case of cancer occurred. This suggests that *Prevention Should Be Our Slogan;* and that prevention should take the form of early cure in cervical lacerations, erosions and extensive ectropions. Such a plan of treatment will best safeguard the woman against cancer development.

This brings up the question as to when is the best time to treat or operate cervical lesions. Shall we defer operation on the cervix until the woman is past the childbearing period, or is it her right to have her lacerations repaired and erosion cured? I feel that in view of the findings just quoted which are supported by my own experience in a lesser number of cases where our follow-up is nearly 100 per cent; that if slight lacerations with ectropion and erosion are treated in the postpartum period with linear cauterization or electric coagulation that few except the extensive multiple lacerated, infected, everted cervices will require operation and that in this class, notwithstanding the fact that amputation diminishes fertility and predisposes to abortion or premature labor, the portial cervix should be removed.

Cervix cancer is either epidermoid (squamous cell) or adenocarcinoma of the portial cervix or it may develop as an adenocarcinoma of the endocervix. The location determines the lymphatic drainage and the routes of extension. The lymphatic drainage of the cervix through the lateral and posterior parametria is so abundant that one is not surprised to find early lateral or posterior parametrial infiltration. The cancer cell excites a surrounding tissue reaction which organizes as a scar tissue capsule and produces the typical infiltration. This is an attempt on the part of nature to block the invasion. It is the purpose of deep *X*-ray therapy or radium following operation to produce a similar tissue reaction in the cellular structures of the parametria and so block metastasis of the cancer cell.

Comparative study of statistics is always a most unsatisfactory pursuit—hence, I am bringing to you to prove my argument as to the relative value of irradiation and operation, only those figures from large dependable cancer institutes where the credibility of the data is undisputable owing to the character of the men who are making these reports.

From the Radium Hemet, Stockholm, between 1914-1923, 730 cases of all groups were actually treated with radium. These patients have had a follow-up of 100 per cent—of these 170 are cured after periods of five and seven years, making a percentage of cure in all cases of 23.1 per cent with a primary mortality of 2 per cent. Of the operable cases there were 183; 82 of these are still alive having passed the five, six and seven years period. This gives a percentage of cure in the operable cases of 43 per cent with no primary mortality. These figures have been surpassed by Doderlein who claims 80 per cent of five year cures in Group-1 cases. Cutler and Healy at the Memorial Hospital in New York report 66 per cent of cures in early Group-1 cases of the anaplastic type of growth. Ward at the Woman's Hospital reports 52 per cent of cures in all types of Group-1 cases.

By the foregoing review we have seen that it is possible with irradiation or radium alone, or radium supplemented by *X*-ray to cure from 43 to 80 per cent of certain types of cervical cancer when the lesion falls in what is classed as Group-1 cases. We admit that certain other cell types, notably the adult spinal cell cancer can be well handled by radical operation, but as I have stated before, there are few men who are technically equipped to do the radical operation—and even in the hands of the specially trained surgeon the cost is a human wastage of from 5 to 20 per cent in primary operative mortality. Consequently in any comparison of the relative value of irradiation versus operation, this actual loss of life must be taken into consideration and deducted from the percentage of cures.

Were we all Weibel's, Adler's, or Bonney's, operation would have a more favorable record—for instance, Weibel reports 1500 Wertheim operations for cancer of the uterus. This includes both cervix and body with the following results:

Incipient Cases	87 per cent
Mild Cases	52 per cent
Severe Cases	28 per cent
Very Severe Cases	14 per cent

To properly evaluate these statistics one must know the operability and understand what is meant by mild, severe and very severe cases.

Adler reports 1000 cases of vaginal hysterectomy after the Schauta technique followed by implantation of radium in the parametria close to the pelvic wall with 62 per cent recoveries. Bonney claims 62 per cent of recoveries with a primary operative mortality of 11 per cent. But it must be remembered that in this country the average operator is less well trained in this special branch of surgery. The results obtained have been most disappointing, and we feel that unless the procedure can radically be done it would better not be done.

In borderline and advanced cases where there is parametrial involvement or gland metastasis, operation does not come into competition with irradiation, for the results from radium have been so satisfactory to both the operator and the patient that surgery has passed into history.

In cancer of the body the conditions are entirely different, for primary cancer of the body is purely a local disease giving an early symptomatology which permits radical removal before the disease has spread beyond the confines of the uterus. Furthermore, if one will but think of the lymph-

atic drainage of the body and fundus through the lymphatic chains associated with the ovarians and through the round ligaments, one can readily appreciate that metastasis is, and must be of much later occurrence. The results from hysterectomy in this group extend well up to 80 per cent, most clinics reporting over 65 per cent of cures. *All body cancer should be operated as early as the diagnosis can be made.* The best practice in cancer of the body is, (1) diagnostic curettage to confirm the diagnosis; (2) irradiation of the cavity with 100 milligrams of radium for 24 hours—and then, after an interval of about six weeks following irradiation operation, (this time being necessary for the subsidance of intrauterine infection and the closure of sinuses and lymphatics to produce lymphatic block) the ovaries, tubes and uterus with wide portions of the parametrium should be removed by abdominal operation. All operations for corporeal cancer should be followed by deep *X*-ray therapy.

CONCLUSION

In conclusion we may state that the superiority of radium over surgery in the treatment of cervical cancer is now generally recognized by surgeon and gynecologist all over the world with the exception of the three men mentioned in this review, for, if carcinoma of the cervix is diagnosticated in its earliest stages, and radium treatment properly administered, it is possible to cure from 50 to 66 per cent of the cases. Surgical treatment of cervical cancer should be virtually abandoned since better results can be obtained by irradiation and *X*-ray therapy. The woman is better off with no operation than she is with an incomplete one. In early body cancer her best chance lies in radical operation followed by deep *X*-ray irradiation.

Hereditary Deforming Chondrodysplasia or Multiple Exostoses

Report of Six Cases in One Family

GEO. T. HARDING, III, M.D., and HUBERT H. FOCKLER, M.D.

A DISEASE which is represented in the American literature by seventy-one cases up to 1917, and in the English literature by fifty-three cases from 1917 to 1930 cannot be called rare. Ehrenfried[1] called attention to the fact that the occurrence seemed to depend on the interest shown in the disease. He found twelve cases in Boston in one year after becoming interested in the subject. Hale[2], in his recent review of the literature and report of three cases, speaks of the lost art of skeletal palpation as an explanation of the infrequent discovery of the condition. The rarer diseases are often overlooked because they are not considered among the possibilities. In the cases reported in this article the reluctance of the families to disclose a familial peculiarity interfered with an earlier recognition.

The first case reported in America was by Gibney[3] in 1875. Hawkins had described this condition in 1837 and Sir James Paget in 1853 noted —"that the tendency to osseous over-growth is often hereditary and that it results in a symmetrical deformity." Ollier is credited with the first complete study of the condition in 1899. Ehrenfried[1], however, clarified the confusion of terms and conditions introducing the descriptive name of the disease which he says was first used by Virchow.

Hereditary Deforming Chondrodysplasia or Hereditary Multiple Exostoses is a disease of congenital origin which is definitely hereditary and characterized by multiple cartilaginous and osteocartilaginous growths occurring chiefly on the metaphyseal portion of the bone. Secondary skeletal deformities result from early developmental defects.

The cause is not known. Infection, syphilis, rickets, central nervous system disease and endocrine disturbances have all come under suspicion. Kelley Hale[2], in the most recent review of the literature, argues for an interesting hypothesis. Re-introducing the question of the inheritance of acquired character and citing personal experiments he suggests that the multiple exostoses may be due to impressions made on the germ-plasm consequent to the fracture of bones in past generations. Keith[4], the anatomist, places it definitely as a disorder of growth—"in which deposition of new bone goes on while the second or remodeling process is retarded or completely arrested." Most recent writers are in agreement with this conception and distinguish it from the bone tumors.

The anomaly appears in many cases in infancy and usually before the age of four. In our cases the mother remarked that each of her children—"had a prominent lump on the rib of the lower right chest when they were born." Three of the four children show the characteristic bony deformity at present. The period of growth in the anomalies coincides with the usual developmental period and there is evidence of regression and even disappearance of the osteocartilaginous growth following puberty. The bones most frequently involved are those of the forearm and

From the Columbus State Hospital, Columbus, Ohio.

hand, the femur and the tibia. Hale emphasizes that these are the most frequent sites of fracture. The humerus, wrist and pelvis are commonly involved in the disease.

Certain typical distortions or deformities occur as a result of the shortening of the long bones, especially those of the forearms. This results in a bowing of the radius which is quite frequent and typical. The deformity was found in Case 1 and Case 6 of this report. Dwarfism, dislocations of the elbow, scoliosis and interferences with normal movements are rather frequent secondary skeletal deformities due to the unequal growth in the lengths of the bone. However, the disability is surprisingly small and Case 1 with a marked forearm deformity was a semi-professional wrestler and was known as the strong man at the garage at which he worked.

The complications reported are chiefly due to interference with the blood supply or to pressure on the soft parts. Abdominal organs have been perforated by bony spurs and pelvic exostoses may interfere in pregnancy. Ehrenfried[1] found that cystic degeneration was not uncommon and malignant osteocartilaginous tumors complicated 5 per cent of the reported cases he studied.

That heredity is the most important if not the only factor in the occurrence of this condition is generally recognized. It may be immediate from parent to child or miss a generation. It has been transmitted by unaffected mothers. Males are more liable to transmit it than females and the sex ratio is three males to one female. In the cases reported in the literature a study of the family history has often been omitted. It is probable that a thorough study would show that other members of the family were affected in the so-called non-hereditary cases. Hale[2] states that it remains to be proven whether an unaffected male can transmit the disease. He suggests that a thorough study of the heredity of this disease will shed important light upon the whole subject of heredity.

The reports of the following cases are presented:

Case 1. C. K. Age 39 years, male, white, married, mechanic, admitted to Columbus State Hospital 9-9-30, in an excited and violent condition. Mental, physical and laboratory examinations indicated general paralysis of the insane.

Past History—Strong, healthy man until four months before admission. Had been a semi-professional wrestler and auto mechanic. Married but wife was never pregnant.

Family History—Father was a salesman. Deserted when patient was 14. Patient's mother states that he had a lump on his left arm and his left coat sleeve always had to be made an inch or two shorter. On recent inquiry a brother and a sister of the father denied that any other member of the family had had this deformity. Mother good mental and physical condition, negative for skeletal deformities. Brothers and sisters of patient—one sister was an invalid after childbirth but is not affected. His three brothers each show evidences of this disease as reported subsequently.



Fig. 1. (from Case 1). Showing typical forearm deformity.

Physical Examination—An under-sized adult male, 59½ inches tall, weighing 108 lbs. Physical examination negative except for neurological changes in pupils and an exaggeration and inequality in the superficial reflexes. The deformities were apparent as soon as he was undressed. Palpation reveals that they were hard and fixed to the bone. The deformity was very marked at the knee and ankle on the left side. The peculiar deformity of the left forearm and an enlargement of the bone at both elbows could not escape attention. The deformity of the left forearm was found to be typical of the disease and is shown in the illustration.

X-ray examination—Skull, vertebrae and pelvis negative. Left clavicle shows small exostoses at the junction of the outer and middle third. On the humerus above the condyle on the left side there is thickening and some deformity. Radius bowed and deformed at the wrist, dislocated at the elbow. Left ulna shows outward bowing and does not engage in the wrist joint articulation; typical arrowhead deformity with exostoses about 3 cm. above the distal end. The right femur showed two large spurs directed upward from the epiphyseal line. The shaft is greatly thickened in the transverse diameter at the lower end. Spur on outer surface is 7 cm. in length. Right tibia shows widening of the proximal end and several exostoses. Normal range of movements in all joints except those of the left elbow.

The unusual findings in the case led to further questioning of the patient's relatives. The mother explained that the patient's father had had a



Fig. 2. (from Case 3). Showing several bony growths on distal end of femur and exostosis on tibia indenting and deforming the fibula.

lump on his left forearm with a noticeable shortening. The brother of the patient, Case 2, then revealed that he had a peculiar lump on his shoulder. Later it was learned that the deformity was present in the son and two daughters of Case 2, as reported in Cases 3, 4 and 5. *X*-ray examination was permitted only in the case of the son. The parents did not want to call the attention of their daughters to the condition and cooperation for a more complete study was not obtained.

Case 2. F. K. Age 37 years, white, brother of Case 1. While being questioned about his brother's deformities he revealed that he was covered with —"bumps all over his body." A large one on his left shoulder was large enough to be seen through his clothing and definitely interfered with the full range of movement. He has always been very sensitive about his deformities.

Case 3. W. K. Age 14, son of Case 2. Well developed, normal mentally and physically. The bony deformities were noted when he was two and a half years old. On the anterior surface of the upper right arm a finger-like projection about a centimeter above the skin surface indicated a sharp bony spur. This is seen in Illustration 2. It has frequently attracted the attention of his playmates and led to considerable embarrassment. *X*-ray examination showed small exostoses present on each of the distal phalanges. A very large growth was present on the outer side of the right femur and this measures 3 cm. across and 7 cm. in the longitudinal diameter. It was directed upward away from the epiphyseal line. Exostoses were present on the proximal ends of the left tibia and fibula. A prominent lump was noted on the left outer surface above the external condyle and a large exostoses of the left tibia was found present which indented and deformed the fibula at the ankle as seen in Illustration 3.

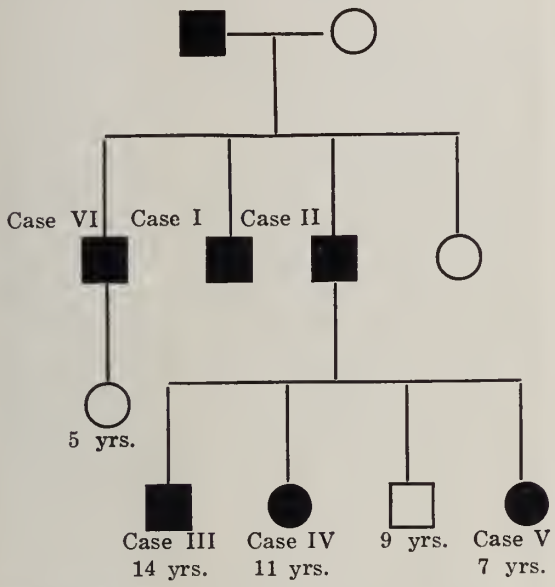
Case 4. L. K. Female, age 11, sister of Case 3. A normal, healthy child whose mother noticed—"a lump" before she was a year old. Bony enlargements on the ribs and enlargement of the inner surfaces of both knees were the only evidences of the disease that could be discovered by palpation. The mother is much concerned for fear they will become prominent as did her brother's during his growth period.

Case 5. Female, aged 7, sister of Case 4. Normal, healthy child. Bony irregularities discovered before she was a year old while the mother was bathing her. At present they are confined to her legs with enlargement on both tibias at the proximal end.

Case 6. R. K. Age 40, brother of Case 1. Has a prominent lump on his left arm and leg which have been present since infancy. He has a typical deformity of the arm but without loss of function. His daughter, aged 4, is free from any evidences of the deformity so far.

The following diagram of the family tree shows that three sons of an affected father inherited the deformity. His daughter alone escaped the disease. One son and one daughter have no children. One son has a daughter, aged 4, who is not affected. Of two boys and two girls, sons and

daughters of the other son, one male and two females are affected. With eleven possibilities seven individuals were affected. Five of these were male and two were female.



REMARKS

The hereditary factor in the occurrence of the disease is evident in these cases. While this has long been recognized the present report is one of the largest series of cases reported in any family studied. Percy[5] found that in a family of 113 members there were 25 affected males or 21.1% and five females or 4.4% with a ratio of five males to one female. Gibney's[3] cases revealed four affected individuals in two generations. Ord found five cases in two generations.

We failed to find any history of fractures in the cases we studied. Hale's[2] assumption that chondrodysplasia might be due to—"impressions made upon the germ-plasm consequent to fractured bones and their complex healing processes in past generations"—seems to us untenable. In that event one would anticipate gross disorders only in the bones injured in the ancestor or ancestors, assuming, as Hale[2] does, that impressions are made on the germ-plasm of the specific bone. Too many bones were involved in the two cases we studied thoroughly to make it easy to believe that fractures in that number had occurred even in many past generations.

It is a well established fact that exostoses most commonly occur on the end of the long bones that have the greatest per cent of growth in length. Hale[2] is right in calling attention to the fact that these same bones are usually the site of trauma, but they are also more frequently involved in other disorders of growth. We believe that the most acceptable explanation is the supposition of Sir Arthur Keith;[4] that the irregular overgrowth in the width of the diaphyseal cartilage is due to the failure of the limiting action of the subperiosteal formation of the bone.



Fig. 3. (from Case 3). Showing bony spur on the humerus.

SUMMARY

1. Hereditary Deforming Chondrodysplasia is often unrecognized because it is not considered among the possibilities.

2. It is characterized by multiple cartilaginous or osteocartilaginous growth and results in secondary skeletal deformities.

3. It appears in infancy and the most rapid growth of the tumors coincides with the period of rapid growth in adolescence.

4. Heredity is the most important if not the only factor in its occurrence. The ratio of males to females is three to one.

5. At present it would be considered a disorder of growth in bone.

BIBLIOGRAPHY

(1) Ehrenfried, Albert: Multiple Cartilaginous Exostoses (Hereditary Deforming Chondrodysplasia.) Jour. A.M.A. Vol. IXIX p. 1642—May 1915.

(2) Hale, Kelley: Hereditary Deforming Chondrodysplasia or Multiple Exostoses. Annals of Surg. Vol. XCI p. 92—July 1930.

(3) Gibney, V. P.: Multiple Exostoses. The Med. Record, New York, 1875.

(4) Keith, Arthur: Studies on Anatomical Changes which Accompany certain Growth disorders of the Human body. Jour. Anat. and Physiol. Vol. LIV p. 101—1919-1920.

(5) Percy, N. M.: Multiple Chondro ost oma Surg. Gyn. and Obst. Vol. XX p. 619—1915.

BACILLUS COLI MENINGITIS (a)

CASE REPORT

A. R. VONDERAHE, M.D., and
F. X. BAURICHTER, M.D., Cincinnati

Meningitis caused by *Bacillus coli* is relatively rare. Josephine B. Neal[1] reported only five cases in analyzing more than 1500 cases of meningitis in the Research Laboratory, Department of Health, City of New York. The same author collected all available cases from the literature and was able to record but forty-two. The literature up to 1926 is well summarized in Neal's article. No additional case reports were found up to the present time. An etiological factor in the present case was a public swimming pool. Due to the increasing number of public swimming pools, attention is being directed to diseases transmitted by them. De La Combe[2] collected in his own practice between July 21, 1928, and October 15, 1929, ninety cases of disease contracted in a Paris swimming pool. Otitis media was the most frequent condition encountered.

REPORT OF CASE

The patient, a boy of 11 years, admitted to St. Mary's Hospital, July 29, 1929, complained of a discharging right ear and of pain over the right mastoid area. Two weeks previously, the patient had been swimming in a public swimming pool and in the act of diving, had bruised his right ear. The next day a discharge was noted. The mother irrigated the ear daily. Two days previous to admission, the boy complained of pain over the right mastoid area; he also felt nauseated, but no vomiting occurred. The patient had had no contagious diseases of childhood, or any ear trouble. A year previous to admission, a tonsillectomy had been performed.

Physical Examination: At the hospital, a purulent discharge was noted in the right ear. There was extreme tenderness over the right mastoid area. The left ear presented no abnormalities. A nose and throat examination presented no abnormalities. The skin was hot, dry and flushed. The deep and superficial reflexes were normally active. Both sclera were clear. The pupils reacted to light and accommodation. The temperature was 106.6, pulse 110, and respiration 30. The remainder of the examination presented no abnormalities. A diagnosis of acute otitis media and mastoiditis was made.

Treatment and Course of Illness: An *X*-ray of the head, the day following admission to the hospital, showed cloudiness of the right mastoid cells. The following day, the temperature had fallen to 98.6, pulse 88 and respiration 20. A mastoidectomy was performed by Dr. F. X. Siegel. When the skin was incised, a foul, purulent discharge came forth in great quantities; the odor was similar to that often perceived in ruptured appendices. The mastoid cells showed marked necrosis. The necrotic area was curetted until healthy bone was uncovered. Through and through drainage of mastoid and middle ear was ascertained. The skin was closed over an iodoform drain with silk-worm gut sutures. The patient was returned to the ward in good condition, with a temperature of 98.6, pulse 86 and respiration 23. A smear of the pus from the mastoid cells indicated the probable presence of *colon bacillus*.

Progress of Case: On the third day after operation the packing was removed; a great quantity of foul pus came from the mastoid incision and auditory canal. The temperature was 102, at 7 A. M. and fell to 99 at 4 P. M. The patient apparently made satisfactory progress until the fifth day after operation, when he complained of pain in back of the right ear. There was still considerable drainage, with offensive odor, from the operative area and the auditory canal. On the sixth day after operation, the patient's temperature rose to 105.8, pulse to 130, and respiration to 38. He now complained of severe pain in back of the neck. The patient refused all foods. Sponge baths, aspirin and pyramidon brought the temperature down to 101.8. On the eighth day after operation, his temperature was 98.8. It seemed that the pain was less severe, however, and the patient had the appearance of being somewhat improved. The patient took some food on this day, but vomited for the first time during the illness. There was still a profuse drainage from the mastoid area. On the ninth day after operation, in addition to continuous pain in back of the neck, the patient complained of pain in the eyes. On the eleventh day after the operation, a neurological examination was made. At this time Kernig's sign was positive bilaterally, and there was a bilateral positive Babinski sign. There was marked retraction of the neck muscles. All the deep reflexes were exaggerated. Lumbar puncture was performed, and 20 c.c. of cloudy fluid obtained. Smears of the fluid yielded a gram negative bacillus, and culture of the fluid yielded *bacillus coli* in pure culture. Later in the day the patient lapsed into coma; spastic paralysis of the right side developed at 7 P. M, and a paralysis of both right and left sides was noted at 8:30 P. M. The temperature rose to 106 and the pulse became irregular. The patient died the following day.

Autopsy Report: (Dr. J. N. Ganim). The subject is a young white boy of fair development. Rigor mortis is complete. Post mortem lividity extends well toward the anterior surface. The skin and mucous membranes possess an icteric tint. The upper quadrants of both eyeballs present rather extensive areas of extravasated blood. The pupils are regular, the left being slightly larger than the right. Blood stains are seen about the nasal and oral orifices. The teeth are intact. The trachea is in midline. An incompletely healed right mastoid incision is closed with sutures except for the extreme lower edge. The remainder of the body surface shows little of note.

The skull cap is removed with comparative ease. The dura is intact but under some tension. The brain is enlarged and boggy. The subarachnoid space contains an increased amount of fluid. The vessels are decidedly injected. The convolutions are flat. The superior longitudinal fissure is incomplete in its anterior third. The base of the brain, from medulla to olfactory bulbs, presents an irregular deposit of essentially yellow colored membrane which extends for a short distance to the right lobe of the cerebellum. This membrane is limited to the leptomeninges. The lateral ventricles are relatively clean. The brain parenchyma everywhere gives an impresison of marked swelling. The remaining ventricles are not remarkable. There are no additional changes in the brain substance. An unusual yellow color is noted in the

(a) From the Department of Neurology of the University of Cincinnati and the Neurological Service, St. Mary's Hospital.

dura covering the base of the skull. The right lateral sinus is a thick cord, the lumen of which is lined with cream colored necrotic material. Both cavernous sinuses are one mass of septic thrombus. The right mastoid bone is the seat of both active necrosis and remote bony repair.

The heart is not enlarged. The pericardial sac is clean. Quite a few petechial hemorrhages are apparent in the epicardium. The valves are intact, but the endocardium also presents an occasional petechial hemorrhage. The myocardium is slightly paler than normal and somewhat more friable, and there is an appreciable interruption in its fibers. The pleural cavities are clean. Both lungs present irregularly sized, roughly triangular shaped, deep red areas of infiltration. The remainder of the lung parenchyma is essentially red in color, and yields much frothy fluid on compression. The tracheobronchial mucous membrane is slightly redder than usual, while the lymph nodes are not appreciably altered. The liver is larger than normal; its external surface is smooth. The cut surface of the liver is a combination of pink and pale brown colors, with markings obscured, and consistence more friable than normal. The gall bladder is not remarkable. The spleen is enlarged; its cut surface possesses a coarse wave-like appearance. Much of the pulp comes away on the knife edge. Both kidneys are swollen, opaque and icteric. The renal pelves contain numerous petechial hemorrhages. The ureters and urinary bladder appear normal. The gastro-enteric tract shows nothing remarkable.

Gross anatomic diagnosis: Acute fibrinal purulent leptomeningitis secondary to subacute otitis media, right; right lateral thrombo-phlebitis with bilateral cavernous sinus thrombosis; pulmonary congestion, edema and multiple infarctions; toxic changes in viscera, especially in spleen; petechial hemorrhages in serous membranes; low grade osteomyelitis, right mastoid; generalized icterus.

COMMENT

A case of *bacillus coli* meningitis with autopsy is reported. The case is of especial interest because the infection apparently had its origin in a contaminated public swimming pool. The case emphasizes the necessity of adequate sanitary supervision of this type of public diversion.

(1) Neal, Josephine B.: Meningitis caused by Bacilli of the Colon Group. Amer. Jour. Med. Sci. *172*:740 (Nov.) 1926.

(2) De La Combe: Paris Correspondence, J. A. M. A., 93:1983, (Dec. 21), 1929.

A Consideration of Craniocerebral Injuries

H. E. LEFEVER, A.B., M.D., Columbus

BEFORE a consideration of head injuries it is well to ponder over the words of the celebrated Samuel D. Gross. "It has been said and truly, that no injury of the head is too slight to be despised, or too great to be despaired of."

The present day frequency of head injuries, their great fatality, the extraordinary recoveries that are sometimes encountered, the common difficulty in diagnosis, the drama which often leads to or accompanies them, combine to surround these cases with a peculiar interest.

It is perhaps fitting to pause for a moment to pay tribute to the great minds who have accorded this subject more than passing interest, Hippocrates himself mentioned in his writings of the fatality that often accompanies injuries to the head. Ambrose Pare in his memoires described many cases of fatal head injuries, many of which he diagnosed correctly and was able to confirm the diagnosis at post mortem. The distinguished Baron Larry in his military career had a vast experience with this type of injury. To Sir Victor Horsley, perhaps, goes the credit of first placing the treatment of head injuries upon a firm foundation by a consideration of the underlying pathology. vonBergman studied the subject with the true Teutonic zeal for truth and to him we are indebted for many advances in the pathology and treatment of this injury. In this country Keen was undoubtedly the pioneer and modern neurosurgery is deeply indebted to this grand old man. Cushing, Sharpe, Weed and Dandy all made invaluable contributions, and so today, thanks to the laborious efforts of these great men, certain principles have evolved which have placed the treatment of this most important subject upon a rational basis.

That craniocerebral injuries are on the increase there can be no doubt. All statistics point to a gradual increase. For the sake of background we have made an attempt to secure some general data regarding injuries to the head in industrial and civil life in the United States. In 1928, the United States Department of Labor, Bureau of Labor Statistics, reported that in 1918 in New York State there were 2146 head injuries with 216 deaths. In 1928 there were in the same state 3997 head injuries with 300 fatalities. An analysis of the factors responsible is interesting. The automobile was responsible for 54 per cent of the injuries. The next most frequent cause was falls 23 per cent, blows were responsible for 20 per cent and 3 per cent due to all other causes, as gunshot wounds and so forth. In our series of 100 cases of fractured skull which we reviewed at the Philadelphia General Hospital 46 per cent were due to either automobile or motorcycle accidents. At the University Hospital in Columbus 50 cases of head injuries were reviewed from a standpoint of the etiological factor and it was found that transportation was responsible for 67 per cent, falls due to 19 per cent and blows due to 16 per cent.

Read before the Fayette County Medical Society, January 8, 1931.

PATHOLOGY

In our consideration of fractures of the skull we have as simply as possible classified them into four groups. Depressed fractures, compound fractures, linear fractures of the vault and fractures of the base. A compound fracture is considered one which accompanies either a break in the skin or one which if it occurs in the anterior fossae and extends through the cribiform plate causes a cerebrospinal rhinorrhea. If occurring in the middle fossa it may break into the external auditory canal.

No consideration of the pathology of this condition would be complete without emphasis on the possible danger resulting from blood in the cerebrospinal fluid. The fluid is, as you recall, secreted by the choroid plexes in the lateral and third ventricles and absorbed by the supracortical veins, venous sinuses, and Pacchionian bodies. But, if the hemorrhage in its absorption leaves behind a layer of white film of organized residue, coating the Pacchionian bodies and venous stomata of exit, it is readily seen how a stagnation can be produced and a chronically increased intracranial pressure exerted upon the brain.

In a consideration of extra dural hemorrhage the middle meningeal artery is the one most frequently injured, next the anterior meningeal. The blood sinuses not infrequently are injured and the resulting damage in either event is one of compression.

Of the cerebral injuries per se we have adhered to the old classification concussion, contusion, compression, laceration with and without hemorrhage.

Concussion is considered in a pure physiological sense. That is that the injury causes an alteration in the physiology of the brain and does not produce a demonstrable lesion. It is quite true that the same force which causes concussion may cause contusion, laceration or multiple hemorrhages, and a severe force is apt to do so. But we are not then justified in assuming that concussion is contusion or laceration; we should rather conclude that the individual had both concussion and a demonstrable lesion.

Following trauma the brain swells and edema results as does an injury in any other part of the body. But in doing so it encounters the confines of the cranial bones. This acts to herniate the brain into the foramen magnum and retard the absorption of the cerebrospinal fluid and as this is impeded the intracranial pressure is raised.

Of the lesions which are the late results of head injuries plastic arachnoiditis is probably the most common. This is a result of the violent reaction of the arachnoid cells to the presence of whole blood. Prominent too among the late lesions may be mentioned cortical atrophy which results from a continued elevation of the cerebrospinal pressure.

SIGNS AND SYMPTOMS

The initial symptoms of acute brain injuries are few. Most of the patients are unconscious for varying periods of time, so that their subjective sensations, if any, are not communicated. Headache of a throbbing, beating character is practically always present. At times it is only a dull heavy feeling in very mild cases, while in the patients who still remain conscious it is very severe and intense, the typical splitting headache and the resulting restlessness may be extreme. Nausea is very common and if the injury has been received a few hours after a meal vomiting may occur. It is, however, upon the signs of brain injuries that the greatest importance must be placed in the diagnosis and treatment. It must always be remembered that a brain injury is not necessarily present merely because the vault or the base of the skull is fractured or the head badly lacerated, and conversely, that a brain injury may, and frequently does, occur without there being a fractured skull or other signs of an external cranial injury.

Any bleeding coming from the nose, throat or ears should have its source investigated, but always under the most rigid asepsis. If cerebrospinal fluid is observed then a fracture of the skull must be present.

ROENTGEN RAYS

X-rays in cranial injuries are of great value in the accurate diagnosis of fractures of the skull, but it is only in the occasional patient having brain injuries that *X*-rays are of any great aid in the treatment of these patients. We believe that all cranial injuries of any severity should have roentgenograms taken in two or more planes. But to insist in the more serious traumatic conditions of acute intracranial lesions that an *X*-ray picture be taken, even if such a procedure should delay the institution of treatment, such as waiting overnight in order to have a picture taken, is, in our opinion, not only poor judgment but an extremely dangerous attitude. The sooner it is generally realized that the treatment in brain injuries, excluding, of course, depressed fractures of the vault, is not directed so much toward the ascertaining of the presence or not of a skull fracture and its location and extent, as toward the lessening of the effects of the cranial trauma upon the intracranial contents, whether there is a fracture or not, just so much sooner will these patients receive a rational treatment.

SHOCK

It is infrequent for cranial injuries to occur and not be associated with more or less shock, while it is most rare for brain injuries of any severity to exist without there being present the initial complication of shock. Only too frequently the condition of initial shock is so extreme that the patient is unable to survive it and an early death results from the shock alone. In this severe

condition of initial shock, the chief concern of the physician is not whether a fractured skull is present or not, or whether a Babinski reflex is present or not, but rather the early recognition of the severity of the shock and appropriate treatment immediately instituted. If the patient cannot survive the shock, it will be of no value or interest to him whether the skull was fractured or not, or whether a Babinski reflex was present or not. The condition is typical of shock, the patient may or may not be unconscious, the temperature is subnormal, the pulse rate 120 plus, the respirations increased, the blood pressure low. The primary thing to be remembered in this condition is to treat the shock.

If the patient survives the initial shock he may uninterruptedly recover without the intervening signs of an increase in the intracranial pressure or he may pass into the stage of cerebral and medullary compression.

MEDULLARY COMPRESSION

In the stage of medullary compression the patient presents a very definite group of signs and it is in this stage that all our efforts must be exerted to prevent the increasing edema which if not terminated will result in a medullary edema and a terminal medullary decompensation.

In the stage of medullary compression the temperature is usually slightly elevated, the respirations normal or slightly decreased but the pulse rate is distinctly lowered around 55-60. A pulse in the forties usually indicates an extreme degree of compression and is as a rule a forerunner of the next stage being medullary edema. The blood pressure will be found to be elevated but rarely above 160 except when the stage of compression is great. It is apparent that the earlier any degree of an increase in the intracranial pressure is ascertained and appropriate treatment instituted the less will be the possibility of an extreme degree of medullary compression resulting. We have two delicate methods at our disposal to determine early the presence of an increase in the intracranial pressure. One by means of a study of the eye grounds and the other by means of the spinal pressure reading. Although it is rare for a measurable papillo edema and choke disk to occur in these cases of traumatic intracranial lesions, yet the earlier, and therefore milder degree of an edema of the optic disks should be most carefully watched for, as being one of the most accurate signs of the presence of a definite increase in the intracranial pressure. Due to the presence of shock it is rare to find fundal changes earlier than six hours after the injury. As the patient gradually recovers from the shock and the blood pressure increases and with this a slowing of the pulse rate the intracranial pressure slowly increases. This increase in the intracranial pressure early produces two very definite changes in the fundus of the eye. one a dilitation of the retinal veins and a bilateral edematous blurring of the nasal halves of the optic discs. It is therefore, of the greatest importance to recognize these early signs of an increased intracranial pressure by repeated ophthalmoscopic examinations.

The second and most accurate method at our disposal is the measurement of the cerebrospinal fluid pressure at lumbar puncture by means of the spinal mercurial manometer. The normal presure is 8-10 mm. of mercury, so that if a pressure higher than 16 mm. is obtained at lumbar puncture, then the signs of intracranial pressure as shown in the fundus of the eye are confirmed. We may also determine at this time whether or not there is blood in the subarachnoid space.

By these methods if we determine that the pressure is increased we should bend every effort to lower it and so prevent an extreme degree of medullary compression which soon passes to the stage of medullary edema.

In this latter and fatal stage the temperature rapidly increases to reach 105° and higher, the respirations increase to 40 and more rapid, the pulse rate 120-140-160 and finally impossible to count. The blood pressure drops from the high point of the stage of compression to lower than that which it occupied in shock and the patient promptly dies. This period must be guarded against at all costs.

If the pulse rate which has been found to be around 50 suddenly starts to mount, 50-70-90 and above and the blood pressure which we have found to be around 160 starts to decline then a condition of medullary edema should be feared and if all other means to decrease the intracranial tension fail, then operation must immediately be considered.

Just a word about the diagnosis of extra dural hemorrhage. The original injury may or may not be severe and there is usually a latent period between the signs of concussion and of compression. This latent period will vary with the rapidity of the bleeding from the torn vessel. The early recovery from concussion gives one the impression that the injury is not a serious one, which impression has resulted in a fatality in many cases, the late symptoms going unrecognized until the onset of signs of severe compression.

Often the first signs are those of an irritative lesion of the contralateral face and as the bleeding increases this will extend to include the arm, trunk and leg of the contra lateral side. Therefore, we should be on the lookout for a progressive lesion starting with the face and gradually extending down.

Another sign of the utmost importance is that of a dilated pupil on the same side as the hemorrhage, a sign of extreme value.

TREATMENT

That head injuries are being considered in the light of the effect produced upon the cerebrospinal circulation and the damage suffered by the brain, rather than the extent and position of the frac-

ture line, marks a distinct step toward intelligent treatment. Because many fractures can be well demonstrated upon the *X*-ray plate it has been presumed then that a serious injury has resulted to the brain. Nothing is farther from the truth. The bones of the vault may take up most of the impact and transmit but little of the impact to the brain; whereas, a blow not causing fracture may cause death.

Treatment aims to prevent infection, combat shock and to keep the intracranial pressure within safe limits. Lacerations or contusions of the brain cannot be repaired by surgery. By preventing infection, combating shock and by keeping the cerebrospinal fluid within normal limits of pressure, we can provide the most favorable conditions for recovery; more than this we cannot do.

The various conservative methods of treatment, as brain shrinking, spinal and ventricular drainage and restricted fluid intake, have contracted the field of emergency cranial surgery to cases of compound fractures, depressed fractures, intracranial hemorrhage and intracranial pressure not relieved by non-surgical means.

The patient is first treated for shock as soon as admitted to the hospital or seen by the physician. The bleeding of the scalp, if any, is temporarily stanched. Heat is applied to the body, the head kept low and from 40 to 60 c.c. of a 50 per cent solution of glucose is given intravenously. The temperature, pulse and respiration are taken every fifteen minutes, the blood pressure is recorded every half hour and the pulse pressure charted. Under such treatment the patient may recover and never exhibit signs of an increase in the intracranial pressure.

After the recovery from shock, the head is raised and kept up to combat edema. A neurological examination may now be made and in serious cases the results are checked at frequent intervals in order to note early signs of a rapidly progressive lesion.

During this stage if the pain is severe, codein, acetyl salicylis acid or sodii amitol may be given. Morphine too often masks the important signs.

Lumbar puncture is routine and is one of the most valuable diagnostic and therapeutic means. A spinal pressure reading is made with the manometer and the character of the fluid is noted, whether it is bloody or clear. If the fluid is clear and without an increase in pressure, the patient is then placed on a strict limitation of fluids. It is well established that as fluid is given to the patient there is an increase in the cerebrospinal fluid production, and when the mechanism for its escape is damaged, increased intracranial pressure promptly results and later there develops generalized cerebral edema. Consequently, only fluids sufficient to meet the needs of the vascular system should be allowed. Not more than 600 c.c. of total liquid intake is allowed by mouth in 24 hours. If the spinal fluid is bloody it is our custom to drain to aid in the removal of the blood, because of reasons already mentioned. Taking the normal pressure as 8-10 and if the tension is found to be below 20 then sufficient is withdrawn to reduce it to normal. If the pressure is above 20 then enough is withdrawn to reduce the pressure one-half, withdrawing the fluid in 2 c.c. amounts.

If, in spite of the measures employed, cerebral edema begins to manifest itself by means of the signs already mentioned, then we have at our disposal one or more of four methods to deal with the condition, namely, 50 per cent glucose intravenously, 15 per cent sodii chloride intravenously, magnesium sulphate by mouth or bowel and repeated lumbar drainage.

The indications for dehydration or drainage, or both, are present when generalized signs of pressure are present. It was Weed and McKibben who first reported upon the shrinking properties of hypertonic solutions and this one discovery has greatly reduced the necessity of operating in order to decompress. Sodii chloride in 15 per cent solution given in 50-100 c.c. doses intravenously is a most powerful shrinking agent. Fifty per cent glucose in doses of 50-100 c.c. has the advantage that it is usually better tolerated and because it furnishes nourishment as well. Magnesium sulphate is perhaps the best of all dehydrating agents in that it is absolutely free from all dangers and may be given either by mouth or rectum. One and a half ounces may be given in four ounces of water and administered by rectal enema every four hours. By mouth one ounce of saturated solution of magnesium sulphate may be given each hour.

Where dehydrating fluids fail to show a gradual and persistent lowering in the cerebrospinal fluid pressure and the signs of cerebral compression progressively grow more pronounced, repeated lumbar punctures with drainage can be instituted in addition.

The operation of subtemporal decompression is reserved for those cases which do not respond to any of the above methods of treatment. However, if in spite of the treatment the pulse rate is found to be increasing and the pulse pressure is dropping so that these two tend to intersect then operation ought not to be delayed.

In a consideration of the after care an essential in all is mental and physical rest for a period from one week to four weeks or longer. An easy life should be lead for from one to two months. The patients are maintained on a restricted fluid intake level for approximately two months, gradually increasing from 600 c.c. to 1000 c.c. but not more than 1000 c.c. is allowed daily until after the second month.

However, unfortunately, in any series of severe head injuries there is always a certain number of cases which, in spite of any treatment used, are permanently disabled by persistent headaches,

dizziness and various cerebral disturbances. As a rule these patients are treated symptomatically and they are rather unwelcome visitors to most physicians. In 1922 Penfield, while injecting air into the ventricles through the spinal canal, in an attempt to localize a possible cerebral lesion in a patient who had had a head injury, noticed that the patient was relieved of excruciating headaches. Although the relief was permanent in this case the full significance of the result was not at that time realized possibly because the procedure was undertaken from a diagnostic and not a therapeutic point of view. Since 1926 Penfield has injected air through the spinal canal into the cerebral subarachnoid space in carefully selected cases and reported very favorable results from the procedure. Recently we have employed this procedure for its therapeutic effect in 26 cases and have obtained very satisfactory results in only eight so treated. I wish to only mention this as a method which in a small percentage of cases seems to offer some hope of benefiting these unfortunate individuals.

137 E. STATE STREET.

The President's Page

A Personal Communication to the Membership from

C. W. WAGGONER, M.D., Toledo

John Chalmers Da Costa, in one of his addresses once said something like this: "Many years ago the great, the wise, the eccentric, the irascible, the lovable John Abernethy, as he walked into the lecture room in St. Bartholomew's Hospital, looked out upon the crowd of medical students, and said, half in curiosity, half in sorrow, "Good God; what is to become of you all?" The same thought must often arise in the mind of every teacher. What will become of the students? We all know in a general way. All will die sooner or later. All will get more or less happiness and prosperity. Some will become rich. Most will continue poor. Some will remain bachelors. Most will marry and breed children for good or ill. Most will cleave to the profession for life. Many will abandon it. A very few will become eminent, but a majority will not. Some will rise as the soaring eagle, others will mount as the mousing owl. Some will snatch at comets and grasp them. Others will only pick up jelly fish and be stung for their pains. Some will set traps for birds of paradise and catch skunks. Some will dwell upon the muck heap. Others will move among the constellations of profundity, drinking in as mother's milk the glory of the stars.

In 1869 Sir James Paget endeavored to find a more specific answer to Abernethy's question. He traced the careers of 1000 pupils of St. Bartholomew's for fifteen years after their graduation: Only twenty-three achieved distinguished success; sixty-six attained considerable success; 507 attained fair success, that is, made a decent living but worked hard to get it; 124 did very poorly indeed; fifty-six failed utterly; ninety-six abandoned the profession; forty-one died while pupils; eighty-seven died during the first twelve years of practice, and twenty-one of them perished from diseases due to their calling.

The conclusion is that only 8.5 per cent of a class will attain eminence or achieve considerable success; that 50 per cent will make a decent living, but it will be bought by strenuous effort; that 18 per cent will do very poorly indeed, or will fail utterly, and that nearly 10 per cent will abandon practice. Were the estimate made thirty years after graduation, it would be found that a somewhat larger percentage had attained eminence or considerable success—that a somewhat larger percentage had failed—that a larger percentage had given up practice, and that a greatly larger percentage had died.

Not long ago the writer was discussing this question in a large medical center with men who had grown old in the profession, men who had taught many of our younger men who have attained a place in the sun; and received about the same answer that Sir James Paget found out in 1869 only this difference, i.e., fewer abandoned the profession.

At a rather large medical meeting recently, many papers were read and much talk was had regarding the lack of teaching of the methods of diagnosis which were used by men a decade ago, and much was said in criticism of mechanical devices which were being used to the great interference with ability which should be acquired by clinical observation.

One who has attended medical meetings for a number of years will remember having heard something similar to the above many times, and after all this ado, when analyzing the present, will find that most men are depending more and more upon such assistance and having progressively less confidence in themselves.

We are told that those who have hospital con-

nections have opportunities in the wards and semi-private rooms to examine large numbers of patients and so become more efficient in diagnosis, etc. Here again, if we examine the situation, we will find that seldom does any patient say he has been "examined too much", but many times says he has not had a sufficiently careful examination. And so we find that any doctor practicing any place, if he will take the time with each patient, will be doing just what the hospital staff doctor is doing, whether in the hospital or in a home.

With all the progress and improvement in technique there has not been found a short cut to diagnosis. Diagnosis remains a procedure of history taking—physical examination—figures and tests in laboratories and all other methods that are deemed necessary in individual cases, to bring out facts that may aid in arriving at a conclusion.

Thus we find that if the average of such as has been hinted at will be carried out, 80 per cent of sickness will be efficiently cared for by the general practitioner, and the public will be satisfied and maintain its confidence as in the past.

We hear so much these days from doctors about the abuse of ethics and profesisonal relations by members of the profession.

We are told that some irregularity is practiced in procuring cases one from another, sometimes to the great discomfort of earnest, conscientious and reliable men in the same community and this is emphasized as an indication of deterioration on the part of scientific medicine.

The doctors are aware of some of these practices—but what profession or trade does not have these problems? and to a greater degree? I can safely say that none are striving as hard as organized medicine to eliminate this pernicious element.

The integrity and fairness in the practice of medicine does not belong alone to the College of Surgeons composed of 9700 members or the College of Physicians composed of 2800 numbers to work out, but to every individual doctor wherever he may be.

Doctor, did you ever stop to think that if we loved this profession enough—herald its good points, worked with and for its members, at no time displaying any destructive criticism or disloyalty, to sum it all up "stuck together", Doctor, if we would do all these, in a very short time no outside influence could have any effect upon our progress and accomplishment.

And now to close: I have tried to give you information in this and previous messages as I have learned from experience and other men. If I have succeeded, not all of my work has been in vain.

To my successor whose qualities I admire and whose judgment I respect, I throw the torch—to him good luck and God care for.

Fatal Quack Treatment

The recent experience of an Ohio physician serves as an example of the unfortunate and often fatal results of self medication by patients and of the administration of so-called home commercial remedies by the incompetent or those who know little or nothing about the actions or reactions of various substances upon the human body.

The facts in the case are briefly this:

A physician was called to a home to attend a small boy who was suffering from rheumatic fever. The boy was dangerously ill and was suffering from a serious heart ailment due to the severity of the rheumatic condition. After several days of careful and efficient care under the direction of the physician, the boy began to show signs of improvement. There were reasons to believe that he would recover.

One evening, several hours after he had visited the patient, the physician was hastily summoned by the parents of the boy. Upon his arrival at the home, the doctor found the boy breathing his last. He died within a few minutes after the arrival of the physician.

Answers to several questions asked by the physician revealed that earlier in the evening and shortly after the physician had visited the boy, the parents had engaged a salesman for an electric vibrating device to administer a "treatment" to the youngster. The boy's heart, weakened by the rheumatic fever, was unable to stand the electrical stimulant. He died, the victim of either carelessness or ignorance on the part of his parents, and the incompetency of the salesman in matters demanding knowledge of the medical sciences.

Perhaps the boy might have died despite the efficient service being rendered by the physician. That, however, is not the issue. Death was directly caused by the employment of a doubtful and dangerous therapeutic agency under the direction of one totally unqualified to treat the sick and injured.

While the physician in this case was in no wise to blame for the tragic outcome, there is a moral to the occurrence which no physician can afford to disregard, namely:

Every physician when treating similar cases should make it a point to explain carefully the seriousness of the ailment to relatives or friends of the patient and definitely instruct them against permitting the use of therapeutic agencies other than those administered or prescribed by the physician in charge of the case.

Annual Report of the Committee on Public Policy

JOHN B. ALCORN, Chairman, (1933) Columbus
J. H. J. UPHAM, (1931) Columbus
H. S. DAVIDSON, (1932) Akron
C. W. WAGGONER, (ex-officio) Toledo
D. C. HOUSER, (ex-officio) Urbana
A. H FREIBERG, (special) Cincinnati
C. W. STONE, (special) Cleveland
L. L. BIGELOW, (special) Columbus
DON K. MARTIN, Secretary Columbus

Developments incident to the current social and economic unrest, supplemented and complicated by questions of legislative and governmental functions, have multiplied responsibilities, duties and activities of medical organization; which has endeavored to promote and protect public health and welfare, and to preserve the practice of scientific medicine by an independent, self-respecting medical profession.

The gradual invasion, by the advocates of unsound social and economic theories, into the fields of health and medicine has necessarily created numerous important problems and questions to affect and disturb the medical profession.

This committee has studied and analyzed many of these confusing and complex problems. It has been confronted with many factors tending to socialize medical practice, including the extension of free clinics; growth of health and social insurance ideas; propaganda for nationalization of property and socialization of personal services; numerous surveys and demonstrations, socialistic in motive; the tendency toward extension of governmental health and medical services through the creation of new bureaus, departments, and agencies, and the rapid increase in medical charity to those able to pay.

In meeting these and other questions, the Policy Committee has diligently endeavored to gauge its attitude and action by the greatest public benefit and with the idea always in mind that *what is detrimental to the medical profession and to scientific medicine is certain to be detrimental to the health and welfare of the public.* It has tried to represent the sound, concerted, conservative medical viewpoint on matters pertaining to public health and medical practice. It has jealously guarded the standards and unselfish motives of the medical profession. It has attempted to cooperate with groups and organizations interested in mutual questions in order to bring about unity of effort in matters of public interest.

THE LEGISLATIVE SITUATION

During the present session of the 89th Ohio General Assembly, there were introduced no less than 185 bills and resolutions which had *some bearing* on public health, public welfare, medical practice, medical education, statutory regulation of medicine or its branches, and allied social-economic questions. All of these proposals were carefully studied and analyzed by this committee in the light of the best available medical thought.

Previous to April 10, when the General Assembly recessed until May 11 to give the special joint taxation committee an opportunity to draft its program setting up a new tax code for the state, 925 bills and 156 resolutions had been introduced, a total of 1081 measures. Of the 925 bills presented, 162 had been passed by both the House and the Senate up to the time the Assembly recessed. Up to the time this report was compiled, 14 bills had been approved by the Governor and 5 vetoed; most of the remainder which were enacted were still to be passed upon by him.

The committee believes it is justified in saying that perhaps the 89th General Assembly was confronted with more unnecessary, faddish, reactionary, destructive, special-privilege and monopolistic legislative proposals than have been introduced in any other previous session.

The majority of the members of the Legislature were conservative, conscientious and earnest. However, there was as usual a rather radical group, willing to sponsor dangerous proposals, ready to make alignments and trades to gain support for pet bills, and striving to block the passage of meritorious measures unless promised consideration for worthless legislation in which they were interested. In fact, the modern theory of "racketeering" played too prominent a role, despite the earnest efforts of party leaders and influential members of both branches, to curb the activities of members who had unfortunately pledged their support to unreasonable and vicious proposals.

Never before have there been introduced so many schemes advocating social insurance, public pensions, state-aid, and other programs, in which the state is cast in the dual role of wet-nurse and banker.

There was ample evidence in the 1931 session of the General Assembly that bureaucracy, centralization of government, and extension of regulation and supervision of private pursuits are not pastimes in which the Federal Government alone is privileged to engage. No less than two dozen measures were introduced proposing new licensing and regulatory systems, to be administered by special boards, bureaus or commissions, for the purpose of legislating trades, vocations and enterprises into professions, and for the purpose of creating monopolies, restricting competition and to centralize control. Fortunately a minimum of this type of legislation was enacted.

In spite of the fact that a record number of measures were introduced at this session of the Legislature and in spite of the unprecedented number of vicious, destructive, foolish, merely unnecessary proposals, the ultimate result on the whole was good, rather than bad, from the standpoint of the public generally. Sixty fewer bills were passed by the Eighty-Ninth General As-

sembly (162) than by the Eighty-Eighth General Assembly (222), establishing an all-time record for a minimum of enacted legislation. Moreover, comparatively few vicious bills were passed, many of them having been properly killed in committee. On the other hand, considerable desirable legislation was enacted and comparatively little really necessary or constructive legislation was defeated or left unfinished.

TERM EXTENDER PROPOSALS

The Policy Committee has given thoughtful consideration to the proposal, advocated from time to time by various groups, to transfer the appointment of the State Director of Health from the Governor to the Public Health Council. The latest proposal of this nature was introduced in the present session of the Legislature as House Bill 538. We have also considered in this connection Senate Joint Resolution 30, which had passed the Senate and which proposed a constitutional amendment to extend the term of the Governor and other elective State officials to four years.

This committee has been mindful of the resolution adopted by the House of Delegates in 1922 which advocated "a longer tenure of office for the Director of Health". For several sessions following that date, the Legislature was not only reluctant but absolutely opposed to a change in the manner of appointment of the Director of Health as provided under the State Administration Code of 1921.

During each session of the Legislature since 1923, this committee has thoroughly considered, at length, the various phases of this question. The attitude of this committee is found in the minutes of its meeting of November 28, 1926, in which there was reaffirmed "the expression of the committee as announced in the minutes of the meeting of January 23, 1925, to the effect that since the resolutions adopted by the House of Delegates in 1922, favoring continuity of policy and personnel in the State Department of Health, that a number of problems had arisen which made it necessary as well as desirable for this committee to base its action and determine its policy in the light of present conditions."

The minutes of that meeting also state that: "Committee members expressed themselves on the great increase in the function and activity of public health administration during recent years and the tendency of government to intrude in the field of private medical practice. They expressed themselves as believing that the best interest of the public and of the private practitioners of medicine would be safeguarded, provided public officials are not too securely entrenched in their positions over a period of years, to such an extent that they may become unresponsive to the viewpoint of the public and to the policy of medical organization."

As shown by the minutes of the January 23, 1925 meeting, the Policy Committee, after consideration of many pending legislative proposals affecting public health and medical practice, adopted a motion to the effect that, "this committee should not endanger its position with the Legislature by insisting on amendments to the reorganization code at this time and to refrain from actively supporting such a proposal that might be introduced".

In reference to that motion, attention was called to the "fact that the resolution of the House of Delegates was enacted several years ago and that the Committee is not only justified but duty bound to modify its attitude".

On this same question, the minutes of the Policy Committee of December 14, 1926 record that, "In view of the mandates from the House of Delegates, it is obvious that the medical profession cannot support any legislation which does not safeguard the public and the rights of the medical practitioner; and contemplated legislation to extend the tenure of the state director of health, would continue to permit him to institute new regulations which may at any time be a violation of the letter and spirit of the resolutions of our House of Delegates concerning state medicine".

"In view of present problems we believe the state director of health should not be so definitely insured in his position that he might become aloof and unresponsive toward scientific medicine because of changes and developments in policies and theories of government."

Similar references are found in the minutes of this committee of September 20, 1924, March 1, 1925, and as recently as July 13, 1930, October 1, 1930 and February 1, 1931.

Following a discussion of pending House Bill 538, the Council of our State Association by unanimous vote, at its meeting on March 1, 1931, went on record as "favoring the present legal method for the appointment of the State Director of Health by the Governor, in the same manner as the appointment of other cabinet members".

The policy on this question may be summarized as a belief in the principle of a longer term for the State Director of Health, *provided* it can be assured that he will be responsive to and cooperative with the medical profession in private practice; and that any revised system of appointment or longer term shall be such that the Governor and the state administration can be held *directly responsible* for constructive, cooperative public health administration.

PUBLIC SERVICE RENDERED

Through the activity of the local legislative committeemen with the Policy Committee, medical organization in Ohio, we believe, has rendered a genuine and unselfish public service through its consideration of many problems of legislation and its contact with members of the Legislature. Abundant, accurate, scientific information and

advice has been made available to the legislators individually through our joint efforts.

The legislative committeemen, officers and the majority of the members of most of the component county medical societies and academies of medicine have been alert and responsive. In most counties effective contacts were maintained with the respective members of the General Assembly.

In a few instances, failure on the part of local physicians to take an active interest in legislative problems resulted in several legislators being confused about certain proposals in which the medical profession was vitally interested. This passive attitude "back-home", furthermore, hampered the efforts of this committee in forming contacts with several legislators.

However, the successful and beneficial results obtained generally, through prompt and active cooperation between the legislative committeemen and our State Association headquarters, prove that much can be, and has been accomplished through whole-hearted, concerted activity. Further, it has been conclusively proved that such cooperation is absolutely necessary to counteract the campaigns and propaganda of those seeking to destroy the safeguards to public health and lower the standards of scientific medicine.

The Policy Committee, as during previous sessions of the Legislature, followed closely the many bills in which the medical profession was interested; appeared at committee hearings to present the medical viewpoint on these issues, and kept the membership (through the legislative chairman of each component county society), promptly informed as to the progress of these measures and the attitude of their respective representatives on public health and medical questions.

Among the tasks undertaken and accomplished by the Policy Committee before the Legislature assembled was the preparation, publication and issuance of a legislative pamphlet setting forth the policy and attitude of the medical profession toward legislation and governmental administration. This pamphlet, in which numerous definite issues were analyzed and the medical viewpoint and policy regarding them set forth, was sent to each member of the Legislature, as well as to all legislative committeemen and officers of the component county medical societies for reference and information. As usual, in that publication the Policy Committee endeavored to make clear that the attitude of medical organization on various issues was scientifically sound, logical, practical, and, in the final analysis, in the interest of public health and welfare, the progress of scientific medicine, and the maintenance of proper safeguards to the legitimate practice of medicine as a private, competitive profession.

Throughout our activities, we have, at all times, endeavored to be non-political in attitude, and unbiased in our deliberations. We have avoided injecting the State Association officially into controversial questions on which there is a wide difference of opinion among the membership at large. This same, fundamentally sound attitude has been adhered to generally by the various county medical societies, legislative committeemen and officers of the county societies. Naturally, any interest that individual physicians may care to take in political matters and in controversial questions is not a question of medical organization policy and scope. Physicians as individuals have a perfect right, and even duty, to participate in and express themselves upon such public questions as their judgment indicates. However, professional propriety and diplomacy should not be lost sight of by members active in political and public affairs, even though they may be interested solely as individual citizens and voters.

In conclusion, your committee presents the following summary of some of the bills, many of which have health-welfare-medical angles, which it studied during the present legislative session, together with their respective status at the time the General Assembly recessed.

WELFARE, SOCIAL, MENTAL HYGIENE, ETC.

Senate Bill 8 (Rohe of Seneca). To make emergency appropriations to the State Department of Public Welfare and the State Department of Highways. **Enacted. Signed by the Governor.**

Senate Bill 10 (Dunipace of Wood), same as **House Bill 13** (Weir of Trumbull). Extensive revision and modification of the probate code of Ohio. **Enacted.**

Senate Bill 81 (Lowery of Muskingum). An emergency act, appropriating $50,000 to be administered under the State Director of Education through local boards of education for shoes, clothing, medical attention, and other necessities to enable school children in want to attend school. **Enacted. Signed by the Governor.**

Senate Joint Resolution 13 (Gillen of Jackson). Authorizing appointment of a joint committee of three to confer with the Governor relative to measures of relief for victims of the industrial depression. **Adopted by both houses.**

House Bill 61 (Kane of Montgomery). To provide that husband and wife residing in county poorhouse shall not be separated. **Enacted. Signed by Governor.**

House Bill 70 (Guard of Champaign). To change the word "indigent" to "needy" as applied to dependents of soldiers entitled to county relief. **Enacted.**

House Bill 102 (Pringle of Cuyahoga and Roberts of Mahoning). An emergency act to permit political subdivisions to borrow money and issue bonds and notes to provide revenues for poor relief. **Enacted.**

House Bill 103 (Hyre of Cuyahoga). To permit admission to the Madison Home of all widows or mothers of Spanish War veterans and nurses who served in that war. **Enacted.**

House Bill 114 (Aumend of Fulton). To provide that applications for a marriage license must be made not less than five days or more than 30 days before issuance, and that no license shall be valid unless the marriage is performed within 60 days after issuance of the license. **Enacted.**

House Bill 131 (Hyre of Cuyahoga). To provide that the penalty for abandonment of a mother or child or pregnant woman shall also apply to the abandonment of a woman who is in destitute circumstances. **Enacted.**

House Bill 175 (Zoul of Cuyahoga). To create a juvenile court for Cuyahoga County. **Enacted.**

House Bill 441 (Forney of Hancock). To bar from the Soldiers' and Sailors' Home all regular army men who are not veterans of a war. **Enacted.**

Senate Bill 20 (Emmons of Summit), same as **House Bill 120** (Rogers of Lorain). To provide for the sterilization of feeble-minded and epileptics before release from public institutions under certain conditions and after certain regulations have been complied with. Former pending on Senate Calendar; latter in House Committee on Benevolent and Penal Institutions.

House Bill 67 (Goodwin of Butler). To provide that counties which contract with private homes for the care of indigent children may ask electors to approve the issuance of bonds to finance enlargement of such homes under contract. Indefinitely postponed by Senate Committee on Political Subdivisions. Declared unconstitutional by attorney general.

House Bill 39 (Rogers of Lorain). To include the Grafton State Farm among state institutions under the control of

the State Department of Public Welfare. Senate Committee on State Institutions.

Senate Bill 74 (Taft of Hamilton). To permit counties to set up a county welfare department under a county welfare director and board, and to provide for the consolidation of certain county welfare activities. Amended to exclude county tuberculosis hospitals from its provisions. House Calendar.

Senate Bill 52 (Ackerman of Cuyahoga). To permit probate judges to require submission of a birth certificate to prove the age of an applicant for a marriage license. Defeated in House.

Senate Bill 32 (Ackerman of Cuyahoga). To provide that county shall pay $2 per day to dependents of person jailed for contempt for failure or refusal to pay alimony. Defeated in House.

Senate Bill 100 (Farnsworth of Lucas). To require that plans and specifications of mausoleums must be approved by the State Department of Health before space in them may be offered for sale. Defeated in Senate.

Senate Bill 159 (Espy of Hamilton). To provide that a child may not be brought into Ohio to be placed in a family home unless the person or institution responsible furnishes a $1000 bond in favor of the state to guarantee that the child will be removed from the state if he is found to have a venereal disease or if he becomes incorrigible or mentally unbalanced before 18 years of age. House Calendar.

House Bill 90 (Roberts of Stark). Creating in the State Board of Vocational Education a division of vocational rehabilitation for the benefit of persons disabled in industry. House Committee on Schools.

House Bill 95 (Weir of Trumbull). State Department of Public Welfare, instead of the State Board of Administration, sball have the power of appointment and control of the superintendent of the Girls' Industrial School. House Committee on Benevolent and Penal Institutions.

House Bill 555 (Addison of Franklin). To provide for the establishment of a juvenile court to be presided over by the probate judge in counties of less than 175,000 population and by an elected judge in counties over that population. House Codes Committee.

Senate Joint Resolution 20 (Reynolds of Cuyaboga). Providing for ratification by the Ohio General Assembly of the proposed amendment to the Constitution of the United States relative to child labor. Senate Calendar.

Senate Bill 98 (Gillen of Jackson). To abolish the office of State Director of Public Welfare and re-create the State Board of Administration. Senate Committee on State Institutions.

House Bill 571 (Caren of Franklin). To appropriate $300,000 for the State Department of Public Welfare to be distributed to counties and paid by juvenile courts for mothers' pensions. House Finance Committee.

House Bill 564 (Woehrle of Franklin). To require all probation officers to be under classified civil service. House Committee on County Affairs.

House Bill 589 (Mooney of Hocking). To make it mandatory for common pleas courts to appoint a probation officer. House Committee on County Affairs.

PENAL AND CORRECTIONAL

Senate Bill 68 (Ackerman of Cuyahoga). To provide that courts shall not fix the minimum period of imprisonment under the indeterminate sentence law, and that the minimum shall be the minimum provided by law for the felony of which the prisoner is convicted. **Enacted.**

Senate Bill 149 (Weber of Franklin). Creating within the State Department of Public Welfare a parole board of four persons, named by the Director of Welfare with the approval of the Governor, to supervise and regulate pardons, commutations, paroles, re-imprsonment, etc. **Enacted.**

Senate Resolution 39 (Gillen of Jackson). Providing for a commission to study prison reform and report to the Governor. **Adopted.**

Senate Bill 116 (Gillen of Jackson). To provide that tbe State Board of Clemency, with the consent of tbe sentencing court, may increase or extend the minimum sentence of prisoners and providing for appointment of probation officers by county courts. **Enacted.**

Senate Bill 117 (Gillen of Jackson.) Giving the Governor the power to parole a sick convict, instead of a full pardon as under the present law. **Enacted.**

Senate Bill 260 (Lorbach of Hamilton), same as House Bill 437 (Baker of Hamilton). Placing juvenile offenders, minors under 18 years of age, under the jurisdiction of the juvenile court. **Enacted.**

House Bill 594 (Nippert of Hamilton). Providing for submission to the electors of a proposal for a state tax levy to finance a construction program by the State Department of Public Welfare. Referred to Special Joint Tax Committee.

Senate Bill 172 (Yoder of Montgomery). To abolish capital punishment. Senate Judiciary Committee.

Senate Bill 231 (Gillen of Jackson). To provide that if, at any time before sentence, the attorney for a person accused of a crime suggests to the court that such person is not then sane, and presents a certificate to that effect to the court, the court shall proceed to inquire into the sanity of the accused, or may, in its discretion, impanel a jury for that purpose. Senate Calendar.

PUBLIC HEALTH, SANITATION, HOSPITALS, ETC.

House Bill 29 (Zoul of Cuyahoga). Authorizing city health districts to contract with the general health district in the same county or with other city health districts in the same county for public health services. **Enacted.**

House Bill 57 (Vail of Cuyahoga), and Senate Bill 66 (Norton of Cuyahoga). To apply the provisions of the federal statutes on the proper labeling as "poison" of various corrosive substances used in household cleaning and washing, to such substances manufactured, distributed and sold within the State of Ohio, as well as interstate commerce. **Enacted.**

House Bill 12 (Pollock of Stark). To provide for the creation of a commission to recommend such changes in the laws necessary or advisable for the regulation of the coal mines of Ohio for the protection of the health and lives of the operatives in such mines. **Enacted. Signed by the Governor.**

Senate Bill 321 (Lewis of Belmont). To revise, recodify and supplement the mining laws of the state. Drafted by the commission authorized by House Bill 12, mentioned above. To be considered when General Assembly reconvenes.

House Bill 180 (Niswonger of Montgomery). To provide that payment for injuries to persons caused by dogs, cats and other animals affected with rabies shall be paid from the dog and kennel fund, or the county general fund. **Enacted.**

House Bill 362 (Gault of Union). Providing more effective measures for the tubercular testing of cattle. **Enacted.**

House Bill 376 (Guard of Champaign). To increase the requirement for tbe amount of milk fat in ice cream and establishing higher standards for that industry. **Enacted.**

House Bill 427 (Williamson of Greene). To place the state's serum institute at Reynoldsburg under the control of the Ohio Agricultural Experiment Station. **Enacted.**

House Bill 127 (Goodwin of Butler). To declare it a misdemeanor for any person to have in his possession or to distribute a substance capable of giving off noxious odors or causing damage, while in or around a place of public assembly. **Enacted. Vetoed by Governor.**

House Bill 112 (Whitney of Delaware). To provide for the reimbursement of municipal and county officials for traveling expenses incurred by attending conferences on water supplies and sewage disposal, called by the State Department of Health. Senate Calendar.

House Bill 419 (Caren of Franklin). To permit the State Department of Health to establish standards of requirement of local health departments as a prerequisite to their securing proportionate shares of state subsidies to be used locally in the partial payment of salaries, and to permit boards of health to appeal to the State Tax Commission in disputes over funds allotted by local budget commission for public health work. House Calendar.

Senate Bill 263 (Lowery of Muskingum). To provide for medical and surgical care for indigent persons from surrounding counties in medical university hospitals through action of the probate court in the county of residence. Indefinitely postponed hy Senate Committee on State Institutions.

House Bill 140 (Johnson of Lake). To provide for the payment from the State Maintenance and Repair Fund of the State Division of Motor Vehicles to hospitals for the care of indigent persons injured in motor vehicle accidents. House Calendar.

House Bill 390 (Foster of Cuyahoga). To prevent the pollution of Lake Erie by giving the State Department of Health broader authority in relation thereto. House Calendar.

House Bill 588 (Mooney of Hocking). Amending the state narcotic laws relative to the prescribing and dispensing of narcotic drugs to drug addicts. House Health Committee.

House Bill 503 (Eickenberry of Preble). To make more stringent the enforcement provisions of the optometry law. Indefinitely postponed by House Health Committee.

House Bill 519 (Sheppard of Summit). To permit the coroner of counties of 100,000 population or more to fix the salary of their stenographers. House Committee on Fees and Salaries.

House Bill 538 (Mooney of Hocking). To place tbe appointment of the State Director of Health in the hands of the Public Health Council. House Calendar.

House Bill 291 (Bohnert of Pickaway). Authorizing the appointment of a commission to hold hearings on the subpect of eradication of tuberculosis among cattle. House Committee on Dairy and Foods.

House Bill 311 (Schweikert of Fairfield). To provide a penalty for failure on the part of a wholesale meat dealer to so wrap his product that no dirt, dust or insects can get in. House Calendar.

House Bill 312 (Addison of Franklin). To permit county commissioners to provide poor relief, including medical services, for needy persons in their own homes instead of in county institutions. House Calendar.

House Bill 351 (Bostwick of Madison). Making it optional instead of compulsory that school boards set up courses in physical education. House Calendar.

House Bill 356 (Sheppard of Summit). Providing a new sanitary plumbing code for the state. House Calendar.

Senate Bill 84 (Spangler of Pickaway), same as House Bill 196 (Caren of Franklin). To regulate the sale of wood alcohol by requiring poison labels on containers and tbat it be distributed only through registered pharmacists. Indefinitely postponed by health committees of both houses.

Senate Bill 213 (Eberle of Athens). To require garages

and filling stations to label and distinguish between anti-freeze solutions. Indefinitely postponed by Senate Health Committee.

Senate Bill 245 (Herner of Huron). To give inspectors of boards of health general police powers and making them a separate division of the sanitary police force. Senate Health Committee.

House Bill 128 (Keifer of Clark). To permit the Boys' Industrial School to accept offenders who may be suffering from a communicable or infectious disease. Senate Committee on State Institutions.

House Bill 166 (Forney of Hancock). To provide for the creation of a State Board of Hotel and Restaurant Examiners in the State Department of Health, to license, inspect and regulate hotels and restaurants, including roadside restaurants and tourist lodging houses, in accordance with the sanitary and health laws and under rules and regulations provided for in the measure. House Health Committee.

House Bill 411 (Zoul of Cuyahoga). To provide a penalty of $25 to $100 for anyone failing to comply with rabies quarantine. House Health Committee.

Senate Bill 45 (Johnson of Mahoning). To require that before a dog may be registered a certificate must be filed showing that it has been vaccinated against rabies. Indefinitely postponed by the Senate Health Committee.

Senate Bill 75 (Reynolds of Cuyahoga). To provide that no state institution or any institution under contract with the state, or any county institution or institution under contract with the county may spend money for dairy substitutes to be fed the inmates. Indefinitely postponed by House Committee on Benevolent and Penal Institutions.

EFFORTS TO CRIPPLE THE MEDICAL PRACTICE ACT, ETC.

House Bill 585 (Zoul of Cuyahoga), same as **Senate Bill 292** (Williams of Mercer). To create a separate licensing board for chiropractors; to extend the privileges of chiropractors, to designate them as "chiropractic physicians", to permit them to sign death certificates; and to give them legal right to treat all types of disease and injuries by physical and manipulative means, and even practice minor surgery. The usual type of destructive and dangerous chiropractic proposal. Indefinitely postponed by the health committees of both houses.

Senate Bill 58 (Weber of Franklin). The usual type of Christian Science proposal, to exempt the "practice of religious tenets", as an amendment to section 1286 of the General Code, defining the practice of medicine. This deceptive bill, if enacted, would have permitted anyone who claimed to practice religious tenets to treat all types of physical or mental illness, and charge a fee therefor, provided no medicines or material means were employed. It would have permitted the commercialization of prayer and interference with control of communicable diseases. This bill was also properly killed by the Senate Health Committee.

House Bill 4 (Bing of Erie), same as **Senate Bill 207.** (Dunipace of Wood). The osteopathic bill, to require all osteopathic applicants for license in the future to have two or more college years of preliminary education or its equivalent in addition to graduation from a college of osteopathy, but also would have permitted osteopaths now in practice to administer drugs and do everything a regular physician can do by merely passing an examination in materia medica and therapeutics given by the osteopathic examining committee. Furthermore, the higher educational requirement would not have applied to students matriculated in osteopathic schools at the present time. As considerably amended in the House Health Committee, the proposal would have required all osteopaths now in practice and now in osteopathic schools who desire to practice in an unlimited way to have pre-medical educational qualifications of two or more years of college work, or its equivalent, in addition to four years of osteopathic study, and to take examinations in materia medica and bacteriology under the State Medical Board, in addition to the subjects of anatomy, physiology, obstetrics, surgery and diagnosis, as now required. After being amended by the House Health Committee, the osteopaths were "split" in their support for the bill. It did not come to a vote.

WORKMEN'S COMPENSATION

Senate Bill 186 (Gillen of Jackson), and **House Bill 305** (Roberts of Belmont). Amending and supplementing numerous sections of the Workmen's Compensation Law as agreed upon by representatives of industry and labor, including a provision adding three new occupational diseases to the list of 18 now compensable under the law, namely, chromium poisoning, cyanide poisoning and sulphur dioxide poisoning. **Enacted. Signed by Governor.**

Senate Bill 273 (Nickels of Tuscarawas). To insure the solvency of the public employes' fund of the Workmen's Compensation Fund by changing the rate of premiums paid by political subdivisions and methods of handling this fund. **Enacted.**

Senate Resolution 30 (Anderson of Richland). Providing for a committee of four senators to investigate administration and alleged negligence or improper activity by some employes of the division of Workmen's Compensation in the State Department of Industrial Relations. **Adopted.**

Senate Bill 319 (Anderson of Richland). Drafted by the investigating committee authorized in Senate Resolution 30, mentioned above, and giving the State Industrial Commission the power to make stringent rules and regulations governing the conduct of its employes, as well as the conduct and practices of those appearing before the Commission as agents or counsel for claimants or employers, with severe penalties for violations set forth. To be considered when General Assembly reconvenes.

House Bill 407 (Schumacher of Cuyahoga). To permit domestic liability insurance companies to sell Workmen's Compensation insurance outside the state. **Enacted.**

Senate Bill 282 (Weber of Franklin). Adding claims for Workmen's Compensation to causes which survive at common law and providing that action may be brought notwithstanding the death of a person entitled thereto or liable therefor. Senate Judiciary Committee.

Senate Bill 283 (Weber of Franklin). Amending the Workmen's Compensation Act in such a way that the term "injury" would include any injury or disability caused by illness or disease arising out of or which is the result of the employment, in other words to create a "wide-open" occupational provision in the law. Senate Judiciary Committee.

Senate Bill 284 (Weber of Franklin). To permit minors, insane and prisoners to file claims for workmen's compensation within two years after the disability or incarceration is removed. Indefinitely postponed by the House Judiciary Committee.

Senate Bill 50 (Gillen of Jackson). To abolish the office of Director of Industrial Relations and to impose his duties on the State Industrial Commission. Senate Labor Committee.

Senate Bill 56 (Gillen of Jackson). To provide that when any employer of three or more persons who is not in the State Workmen's Compensation Fund or who is not a self-insurer neglects or refuses to pay an award made by the State Industrial Commission, the claimant shall be paid by the State Industrial Commission out of the surplus fund. Senate Labor Committee.

House Bill 413 (Zoul of Cuyahoga). To provide that only persons who have been practicing attorneys for five years may be appointed referees for the State Industrial Commission. Indefinitely postponed by House Labor Committee.

Senate Bill 310 (Eberle of Athens). To prohibit "ambulance chasing" by attorneys in Workmen's Compensation cases. Senate Judiciary Committee.

House Bill 40 (Cramer of Lucas). To eliminate a rehearing before the State Industrial Commission before appeal may be taken to the courts. House Judiciary Committee.

House Bill 343 (Keifer of Clark). To amend the Workmen's Compensation Law to permit appeal to the courts of decisions by the State Industrial Commission in occupational disease cases. Indefinitely postponed by House Labor Committee.

House Bill 398 (Curry of Cuyahoga). To make the State Department of Industrial Relations self-sustaining by paying salaries and over-head from the interest fund. House Committee on Fees and Salaries.

PENSIONS, INSURANCE, ETC.

House Bill 66 (Goodwin of Butler). To provide for a system of old age pensions, containing provisions of several other similar measures introduced. House Finance Committee.

Senate Bill 48 (Ackerman of Cuyahoga). Establishing a state employes' retirement system and creating a retirement board for administration of pensions under the system. Senate Labor Committee.

Senate Bill 25 (Reynolds of Cuyahoga), same as **House Bill 71** (Keifer of Clark). Creating an unemployment commission and a system of unemployment insurance. Indefinitely postponed by the Senate Labor Committee.

House Bill 272 (Ward of Geauga). To permit charter cities to establish their own pension and indemnity systems for firemen, policemen, sanitary police and other employes. House Committee on Cities.

LICENSING SYSTEMS, BOARDS AND COMMISSIONS

Senate Bill 54 (Ackerman of Cuyahoga). Creating a state board of barber examiners to license barbers and establish regulations and system of inspection of barber shops. Sponsored by organized labor and some barber colleges. Unnecessary legislation from the standpoint of sanitation and health. **Enacted.**

Senate Bill 9 (Farnsworth of Lucas). To license construction engineers and land surveyors. **Enacted. Vetoed by Governor.**

Senate Bill 27 (Finefrock of Stark). To make more stringent the laws dealing with embalming and funeral directing and provide for the creation of a board of embalmers and funeral directors, and separate or joint licenses for both **Enacted. Vetoed by the Governor.**

House Bill 282 (Hansen of Lucas). To provide for the examination and registration of architects by a State Board of Architecture Examiners. **Enacted.**

House Bill 115 (Porter of Hamilton). Providing for the licensing and regulation of dry cleaning establishments. **Enacted.**

Senate Bill 51 (Yoder of Montgomery). Providing for the creation of a state board of cosmetology to license hairdressers, beauty parlor operators, manicurists, etc., and set up regulations for the operation of beauty shops. An un-

necessary proposal from the standpoint of public health and sanitation, an attempt to legislate a trade into a profession. Senate Calendar.

House Bill 193 (Cassidy of Cuyahoga). To provide for the creation of a commission to study, revise and recodify the labor laws of Ohio. House Labor Committee.

House Bill 195 (Zoul of Cuyahoga). To create a State Board of Shorthand Reporting to examine, license and regulate shorthand reporters. House Calendar.

House Bill 222 (King of Vinton). To establish the Ohio Text Book Commission to have jurisdiction over all public elementary and high schools of the state. House Committee on Schools.

House Bill 541 (Foster of Cuyahoga). To require all retail drug stores to pay a license tax of $5 for a single store and for eight or more stores $250. House Taxation Committee.

Senate Bill 62 (Lorbach of Hamilton). To provide for the examination and licensing of motion picture projectionists. Senate Commerce Committee.

Senate Bill 73 (Ackerman of Cuyahoga). To establish a State Athletic Commission to license and regulate boxing in Ohio. Senate Taxation Committee.

Senate Bill 176 (Farnsworth of Lucas). To create a State Board of Accountancy to regulate and license the practice of public accountancy. Senate Committee on Banks.

Senate Bill 269 (Nickels of Tuscarawas). To abolish the State Board of Building Standards. House Calendar.

House Bill 19 (Addison of Franklin). To create a State Board of Elections to take over many of the duties now assigned to the Secretary of State. House Committee on Elections.

House Bill 72 (Paterson of Cuyahoga). To license persons engaged in the business of tree surgery. House Committee on Agriculture.

House Bill 313 (Justus of Franklin). To license chain stores. Referred to Special Joint Taxation Committee.

House Bill 373 (Goodwin of Butler). To establish a board on state contracts to ascertain how many and what contracts the state has entered into in perpetuity and to force performance of the same. House Calendar.

House Bill 426 (Harding of Gallia). To establish a juvenile code commission. House Finance Committee.

Senate Bill 185 (Spangler of Pickaway). To require the registration of fire arms and to license dealers in fire arms. House Calendar.

Senate Bill 190 (Lowery of Muskingum). To establish a state board of eight members to control the State Department of Education and to abolish the office of Director of Education. House Committee on Schools.

House Bill 537 (Lewis of Mahoning). Providing for the licensing and regulation of casualty insurance salesmen. Senate Committee on Insurance.

House Bill 584 (Zoul of Cuyahoga). To provide for the licensing of those engaged in raising chickens and for the regulation of the sale of eggs used for hatching purposes. House Committee on Agriculture.

House Bill 280 (Myers of Lucas). To require any person dealing in green or dried furs taken from an animal in Ohio to obtain a license. House Calendar.

House Bill 281 (Myers of Lucas). To require trappers to obtain a license. House Calendar.

MEDICINAL LIQUOR, PROHIBITION, ETC.

House Joint Resolution 1 (Nippert of Hamilton). Proposing a state referendum on the question of repealing Section 9 of Article 15 of the Ohio Constitution, which prohibits the sale and manufacture for sale in Ohio of intoxicating liquors as a beverage. Defeated in House.

Senate Joint Resolution 6 (Marshall of Cuyahoga), and **House Joint Resolution 14** (Corlett of Cuyahoga). Memoralizing Congress to call a constitutional convention made up of delegates selected by the states to consider and act on the question of repealing the Eighteenth Amendment of the Constitution of the United States and to provide for the submission to the states of any action which the convention may take. Former in Senate Judiciary Committee; latter on House Calendar.

Senate Bill 212 (Eberle of Athens). To change the limit on prescriptions for medicinal liquor for the same patient from one-half pint to one pint in any period of ten days. Indefinitely postponed by Senate Health Committee.

Senate Bill 247 (Herner of Huron). To permit physicians to prescribe one pint of medicinal liquor in conformity with the federal statutes, and to permit prescribing of wine, in addition to Sherry, of twenty-one per cent by volume. Senate Temperance Committee.

House Bill 266 (Lawrence of Cuyahoga). To permit physicians to prescribe one pint instead of one-half pint of medicinal liquor to one patient within a period of 10 days. Indefinitely postponed by House Health Committee.

Senate Bill 2 (Ackerman of Cuyahoga), **Senate Bill 6** (Herner of Huron), and **House Bill 26** (Zoul of Cuyahoga). To repeal the Crabbe Prohibition Enforcement Act of Ohio. Temperance Committees of both Houses.

Senate Bill 3 (Ackerman of Cuyahoga), **Senate Bill 7** (Herner of Huron), and **House Bill 27** (Zoul of Cuyahoga). To repeal the Miller Act creating the State Department of Prohibition Enforcement. Temperance Committees of both Houses.

Senate Bill 4 (Ackerman of Cuyahoga). To repeal the Dow-Aiken Act which imposes a fee of $1,000 on owners of property where intoxicating liquor is illegally sold. Senate Temperance Committee.

Senate Bill 5 (Ackerman of Cuyahoya). To repeal the section of the General Code requiring the observance of "Temperance Day" in the public schools. Senate Temperance Committee.

House Bill 35 (Hyre of Cuyahoga). To provide for the teaching in the public schools of the effect on the human system of alcohol and narcotics. Indefinitely postponed by the House Committee on Schools.

House Bill 36 (Curry of Cuyahoga). To amend the law to substitute for "Temperance Day' 'in the schools what shall be known as "Law Enforcement Day". House Schools Committee.

MISCELLANEOUS

House Bill 337 (Corlett of Cuyahoga). To define the practice of law. Before amended on tbe floor of the House to "ease up" some of the severe restrictions on voluntary associations and corporations, not for profit, the measure would have made it unlawful for voluntary associations, such as the Ohio State Medical Association, to furnish legal advice to its members, to answer inquirics on procedure in connection with state departments or statutes, and would have seriously interfered with some of the features of the medical defense plan. Defeated in the House.

Senate Bill 184 (Lorbach of Hamilton). To recodify the Ohio laws pertaining to impaneling of juries and the service of jurors, with definite exemption from jury service of physicians, lawyers, clergymen, etc. **Enacted.**

Senate Bill 191 (Norton of Cuyahoga). Providing regulations for gasoline filling stations, including a provision prohibiting smoking or striking of matches, etc., within 12 feet of any gasoline pump. **Enacted.**

House Bill 7 (Secrest of Noble—Bostwick of Madison). Providing for the reallocation to the state, cities, counties and townships of the funds derived from the motor vehicle gasoline tax. **Enacted.**

House Bill 45 (Beard of Montgomery). To regulate the sale and use of fireworks. **Enacted.**

Senate Bill 77 (Marshall of Cuyahoga). Amending the state law to permit the operation of motion picture theatres on Sunday unless otherwise designated by local ordinance. **Enacted.**

House Bill 601 (Johnson of Lake). Amending and revising the aeronautics code in accordance with federal laws and regulations, minus the provisions which brought forth the veto by the governor of a bill on the same subject earlier in the session. **Enacted.**

House Bill 104 (Pringle of Cuyahoga). Abolishing bills of sale in regard to motor vehicles and substituting certificates of title to regulate the transfer of titles to motor vehicles. **Enacted.**

House Bill 147 (Galehouse of Wayne). Making it illegal to tint oleomargarine the color of real butter. **Enacted.**

House Bill 190 (Harding of Cuyahoga). Giving the commissioners of Cuyahoga County permission to compensate Ellen Hunt up to $15,000 for allegedly illegal confinement to an institution for the insane. **Enacted.**

Senate Bill 295 (Yoder of Montgomery). Providing that state employes who are members of the Ohio National Guard shall be paid their salary during the two-weeks training period required of National Guardsmen. **Enacted.**

Senate Bill 23 (Whittemore of Summit), same as **House Bill 23** (Jones of Jackson). Extensive amendment to the Corporation Code of Ohio. **Enacted.**

Senate Bill 108 (Ackerman of Cuyahoga), same as **House Bill 239** (Marshall of Hamilton). To declare void all contracts where either party agrees not to join a labor union or an employers' union (The "Yellow Dog" Bill). **Enacted.**

Senate Joint Resolution 12 (Taft of Hamilton). To amend the Constitution of Ohio so as to provide for four-year terms for all elective state officials. Defeated in the House.

House Bill 528 (Galehouse of Wayne). To permit alumni of Ohio State University to present to the university a building or buildings to be used as dormitories and to authorize the board of trustees to accept such buildings. Lost when House refused to concur in Senate Amendments.

House Bill 530 (Creesy of Ashtabula). To provide for the division of counties into congressional districts and the apportionment of representation to Congress for Ohio under the 1930 census. Defeated in Senate.

Senate Bill 169 (Yoder of Montgomery). Providing that a person injured in a vehicle accident, not involving a public carrier, may not recover damages from any person or corporation from whom the driver, owner or operator of the vehicle could not recover because of the negligence or contributory negligence of such driver, owner or operator. Defeated in House.

Senate Bill 14 (Taft of Hamilton). Providing for the zoning and districting of counties and the regulation of buildings through county or regional planning commissions. Indefinitely postponed by action of the House.

Senate Joint Resolution 18 (Greenlund of Cuyahoga). Providing for submission to the voters of a constitutional amendment to permit the consolidation of county and city governments. Indefinitely postponed by House Committee on County Affairs.

House Bill 1 (Initiative Petition). To provide for the

licensing of automobile drivers. Indefinitely postponed by the House Committee on Motor Vehicles.

House Bill 2 (Initiative Petition). Providing a "Safety Responsibility Law" for motor vehicle drivers, requiring drivers under certain conditions to show proof of financial responsibility to meet judgments in suits resulting from motor vehicle accidents. House Calendar.

House Bill 76 (Addison of Franklin). Giving to all persons the right of trial by jury whether the offense charged is a violation of a statute or an ordinance. Defeated in House.

House Bill 106 (Foster of Cuyahoga). To abolish the election of a chief justice of the Ohio Supreme Court and provide that the justice having the shortest term to serve by election shall be the chief justice. Indefinitely postponed by the House Committee on Organization of State Government.

House Bill 581 (Goodwin of Butler). To provide for the establishment of county police forces. House Committee on County Affairs.

House Bill 322 (Myers of Lucas). Establishing a uniform traffic code for the state. Defeated in the House.

House Bill 598 (Abele of Cuyahoga). Permitting Ohio State University to patent and sell the rights to products of its Experimental Engineering Station. Defeated in the House.

Senate Bill 15 (Ackerman of Cuyahoga). Amending present laws relating to the standards of weights and measures. Indefinitely postponed by action of the House.

House Bill 9 (Walser of Perry). Making it unlawful to sell or possess a machine gun without a permit from the county sheriff, except when used by police, militia, etc. Senate Calendar.

House Bill 5 (Forney of Hancock). Providing four-year terms for county recorders, county clerks, county prosecutors and county coroners. Senate calendar.

House Bill 211 (Sheppard of Summit). To require that a person must be a citizen of the United States to take the bar examination in Ohio. House Calendar.

House Bill 292 (Jones of Portage). To establish a system of state and rural police. House Calendar.

Senate Bill 249 (Johnson of Mahoning). To provide that the Ohio State Pharmaceutical Association shall no longer be requested to submit recommendations to the Governor for appointments to the State Board of Pharmacy. Indefinitely postponed by Senate Health Committee.

Senate Bill 35 (Ackerman of Cuyahoga). Providing that it shall be corrupt practice for any person or group to demand of any candidate for any public office any pledge or promise of any kind. Senate Committee on Elections.

Senate Bill 57 (Gillen of Jackson). Fixing the qualifications of persons entitled to practice law and providing for an "All-Inclusive Self-Governing Bar" to which all new attorneys must belong. Senate Judiciary Committee.

Senate Bill 106 (Clark of Champaign). To require that contracts for public work must be let only to a citizen of the United States and that only citizens of the United States shall be employed on such work. House Judiciary Committee.

Senate Bill 107 (Dunipace of Wood). Providing that every automobile owner shall be liable for any injury caused by his car through negligence whether the car be driven by him or some members of his family. House Committee on Motor Vehicles.

House Bill 108 (Lawrence of Cuyahoga). To repeal the life sentence provision of the habitual criminal act. House Codes Committee.

House Bill 462 (Crowe of Lawrence). To provide that school boards may give school aid to needy children when the parents are unable to do so. House Calendar.

Senate Joint Resolution 22 (Lowery of Muskingum). Providing for submission to the voters of a constitutional amendment to repeal Section 4 of Article 6 of the Ohio Constitution which creates the office of superintendent of public instruction. House Committee on Schools.

House Bill 439 (Forney of Hancock). Authorizing cities to issue revenue bonds to construct, acquire or improve water works, electric heating, lighting and power plants and plants for the disposal of sewage and garbage. Indefinitely postponed by the House Committee on Cities.

House Bill 600 (Pringle of Cuyahoga). Giving the Cleveland Suburban Water Company authority to construct, maintain and operate water intake pipes into Lake Erie and withdraw and sell water taken therefrom. House Calendar.

Senate Bill 115 (Espy of Hamilton). Providing that state-aid colleges, universities and normal schools may erect dormitories, rest rooms and run boarding houses on borrowed money. Senate Committee on State Institutions.

By joint agreement between the two houses of the General Assembly, upon adjournment of the Assembly on April 10 for a month's recess, all pending bills and resolutions were automatically killed for the remainder of this session except those matters specifically preserved, through resolution, including taxation, appropriations, part of the welfare program and bills already, or yet to be, introduced by special investigating committees of this Legislature, such as recodification of the election and mining laws and suggested changes in administrative procedure in workmen's compensation.

Annual Report of the Committee on Medical Economics

J. CRAIG BOWMAN, Chairman, (1933) Upper Sandusky
GEO. EDW. FOLLANSBEE, (1931) ..... Cleveland
E. O. SMITH, (1932) ..... Cincinnati
DON K. MARTIN, Secretary ..... Columbus

Many new developments arising from the rapid growth of socialized movements in medicine and public health, the extension of state medicine, specialized activities in the health-welfare field, contract practice, investigations in the costs of medical care, and similar questions have been thoroughly considered by this committee during the past year.

The Medical Economics Committee is convinced that the attitude of medical organization and the medical profession on these new developments may well be gauged by the broad, general policies and principles recommended by the committee in its last annual report and adopted by the House of Delegates.

The exhaustive report on these serious economic and social questions made at that time defines the issues and frankly suggests the attitude which medical organization should take toward them. Circumstances of the past year have not decreased, but rather have increased, organized medicine's responsibilities in seeing that these questions are squarely and fearlessly met. As pointed out previously, provision should be made in each component society and academy for thorough consideration of social-economic problems, including information to the membership on the changing attitude of public opinion toward medical practice, together with constructive suggestions and plans for meeting justifiable demands in the correction of acknowledged deficiencies or abuses, and provision for promoting more effective medical service, in order that the majority viewpoint may be defined and expressed, and in order that there may be as great a degree as possible of harmony and effectiveness throughout our organization.

It is the duty of medical organization to offer to its individual members opportunities to discuss and study social-economic questions and to suggest ways and means for solving them. Medical organization could probably alleviate to a

greater extent the present disturbing situation if it undertook in a more forceful manner to acquaint some of its more socially-minded members with the fallacies and evils of some of the revolutionary movements which have the endorsement of a few individual members of the medical profession.

On the other hand, it would be impractical for medical organization to attempt to supervise, regulate and control the activities of its individual members in their private practice or to require such members to conform to the inflexible, standard regulations governing their relationships with the public, except on questions involving fundamental ethical and professional principles.

In the final analysis, the medical profession's principal hope for coming through this uncertain period with its professional ideals unshattered, its economic status secure, its initiative and ambition for scientific advancement unimpaired, and its zeal for unselfishly serving the sick public unquenched is a militant, united, harmonious and efficient organization, commanding the undivided loyalty of all reputable physicians, promoting the cause of scientific medicine, combatting methods that would reduce the profession to the status of a trade, and defending the public against the unwholesome influences of quackery and fanciful theories.

PROBLEMS OF WORKMEN'S COMPENSATION ADMINISTRATION

For the purpose of studying the relation of the State Workmen's Compensation law to the private practice of medicine, to promote better understanding and contact with the State Industrial Commission, a sub-committee of the standing Committee on Medical Economics was appointed (under the terms of Resolution D, adopted by the House of Delegates at the last annual meeting). The sub-committee consisting of Dr. A. B. Brower, Dayton, Dr. H. S. Davidson, Akron, and Dr. A. G. Cranch, Cleveland, has assisted this committee in its consideration of numerous problems and questions in connection with workmen's compensation and in relation to the best interests of the medical profession and public health. The cooperation and contribution by the sub-committee is hereby gratefully acknowledged by this committee and many of the suggestions from the sub-committee are incorporated in and made a part of this report.

Experiences of the past year, and of previous years, have demonstrated quite clearly that there are at least two sides to the workmen's compensation question, as in practically all other questions affecting large numbers of individuals and involving serious social-economic issues.

With this in mind, the Medical Economics Committee together with its special sub-committee has endeavored to approach and consider the important questions before it in a spirit of mutual understanding and with a desire to cooperate in practical, constructive attempts to dissipate misunderstandings and to remedy questionable conditions to the satisfaction of the great majority of those concerned.

During the past twelve months, numerous meetings and conferences have been held with officials of the State Industrial Commission and the Department of Industrial Relations. In addition, our state headquarters office has maintained a close and friendly relationship with the Industrial Commission for the purpose of assisting individual physicians in obtaining prompt payment of claims, in securing information for them, and in setting forth to the Commission the united medical viewpoint on questions that have arisen. It is the belief of this committee that the high degree of understanding and mutual cooperation which exist between the state headquarters and the Industrial Commission have been of supreme importance, both to the medical profession and those charged with the administration of the Workmen's Compensation Law, and should be maintained and strengthened.

Furthermore, it is the opinion of the committee that the medical profession, with its deep interest in the problems of workmen's compensation, *should continue to oppose changes* in the Workmen's Compensation Law *designed to meet isolated individual whims and misunderstandings, and that changes in that law should be undertaken only upon agreement and support by various well-informed groups*, concerned with the principles of workmen's compensation and who are qualified to render constructive advice.

FREE CHOICE OF PHYSICIANS

There are many important questions, controversial and confusing, arising from the administration of the Workmen's Compensation Law, affecting all those directly concerned, including the physicians of Ohio. Some of these issues have resulted from the failure of the administrative machinery to function in a perfectly efficient manner. Others have arisen through lack of cooperation and carelessness on the part of some physicians and the tactics of a few in presenting to the Commission questionable fee bills.

An important question considered by the committee is that involving the principle of free-choice, on the part of an injured workman under the Workmen's Compensation Law, in the selection of his physician. In its deliberations of this question, the Medical Economics Committee has made an extensive study of the Workmen's Compensation Act, of legal opinions, and has considered thoroughly the viewpoints of the Industrial Commission, individual physicians, the employe and the employer.

Section 1465-69 of the General Code of Ohio, being part of the Workmen's Compensation Act, relative to the right of self-insurers to employ physicians and furnish medical services direct to their injured employes, in part, says:

"* * * * such employers * * * * as may be of sufficient financial ability to render certain the payment of compensation to injured employes or the dependents of killed employes, and the furnishing of medical, surgical, nursing and hospital attention and services and medicines, and funeral expenses equal to or greater than is provided in sections 1465-78 to 1465-89, General Code, and who do not desire to insure the payment thereof or indemnify themselves against loss sustained by the direct payment thereof, may, upon a finding of such fact by the Industrial Commission of Ohio, elect to pay individually such compensation and furnish such medical, surgical, nursing and hospital services and attention, and funeral expenses directly to such injured or the dependents of such killed employes * * * *."

In 1914, the Attorney General of Ohio handed down the following interpretation of the above section of the General Code (Opinions of Atty. Gen'l., 1914, Vol. II, page 1556):

"If an employer, carrying his own insurance, under the provisions of this section, is permitted by the Industrial Commission to furnish medical attention by his regular physician to his injured employes and if the Industrial Commission authorizes such service to be exclusive, such employer can not be compelled to pay for medical services rendered by physicians other than the regularly appointed physicians of the employer."

This legal question concerning the right of a self-insuring industry, not only to designate the physician of its choice to render services to injured employes, but also the legal right of the industry to deny payment to a physician not so designated, but selected by the workman himself, has many ramifications and is undoubtedly a question on which viewpoints relative to legal rights, ethics, sound judgment and fundamental social-economic principles may differ.

One of the fundamental and basic principles for which medical organization has always stood is that of maintaining the free and unrestricted competitive private practice of medicine as a profession. As emphasized in pronouncements of policy and principle laid down by the House of Delegates of the State Association many times, "any plan, system or activity which tends to destroy or lessen scientific research, individual initiative and ambition, adequate remuneration for effort and ability, scientific independence, reasonable competition, personal responsibility; which would lower the standards of medical education or inculcate unsound ideas in the public mind toward scientific medicine, are wrong, unwise, impractical and will inevitably be doubly costly to the public."

Medical organization is, and should be, vitally interested in the protection of its own members and in safeguarding the social and economic independence of its members, believing firmly in that principle of ethics declaring it unprofessional for a physician to dispose of his services under conditions which interfere with reasonable competition among the physicians of a community.

On the other hand, it is the opinion of this committee that medical organization also is intended for the protection of the public and the rendering of adequate service, as summarized in the code of ethics of organized medicine. Therefore, it is important that the practical, economic angles be seriously considered in a study of this question of free-choice of medical service in connection with Workmen's Compensation cases of employes of self-insuring industries.

It is a definite, legal fact that employers are responsible to their employes not only to protect them whenever possible from injuries and disabilities, but also to see that they have adequate medical and surgical attention when incapacitated through industrial employment. This responsibility is great, both from a humanitarian and economic standpoint. Such responsibility, it seems to this committee, is of extraordinary importance in the case of the self-insuring industry which is required to pay from its own funds compensation to injured employes as well as to the physicians furnishing medical and surgical services.

It is only logical to assume, since the self-insuring company bears the entire expense in industrial disability cases and assumes the entire responsibility for the prompt and complete recovery, if possible, of the injured workman, that it is good business on the part of the industry to select and provide capable medical attention.

For that reason, many large industrial concerns, a considerable portion of which are included in the approximately 260 self-insuring firms in Ohio, have established medical services of their own to render efficient service to injured employes, to minimize the time from work, and to rehabilitate injured employes as promptly as possible, both for the sake of the employes and for the good of the industry.

Some industrial concerns have hospitals that are equal to many of the privately operated or municipally owned hospitals of their communities. It is known that large industries do not attempt to save money on the employment of their medical service. Such industries usually select their physicians carefully and pay them adequately.

In the opinion of this committee, large industries have not taken such steps because they believe equally as efficient service would not be available outside the factory walls at the hands of some private practitioner. Industries furnishing such service, it is believed, have done so simply to insure the injured employe adequate and prompt service.

Numerous instances are known where industries which have well-equipped and highly-systematized medical services have permitted injured employes, who insist, to go to their family physicians providing the physician designated is deemed competent to handle the case.

Also, it is understood that the Industrial Commission has never authorized the services of the physicians of any self-insuring employes to be

exclusive but has merely permitted self-insuring concerns to require their injured employes to accept the services of the company physician. In cases where the injured employe seeks the services of another physician, the Commission permits the claimant to present the matter for adjustment and decision as to whether he was justified in selecting his own physician.

Therefore, while your committee recognizes that in isolated instances, the legal right of a self-insuring company to refuse to pay for medical service rendered by physicians other than regularly appointed physicians of the employer may work a hardship on the individual private practitioner and cause him to incur financial loss through inability to collect either from the company or the injured man, it, on the other hand, believes that it would be contrary to sound, social and economic policy for medical organization to demand "free choice" by injured employes in all cases, especially in cases of self-insuring firms.

After all, this particular problem is not as serious or widespread as might be supposed for there are approximately 43,000 industries in Ohio which participate directly in the state fund of the Industrial Commission, the employes of which have *free-choice* of physicians for their medical and surgical service, for industrial injuries; while there are but 260 *self-insuring* industries in the state.

Furthermore, your committee feels that in general the medical profession of Ohio is in a much more favorable position with regard to the free-choice of physicians in workmen's compensation cases than most other states, many of which have compensation laws which do not permit the right of free choice of physicians even in *state cases.* An antagonistic attitude on the part of the medical profession toward the right now granted to self-insurers only in Ohio might result in a disruption of the friendly and cooperative spirit that exists generally throughout the state between industry and the medical profession.

THREATS AND HAZARDS

Instances of physicians in various sections of the state having been threatened by dissatisfied claimants in workmen's compensation cases because of an adverse report made to the Industrial Commission by these physicians, and on which the Commission's findings were based, have been given careful consideration.

Several years ago a Columbus physician was murdered in his office by a patient because of a medical report which the physician had filed with the Industrial Commission in connection with the man's application for workmen's compensation. A number of similar tragedies have been reported in other states within recent years, especially during times of industrial depression.

The recent threats made to physicians and the general policy involved have been discussed with officials of the Industrial Commission. It has been suggested to the Commission that information given by physicians in workmen's compensation cases should be held in confidence by the Commission and that claimants should not be told of nor permitted to see medical reports, honestly and conscientiously made by physicians, which fail to uphold the claimant's demands for compensation.

In the opinion of the committee, prompt action must be taken by the Industrial Commission in meeting this situation to insure cooperation and detailed, unbiased information from physicians in controversial cases before the Commission.

POOR PRECEDENT ESTABLISHED

Within recent months, the question of injured workmen receiving medical and surgical treatment outside of Ohio at the expense of the Industrial Commission has been considered.

The attention of the Medical Economics Committee was called in particular to one instance in which the Industrial Commission had paid medical fees and traveling expenses for an injured workman for an examination at Rochester, Minnesota.

It is the belief of this committee that the opinion expressed by the Council of the State Association on such procedure and policy, that it is improper for the Commission to finance the examination or treatment of Ohio claimants under the Workmen's Compensation Law outside of Ohio, is correct. It is difficult to conceive of an industrial case arising that could not be adequately and efficiently cared for in Ohio with its wealth of competent and skilled medical and surgical talent. The attitude of the State Association on this question has been communicated to the Commission.

"MEDICAL ONLY" CASES

Numerous problems and questions relative to the routine procedure at the office of the Industrial Commission in the handling of medical and surgical cases compensable under the Workmen's Compensation Act, the payment of physicians' fees, correspondence between the Commission and physicians, etc., have been considered by your committee.

Experience has shown that a major portion of the difficulties arising between the Commission and the medical profession in routine matters are due to the handling and payment of "medical only" (Form C-3) cases.

The attention of your committee has been called to the fact that numerous cases have arisen where the employer has either refused or failed to sign the "medical only" report, or has failed to send it to the Commission after it has been properly signed. In such instances, the physician, presuming that the form has been properly signed and filed with the Commission, waits many months for his fee without result and is put to much trouble and time to find the source of the delay and get the Form C-3 started in the regular channel.

In other instances where the physician has the authority of the employer to send "medical only" forms direct to the Commission, these forms are sometimes permitted to accumulate, and precedence given to the claim filed, involving "compensation" in addition to medical fees.

The Medical Economics Committee and the State Association headquarters, through conferences and correspondence, have endeavored to assist the Industrial Commission in working out improvements in the present system of handling "medical only" cases and speeding up the payment of physicians' fees in this particular class of cases.

The possibility of initiating a system whereby physicians would be informed of the number assigned to cases as soon as the reports are filed with the Commission has been suggested by this committee and is being considered by the Commission. It is believed that such procedure would accomplish two things that would assist in solving some of the present difficulties, namely: it would inform the physician that the employer had filed the report with the Commission and it would enable the physician to correspond more intelligently with the Commission regarding cases, since cases are filed with the Commission by number.

Partially due, perhaps, to the insistence of the Medical Economics Committee, a remedy for present difficulties already has been inaugurated by the speeding up of the handling of "medical only" cases to about one week's routine and by reporting to physicians the case number of prolonged cases or those held up for further investigation.

The Medical Economics Committee also has called the attention of the Commission on several occasions to criticism by physicians regarding the delay or neglect in answering inquiries on cases, in informing physicians that additional information or data are desired, and in the prompt payment of physicians' fees in cases which have been referred to physicians directly by the Commission for special examination or treatment.

Perhaps due to the activities of the Medical Economics Committee, the Commission has authorized the payment of fees for *medical expert testimony* in contested or complicated cases. While there is no set fee schedule for such services, the Commission, when the matter was called to its attention, recognized the value of such testimony and the inconvenience often sustained by physicians subpoenaed.

The question of filing, storing and handling of X-ray films also has been discussed on numerous occasions with officials of the Department of Industrial Relations, and, as a result, no hasty action in promulgating arbitrary and impractical regulations which would have worked a hardship on the private X-ray laboratory or individual physician has been taken. Great strides, however, have been made throughout the state in safeguarding and regulating the hazards of X-ray storage and filing through cooperative understandings between the department, hospitals and physicians.

OCCUPATIONAL DISEASES

New angles to the difficult and controversial questions in relation to occupational diseases and their compensability under the Workmen's Compensation Law have been studied during recent months in conference with representatives of various groups.

The Medical Economics Committee, in strict adherence to its previous policy as approved by the House of Delegates of the State Association on various occasions, has consistently recommended the retention of a carefully prepared schedule as the proper method for compensation of occupational diseases. Further, it has expressed the belief that all diseases, processes and agencies found from experience as possible sources of distinct and definite occupational disability and diseases should be added to the list of compensable occupational diseases by legislative enactment as soon as they have been definitely defined and their origin definitely determined.

During the present session of the Ohio General Assembly, the list of compensable occupational diseases was increased by three, namely: chromium poisoning, potassium cyanide poisoning, and sulphur dioxide poisoning. This was provided for in the "agreed" workmen's compensation bill prepared jointly by representatives of labor and employers and which was given preference by the Legislature over all other workmen's compensation proposals, including one which would have amended the Workmen's Compensation Law in such a way that the term "injury" would include any injury or any disability caused by illness or disease arising out of or which is the result of the employment. This proposal, which was rejected, would have written a "wide open" occupational disease provision into the law.

SENATORIAL INVESTIGATION

Close contact was maintained with the investigation by a State Senate committee, of alleged questionable practice before the Industrial Commission and of charges of inefficiency within the Division of Workmen's Compensation of the State Department of Industrial Relations.

Testimony given at hearings conducted by the committee and data written into the record revealed that certain legal firms and so-called "service" or collection agencies throughout the state have been doing an extensive commission and contingent-fee business among claimants in workmen's compensation cases by promising to obtain quick settlements for them before the Industrial Commission. Several employes of the Commission were charged with having assisted these agencies in their unethical practices. Some examples of falsified reports which have been

filed with the Commission were presented to the investigating committee.

The investigating committee also was given information tending to show that some employes of the department had taken too much liberty in giving out information contained in the files of the Industrial Commission; that there has been too free use of the claim files by the public, and that there had not been any regulation in regard to practice either by attorneys, agents or corporation before the department.

Furthermore, the committee was informed that although the present department has been doing a great volume of work, 90 per cent of which has never been the basis for complaint, there has not been an adequate amount appropriated for employing sufficient help for the department.

At the conclusion of its investigation, the committee issued a summarized report of its findings and made the following recommendations:

1. Adequate funds should be appropriated to insure efficient service from the department.
2. The personnel of the medical division of the department should be increased.
3. Work of the department should be centralized so that claims can be more quickly and correctly handled.
4. A reorganization of the department should be undertaken to better handle the great increase in the number of claims filed.
5. A more adequate legal department should be established, making it unnecessary for a member of the Commission to act as legal adviser in many matters coming before it.
6. The commission should adopt rules to properly safeguard, keep and protect its files, records and information.
7. The Commission should make rules and regulations to control the conduct of those who appear and practice before it.

Through its chairman, Senator C. J. Anderson, Shelby, the committee introduced a bill (Senate Bill 319) in the General Assembly giving the Industrial Commission authority to carry out the provisions embodied in recommendations No. 6 and 7, listed above.

This investigation further emphasizes the suggestion that has been issued time and again by this committee and in *The Journal* that it should not be necessary for physicians to place fee bills in workmen's compensation cases in the hands of collection or "service" agencies, but to take the matter up directly with the Commission. Then in case of delay or misunderstanding, notification of the facts should be made to our State headquarters office which has cooperative working arrangement with the Commission for reviewing claims for members of the State Association, and which plan has approval of the Commission.

Many other questions of interest to physicians handling workmen's compensation cases have been studied by the Medical Economics Committee but time and space will not permit an analysis of them in this report. The following articles published in *The Journal* on workmen's compensation problems, however, should be considered a part of this report and should be carefully perused by those who have not already done so: March, 1930, issue, page 254 and page 280; April, 1930, page 326; June, 1930, page 509; July, 1930, page 623; August, 1930, page 699; September, 1930, page 771; November, 1930, page 943; January, 1931, page 67; February, 1931, page 148.

LABORATORY SERVICE

Further serious consideration has been given during the past year to the increasing amount of clinical laboratory service given by public health laboratories and its effect on clinical laboratories operated by physicians in private practice.

In its last report to the House of Delegates, the Medical Economics Committee reviewed in detail the various angles of this important and complex question and summarized recommendations of policies on this question which had been made in previous years by this committee, especially the recommendations and suggestions made by the committee following a state-wide survey of the situation in 1924.

Since the last annual meeting, a number of conferences between this committee, specialists in private laboratory practice, representative general practitioners and specialists, and public health officials have been held at which an effort was made to solve some of the issues involved.

Reports submitted by physicians specializing in laboratory practice and diagnosis contend that the increasing amount of work done by the Laboratory of the State Department of Health and municipal public health laboratories throughout the state has had a tendency to destroy the incentive for physicians to specialize in laboratory work; is working a hardship on private laboratories who are being forced to compete with laboratories supported by public funds; is gradually widening activity tending toward state medicine; and is detrimental to the public health since it has a tendency to eliminate the close relationship that should exist between physicians and the public.

It was pointed out that despite the action of the State Department of Health in 1924 in having printed on Wasserman report cards submitted by physicians to the State Department of Health Laboratory the wording "This Service is Limited to Indigent Persons Only," that the number of Wassermanns per month on the average done by the state laboratory had increased from approximately three thousand to about five thousand. It was claimed also that the practice of the State Department of Health Laboratory in sending out unlimited numbers of containers for the return of specimens for diagnosis was indirectly a solicitation of free business by the State Department of Health and was unfair to the private laboratory physician.

The fear was expressed that the continuous extension of the work of the State Department

of Health Laboratory would finally lead to work by that laboratory not of a distinctly public health or preventive nature, such as making tissue examinations, furnishing autogenous vaccines, blood chemistry, etc., which would be a further invasion into the field of the private practitioner.

Differences of opinion as to whether the making of Wassermann tests is a public health function and the apparent popularity of the work done by the State Laboratory among physicians of the state have confused the question and hindered any definite solution of the problems involved.

The Medical Economics Committee is of the opinion that the Wassermann reaction cannot be considered as essentially a public health measure, except in the early and contagious stages of syphilis and that promiscuous Wassermann tests are in themselves dangerous.

The committee believes that the performance of the Wassermann reaction for all cases, no matter what the stage of the disease and without reference to the financial condition of the patient, is not necessary to the public health and that public laboratories should take steps to limit and restrict this type of service. Of course, tissue examinations, blood chemistry, etc., are not functions of the public laboratory since they have no bearing on the control and prevention of disease.

On the other hand, your committee is of the opinion that a part of the solution of the question rests with the medical profession itself. As long as physicians in large numbers continue to use the free service offered by the State Department of Health Laboratory and municipal laboratories, these laboratories will continue to function, justifying their work on the grounds of popular appeal and public demand. If physicians would send all of their work, except that for really indigent persons, to private laboratories instead of to the state or municipal laboratories a considerable portion of the present problem would be solved.

Therefore, your committee suggests that physicians in private laboratory practice, in cooperation with the various county medical societies of the state, arrange for presenting some of these problems to the medical profession at large and solicit the support of the individual physicians for the effort to keep laboratory diagnosis in the hands of the private practitioner.

* * * * *

As a general conclusion to the discussion on the numerous problems and subjects touched upon in the preceding report, the Medical Economics Committee emphasizes to the county medical societies and to the individual members themselves, the desirability of submitting through our State Association headquarters, comments and suggestions on local problems of a social-economic nature, in order that they may be given consideration, together with similar suggestions and constructive criticisms from other component societies and individual members, and in order that our organized effort may be for the best interest of the public and for the best interest of the profession generally.

Annual Report of the Publication Committee

ANDREWS ROGERS, Chairman, (1931).....Columbus
GILBERT MICKLETHWAITE, (1932).....Portsmouth
A. B. DENISON, (1933).....Cleveland
DON K. MARTIN, Secretary.....Columbus

What the Publication Committee of the Ohio State Medical Association has accomplished during the past 12 months and a record of its activities during that period are reflected in the various issues of the *Ohio State Medical Journal* which have appeared monthly since the last annual report of this committee.

A brief review of the work of this committee and an analysis of *The Journal* for the past year indicate that progress has been made and a sincere effort put forth to give to the physicians of Ohio a worthy and valuable official publication.

In assembling, editing and publishing *The Journal*, your committee has endeavored to keep foremost in mind the thought that every article appearing in it should be of a type which will be of educational or informative value to the members of the State Association, and since publication in *The Journal* is *recognition*, maintaining this ideal becomes more and more difficult.

Your committee has endeavored to make *The Journal* serve each and every member of the State Association and has attempted to make it influential in the promotion of the science and art of medicine and the protection of public health.

Also the committee has tried to make *The Journal* an accurate and timely record and summary of local, state and national developments on numerous problems pertaining to medical practice and public health, as well as a medium for the dissemination of news regarding members of the medical profession in Ohio and elsewhere, and of activities in the hospital and public health fields.

A study of the files of *The Journal* reveals that during the past 12 months somewhere in the neighborhood of 100 scientific papers have been published. Many of these had been delivered before the various sectional meetings at the last annual meeting and some were submitted directly to this committee and subsequently published in *The Journal.*

The articles published were judged from the

standpoint of scientific value, literary style and general interest. Each manuscript was given thorough scrutiny and was subjected to a system of double editing in order to minimize errors, to obtain clarity and brevity.

Authors of papers read at the annual meetings of the State Association should keep in mind that these papers are, under the By-Laws of the State Association, the property of the State Association and that authors of such papers are not permitted to have them published as original elsewhere, nor until after they have been published in *The Ohio State Medical Journal.* Under such constitutional rule, therefore, the Publication Committee must reject papers submitted to it for publication in *The Journal* if these papers have been published previously in periodicals, newspapers, or in pamphlet form for personal distribution.

Special effort has been made to enlarge and expand the editorial and news sections of *The Journal.*

Numerous questions and problems involving public health, medical economics, medical practice, social welfare and medical organization have been discussed and analyzed during the past year and the fundamental policies of the State Association and the principles and ethics of the medical profession generally toward them reiterated. Steps which physicians, individually and collectively, should take to counteract the attacks of individuals and groups hostile to scientific medicine who are attempting to tear down the present safeguards to public health and medical practice, have been suggested. Fallacious medico-social theories which have become numerous in recent years have been exposed, and many valuable and timely suggestions made to the individual physician as to ways and means of solving some of the complex and confusing problems he is now facing.

Much attention has been devoted to the publication of special articles reviewing and analyzing new regulations, interpretations and opinions announced or handed down by state and national executive and judicial departments on subjects directly affecting physicians, or of importance and interest to the medical profession and public health workers.

Numerous news notes concerning Ohio physicians have been published during the past 12 months, as well as hundreds of items relative to accomplishments and activities in the hospital field in this state. Considerable news about public health work also has appeared in each issue of *The Journal,* along with personal items regarding workers in that field.

Success has been noted in the hoped-for expansion of that section of *The Journal* devoted to accounts of meetings held by the various county medical societies and academies of medicine, and for announcements regarding future gatherings of unusual interest.

The growth of this department has been largely due to the cooperation of the secretaries and correspondents of the component county societies. It is hoped that there will be a still greater advancement in this respect. *The Journal's* press-time is between the tenth and the fifteenth day of the month preceding the date of issuance, which is always on the first day of each month. Secretaries of the county societies and other members of the State Association having news for *The Journal* should keep this date in mind and forward as promptly as possible to the headquarters of the State Association where news is assembled for publication.

Because of the careful system of censorship employed in the handling of advertisements submitted to this committee, only reputable advertisers gain admission to *The Journal.* Every effort is made to keep the advertising columns of *The Journal* above criticism, free from advertisements with exaggerated claims for products, and to avoid displays undignified in style and content. Many advertisements submitted to the Publication Committee are first turned over to the Cooperative Advertising Bureau of the American Medical Association or to the A.M.A. Council on Pharmacy and Chemistry for censorship in addition to being carefully and thoroughly checked by this committee. Concerns who are able to pass this strict test for *The Journal* are deserving of the consideration and support of the readers.

In conclusion, the Publication Committee respectfully urges every member of the State Association to take a personal interest in *The Journal*—his journal. The committee solicits criticism and suggestions. It needs the cooperation of the membership of the State Association in its attempt to keep *The Journal* among the leaders in its particular field. Every member is urged to read and file every issue of *The Journal* for ready reference.

Spring meeting of the Central Tri-State Medical Society was held at the Henry Clay Hotel, Ashland, Kentucky, Thursday, April 30. Among the lecturers were Dr. A. Graeme Mitchell, Cincinnati; Dr. S. C. Hendon, Louisville, Ky., and Dr. Walter C. Alvarez, Mayo Clinic, Rochester, Minnesota. The program was under the direction of Dr. J. W. Kincaid, Catlettsburg, Ky., president of the society, and Dr. J. S. Klumpp, Huntington, West Virginia secretary.

Scientific session of the American Heart Association will be held Tuesday, June 9, from 10 a.m. to 5 p.m. in the Main Surgical Clinic of the Pennsylvania Hospital, Philadelphia, according to an announcement of Dr. I. C. Riggin, New York City, executive secretary of the Association.

Annual Report of the Committee on Medical Defense

J. E. TUCKERMAN, Chairman, (1931) ... Cleveland
F. P. ANZINGER, (1932) ... Springfield
W. H. SNYDER, (1933) ... Toledo
DON K. MARTIN, Secretary ... Columbus

Economic depression; unemployment; and more suits and threats of suit. Certainly the records of the Committee on Medical Defense for the past twelve months show a considerable number of suits and threats alleging malpractice.

Undoubtedly some have been occasioned by the special efforts of physicians to collect on their accumulated delinquent accounts. Others probably have arisen out of the attempt of some patients to avoid payment for medical services. But for the most part the rest have been instigated by grasping individuals aided by unscrupulous attorneys who deliberately plot to blackmail physicians and to bleed them for "easy money".

As in previous years the endeavor of the Committee on Medical Defense with the active support of medical organization has been to prevent these annoying and malicious attacks on the reputation of honest and capable physicians; to stop attempts by disgruntled patients to profit at the expense of members of the profession and; to thwart the activities of racketeering lawyers who stimulate the instigation of such suits.

The record for the past year proves once again that practically all civil malpractice suits are unjustified and that comparatively few suits alleging malpractice are sustained in the courts. While an occasional suit is found to be based on fairly reasonable evidence of carelessness or negligence such suits are exceedingly few in comparison to the large number of suits instigated from purely commercial motives.

However with so many suits alleging malpractice there is reason to believe that the program of prevention sponsored by the Committee on Medical Defense is not being given the wholehearted support and cooperation of a considerable portion of the medical profession of the State.

Your committee is reluctant to report that there must be some physicians who have not as yet acquired the commendable habit of guarding their tongues.

Careless, thoughtless and sometimes even vicious remarks by one or more physicians against another or about his professional skill have been responsible for a considerable number of the unwarranted suits and of threats of suits for alleged malpractice reviewed by your committee during the past year.

Some pertinent comments on this phase of malpractice suits were made in a recent report of a special committee of the Connecticut State Medical Association, appointed to investigate the causes for the increase in such suits.

"The great bulk of malpractice suits belongs to the illegitimate class", this committee reported, "the cause of these suits may be put into two divisions. First, general notoriety. That is, newspaper or person to person information to the effect that somebody instead of paying the doctor brought suit against him and collected a few hundred dollars. We may put this down as causing at least 25 per cent of the suits.

"The other division of causes, the one which accounts for fully 75 per cent of all malpractice suits, is the indiscreet or slurring remark of some fellow practitioner. This remark may be due to thoughtlessness and crass stupidity or a desire to obtain a little cheap prestige and some financial gain, or it may be due to spite, jealousy and personal venom.

"It is a curious situation that a medical gentleman either by word of mouth or physical act should intentionally or unintentionally bring a brother practitioner into disrepute or be the cause of a suit brought against him and indirectly cause obloquy to be cast on the profession of which he himself is a member."

As clearly indicated in the paragraphs quoted, any plan, program and campaign of prevention against malpractice suits will be of little avail as long as some physicians continue to make uncomplimentary and disparaging remarks, whether thoughtlessly or maliciously, about the work, professional conduct or character of their colleagues.

Aside from the ethical and professional questions involved in such conduct, every physician should remember that the planting of the seeds of discontent in the minds of some other physician's patient may in the end prove a boomerang. Experience shows that malpractice suits usually run in epidemics and that one such suit is often the forerunner of and the suggestion of other similar suits against physicians of the same community. The doctor who carelessly, thoughtlessly or maliciously furnishes the spark for instigation of a malpractice suit should remember that he may be the next victim of the "epidemic", and that the unfavorable publicity given the profession because of his ill-advised remarks is a distinct reflection on his own professional standing as well as that of his brother physicians.

Upon the daily conduct of each rests the strength of the defense of the individual physician against suits and threats of suits for alleged malpractice.

If a physician has a thorough understanding of the obligations which he assumes when he undertakes to care for a patient and is careful to observe certain fundamental principles in his relationship with the patient there is little danger that he will furnish any just occasion for being made the defendant in a suit for alleged malpractice.

The legal responsibility and liability of a physician when he undertakes to care for a patient are well-defined in law. Some of these vital principles of medico-legal jurisprudence have been outlined briefly as follows by the legal counsel for the Ohio State Medical Association:

Legally, a physician is not required to take a

case unless he so desires. If he accepts the employment, he contracts to bring to it the average degree of skill, care and diligence exercised by the members of his profession in the same and similar locations or localities, in the light of the present state of medical science. He cannot abandon the case without cause or without proper notice to the patient. He must follow the approved methods of treatment, and if there be more than one approved method, he must use his best judgment in determining which method to follow. He must give the patient proper instructions as to the care, attention and caution to be exercised by the patient in his absence. He must attend with sufficient frequency and it is for the physician to determine when no further attention is required. He must use care in the selection of his assistant, or of another to perform an operation which may be necessary. He is liable for the acts of his assistant or for another employed by him, so long as they are jointly engaged, and is liable for the acts of an assistant or intern acting under his direction.

Too much emphasis cannot be placed on the important principle stated above concerning the liability of a physician for the acts of his assistants. During the past year, the Committee on Medical Defense has been concerned in several cases in which individual physicians were sued or threatened with suit for malpractice because of the alleged carelessness or neglect of their office assistants or technicians. Every physician must use care in the selection of any person engaged to assist him in caring for a patient. Only persons thoroughly competent by reason of education and experience should be employed.

While it behooves every physician to take all possible precautions in his professional conduct and in his relationship with the sick public against anything that might be used against him in suits for alleged malpractice or malpractice blackmail, it is equally as vital that he know what to do in case he is threatened with a suit or sued for alleged malpractice.

The medical defense plan of the Ohio State Medical Association was established in 1916 to protect the profession as a whole by emphasizing precautionary measures and by making it possible for every member of the State Association to have adequate defense in case of suit.

This plan is not and should not be considered insurance as this term is applied to indemnity. It lies entirely with the individual physician whether or not he wishes to carry indemnity insurance against malpractice. Some physicians do; some do not.

The question frequently raised as to whether or not the medical defense plan is of value to members who carry indemnity insurance against malpractice can be clearly and definitely answered in the affirmative.

The medical defense plan of the State Association not only gives additional protection, but aims, as pointed out previously, to prevent suits which, in the last analysis, is just as important a function as that of defending a physician once a suit has been filed.

Also, while the State Association is barred under the defense plan regulations from contributing expenses in a defense conducted by an insurance company, the Committee on Medical Defense offers every assistance possible to facilitate the preparation of the defense, including corroborative testimony, and through the counsel for the State Association, protects the member if any question arises as to his rights under a particular policy.

Then too, when principles of law affecting malpractice actions are at stake, or where a judicial interpretation has not been made on a particular point, or where an adverse decision in a suit would establish a precedent involving the interests of the entire profession, the Committee on Medical Defense has and will continue to participate in the defense of such suits even when those cases are primarily in the hands of idemnity companies.

In administering the defense plan, the Committee has insisted that all unjust suits filed should be fought through to the last court if necessary, to protect the individual physician and the profession against unjust actions and accusations.

A physician's eligibility to the medical defense plan of the Ohio State Medical Association depends in the first place upon continuous membership in his county medical society and the State Association. A member in arrears is not in good standing. No physician not in good standing is entitled to assistance under the defense plan.

Furthermore, a member of the State Association will not be defended in case of suit if the alleged cause of suit occurred or the suit was filed during a period for which the member is or was in arrears, or in case the alleged cause occurred previous to the defendant's membership in the State Association. The date accepted to govern these requirements is the day, month and year the dues to the State Association were received at the State Association headquarters from the secretary-treasurer of the county medical society. Annual dues in the State Association are due on or before January 1 of each calendar year.

Moreover, the State Association will not contribute to the defense of any member who:

(1) Fails to forward a medical defense application blank, properly filled out, to the State Association offices within ten days after the service of summons.

(2) Does not take, or have taken and keep on file, or have available *X*-ray pictures of fracture cases, unless it can be shown that at the time and place it was impossible to secure an *X*-ray plate.

(3) Has brought on "cross complaint" by filing a suit to collect a bill within one year of the termination of his services.

(4) Is believed guilty, after careful investigation, of illegitimate professional actions or service.

Each member, when sued or threatened with suit, should immediately notify the Executive Secretary, Ohio State Medical Association, 131 East State Street, Columbus, Ohio, requesting medical defense blanks. Upon receipt of these, the member should furnish the information requested in duplicate. One of these blanks (when filled out) must be sent to the chairman, Dr. J. E. Tuckerman, Osborn Building, Cleveland, Ohio, and the other to the State Association offices.

This committee provides any physician eligible to defense under the Rules and Regulations with the necessary legal talent and makes every effort possible to carry through his defense to a successful termination. Designation of local attorneys and their employment is entirely in the hands of counsel for the committee. The State Association will not contribute attorney fees incurred in the defense except those of attorneys thus approved.

Court judgments can not be paid since, as pointed out previously, the defense plan is not indemnity insurance.

The medical defense fund is not large and consequently it should be conserved by every effort on the part of the membership of the State Association. It should be understood that members of county medical societies will be expected to give not only their moral support, but also take active part in the conduct of the trial of a colleague in any way they may best assist, such service to be *without thought of pecuniary returns when the defense is conducted by the State Association.*

The number of suits and threats against member of the State Association reported to the Medical Defense Committee since 1916 and including the first three months of 1931, follow:

Year	Suits	Threats
1916 to 1920, inclusive	53	43
1921	18	9
1922	15	15
1923	10	10
1924	14	7
1925	13	10
1926	18	16
1927	10	9
1928	21	7
1929	23	16
1930	16	17
1931 (Jan. to March)	6	4
Totals	217	451

The records of these suits and threats reveal that fractures or unsuspected fractures are the basis for over 50 per cent of the claims; that indigent patients are the most liable to sue, and that suits and threats in general are occasioned through one or more of the following causes:

(1) Ill-advised and unjustified comments of colleagues, which is the most serious and primary cause.

(2) Hope of dissatisfied patients and plaintiff attorneys to profit.

(3) Desire to injure defendant's professional reputation.

(4) Criticisms by relatives and friends of the patient.

(5) Carelessness and negligence of defendant, superficial examinations and service.

(6) Failure to keep accurate records.

(7) Negligence of assistants.

(8) Failure of patient or family to carry out defendant's instructions and advice.

In conclusion, the Committee on Medical Defense suggests that the following points be kept in mind by members of the State Association in order that not only patients may be assured proper treatment and their interests conserved, but that physicians may be adequately protected in event of litigation.

1. In a doubtful case either as to diagnosis, treatment, or probable outcome, consultation should be not only welcomed but requested.

2. Where the patient or immediate relatives are obviously dissatisfied do not hesitate to retire from the case. In the long run it is better for all concerned for the patient to have entire confidence in his attendant.

3. If a patient refuses to follow your advice in an essential matter even though it does not seem feasible to withdraw from the case be sure to make a record of those present at the time of the refusal and see to it that you have reliable witnesses to the advice given by you.

4. In surgical cases be sure that those engaged in or assisting at the operation are competent and qualified, that their duties are properly performed and that approved methods of operating room procedure are followed. Keep careful records of the essentials as to treatment given whether in the hospital, office, or home of the patient.

5. Keep your knowledge of medical subjects fresh and up to date. While in general antiquated methods must be avoided yet new procedures should not be adopted in general practice before sanctioned by adequate clinical experience. "Be not the first by whom the new is tried nor yet the last to lay the old aside."

6. Be conservative in prognosis. Too great optimism too often creates false expectations and later disappointment. Unless in the interest of the patient over statements should always be avoided but if necessary, then the truth should be told to the relatives most closely concerned.

7. Where indicated make use of the *X*-ray, and always when possible in fracture cases. Films so taken should be kept on file.

8. And not least important, never criticize the services of another physician unless absolutely certain that such criticism is just and in the interest of the patient. Careless remarks often result seriously and become the direct instigating cause of litigation.

Lloyd D. Teeters, Columbus, has been appointed by State Director of Industrial Relations Thomas A. Edmondson as assistant director of the department and chief of the division of Workmen's Compensation. Mr. Teeters, who was assistant secretary of the State Industrial Commission from 1914 to 1921, succeeds Ross Hedges, who will remain with the department in another capacity.

Annual Report of the Committee on Medical Education and Hospitals

BEN R. MCCLELLAN, Chairman, (1931) ..... Xenia
R. H. BIRGE, (1932) ..... Cleveland
JOHN F. WRIGHT, (1933) ..... Toledo
DON K. MARTIN, Secretary ..... Columbus

Distribution of modern medical service, based on the latest definite knowledge concerning the diagnosis, treatment and prevention of disease, to the entire population has been referred to by many well qualified to discuss the question as one of the greatest problems now confronting the medical profession.

Despite the fact that the solution of this problem depends in part on the readjustment of certain economic factors to meet the complexities of modern society, it is utterly impossible to divorce from the question the important roles being played by medical education and the hospitals of the nation, in keeping medical service apace with individual and community needs.

So, the importance and broad scope of the two subjects which have been considered and studied by the Committee on Medical Education and Hospitals for the past twelve months are quite apparent. During its discussion and analysis of these comprehensive questions, this committee has maintained constant contact and cooperated with the Council on Medical Education and Hospitals of the American Medical Association. Considerable data has been forwarded by this committee to the A.M.A. Council regarding the trends of medical education in Ohio and the progress being made by the hospitals of this state.

A well-rounded and comprehensive picture of the high standard of medical education in Ohio was presented in the article published in the October, 1930, issue of *The Ohio State Medical Journal* as Ohio's three Class A medical schools—Western Reserve University, School of Medicine, University of Cincinnati College of Medicine, and Ohio State University, College of Medicine—convened for the 1930-31 school year. As pointed out in that review, these schools are recognized leaders in the field of medical education and are maintaining high educational standards. At the same time, they are graduating enough students to assure Ohio of an adequate supply of physicians to meet the individual and community needs of Ohio's citizenry.

The committee has devoted considerable study to some of the important questions facing medical institutions throughout the nation. Many of the more or less recent problems which have developed in the field of medical education are being satisfactorily solved both from the standpoint of the profession and the public.

This challenge to the profession was well summarized not long ago by Dr. Morris Fishbein, editor of the *Journal of the American Medical Association* when he said:

"Perhaps the most significant factor in medical relationships in the past decade has been the increasing confidence of the public in scientific medicine and the increasing desire on the part of the medical profession to take the public into its confidence and to secure public support for medical movements. * * * * The Council on Medical Education could never have reached its present high position in medical and public esteem, it could never have accomplished what has been achieved for the people and the profession of the United States, unless it had had the support of the vast majority of the medical profession as represented by the American Medical Association. It could never have completed this work unless the organizations of pathologists and roentgenologists and laboratory workers, unless the boards of directors of hospitals and the superintendents of such institutions, unless the deans of medical colleges and the federations of medical boards, had given to it the complete cooperation that they have tendered from the first. With such willingness in the future much more may be done than has already been accomplished for medical education and for the care of the sick."

Therefore, as Dr. Fishbein points out, medical education will progress in proportion to the degree of active support and amount of sympathetic interest given to its problems by members of the medical profession and allied groups.

TRENDS IN MEDICAL EDUCATION

Time and space will not permit a lengthy analysis of the large amount of data and statistics accumulated during the past year relative to the trends in medical education generally. However, in order to emphasize a few of the recent developments in this field, we may quote a few paragraphs from a recent address of Dr. Williard C. Rappleye, director of study for the Commission on Medical Education and newly appointed dean of the College of Physicians and Surgeons, Columbia University, on the subject, "Current Problems of Medical Education", which, in the opinion of this committee, is a most illuminating and comprehensive review of the field.

"Medical education," declared Dr. Rappleye, "has only recently come to be regarded widely in this country as a division of higher education; its methods are becoming more educational than vocational in aim. In the process of elevating the standards of medical education it was necessary to establish rigid, detailed requirements to permit the enforcement of standards, and many of these requirements became crystallized into rules, regulations and law. The inevitable result has been rigidity and uniformity in a field of knowledge that has been going through phenomenal growth. At no period in history have there been such rapid additions to knowledge regarding disease and health. Medical faculties and licensing bodies have endeavored to add new subjects as they developed and to institute new requirements and examinations so rapidly that we have come to great overcrowding of the curriculum and have built up a body of external regulations which have made it very difficult to adapt medical training to meet changing needs, which can be accomplished

only in a scheme which enjoys flexibility and reasonable freedom. This situation has already been recognized and led to the significant and wise action of the Federation of State Medical Boards in transferring as far as possible all details of medical training to the medical schools.

"All true education is self-education. There is a distinct shift in many medical schools now toward placing greater responsibility on the student for his own training in an effort to emphasize learning by the student in distinction to teaching by the faculty. It is in the direction of individualizing instruction and providing opportunities for learning, for self-development and for independent work. This new emphasis is illustrated by the breaking down of rigid class system; the discontinuance of uniform time and course schedules; the introduction of small teaching sections; personal contacts between students and instructors; provision for reasonable free time for reading, individual work and leisure; a reduction in the amount of lecturing, and the providing of opportunities for students who desire and are competent to do independent work. The aim is to develop minds capable of finding and appraising evidence and drawing conclusions based on sound reasoning which will provide a permanent intellectual equipment, resourcefulness and sound habits as well as methods of study that will permit the student to continue his own self-education throughout his entire professional life, a continuing education which has already been emphasized as the most important factor in providing adequate medical service for the community.

"The content and scope of medical training are in the process of undergoing significant changes. Until recently an effort has been made to familiarize the student as far as time, energy and capacity permitted with all the facts and methods in every field of medicine. Reacting to the obvious fact that no individual can master all phases of medical knowledge, the various courses are being made introductory in character with emphasis on principles, leaving the training in technical methods and details to be obtained later on in the course or to be provided as postgraduate training.

"The course is coming to be looked on again as a unit. Efforts are being made to correlate the learning in the various subjects that have become isolated in the recent era of overspecialization and of emphasis on mechanical and laboratory procedures by the demonstration of normal and abnormal features of structure and function in living human beings as part of the course in anatomy and physiology; by making the basic sciences a more vital part of clinical medicine; by the case method of study; by the simplification of clinical instruction through consolidating it under three or four major divisions, postponing some of the specialized procedures for postgraduate training; by joint clinics, and by the use of comprehensive examinations, as illustrations. Greater emphasis is being placed in some of the schools on study of the patient as a whole, in which factors of emotional life, conditions of employment, habits of living, family life and other human factors are considered in arriving at a diagnosis or in outlining treatment.

"Many diseases and consequent disability are known to be preventable, and the instruction should emphasize the preventive aspects of each subject. A sound knowledge of anatomy and physiology is the basis of preventive medicine quite as much as it is of disease and abnormality. Periodic medical examinations, knowledge of the mental and physical development of normal infants and children, prenatal care, the value of rest, diet, sunlight, exercise and diversion, as well as the early diagnosis and treatment of the beginnings of disease need only be mentioned to suggest a wide application of sound principles in relation to prevention as well as to treatment, in an effort to equip students to render a complete medical service to families as well as to individuals.

"Probably the most important and still the most defective part of medical training is the internship. Internships are usually designed to provide resident services for the hospitals without due regard to the educational needs of the student. Changes being made in the medical course proper will require readjustments in the internship, which should be more closely articulated with the period of more formal instruction if the best results are to be expected. Much is now done in the hospital experience to give the student a false impression of the problems of medical practice and to some extent defeats the objectives of the earlier training."

POST-GRADUATE EDUCATION

This committee is gratified to note the growing movement to expand facilities for post-graduate education, the importance of which cannot be overemphasized.

Many medical schools are extending and improving their present set-up for post-graduate training to physicians, and medical societies generally are giving clinical demonstrations and exhibits prominent places on their programs.

Much more could be accomplished in this important field, in the opinion of your committee, and it recommends that the medical schools, the hospitals, and the various county medical societies and academies of medicine give this question their serious thought and consideration, with a view to the continued education of the busy practitioner.

SPECIALIZATION PROBLEMS

Within recent years, there has been considerable discussion regarding the question of specialization in medicine. In the opinion of some medical leaders, the rapid growth and development of specialization has led to abuses and has resulted in the entrance into the specialties of some physicians lacking the proper qualifications and training. Varied ways to remedy this unfortunate situation have been suggested and several put into effect. Special licenses for specialists have been suggested by some. This plan, your committee believes, is impractical and ill-advised, since it would mean the setting up of costly and elaborate machinery by the state and would in the final analysis be decidedly ineffectual as a prohibitory measure.

As Dr. Harold Rypins, secretary of the New York State Board of Medical Examiners, has pointed out:

"The proper way to regulate specialization is through the medical profession itself. We are going a step in that direction now through the American College of Surgeons, the American College of Otolaryngology, the American College of Gynecology and Obstetrics, and so forth. If the

various specialties in the medical profession will undertake to indicate to the public those individuals who are qualified to bear their hallmark, it will not be very long before the public will accept that hallmark as indicating a proper specialist. This will leave the matter of control in the hands of the medical profession, where it should be, and will not only relieve the state from an obligation which is expensive, but the medical profession from another legislative burden which in a few years it will be glad to destroy."

GROWTH OF HOSPITALS

There is no disputing the saying that where good medicine is practiced, there usually are to be found good hospitals. The physician in his daily battle with disease has found the well-equipped and well-managed hospital an adjunct of immeasurable value. Also, the modern hospital realizes that its physical structure, well-equipped laboratories, and newest facilities for caring for the sick and injured are of little value unless the members of its medical and surgical staffs are scientifically trained physicians and have a complete knowledge of modern scientific medicine. Thus, most of the problems of the medical profession and the hospital are inseparable and must be solved by mutual, constructive cooperation.

The enormous increase in the number of hospitals in the nation and the expansion of hospital facilities during the past three decades has been a social phenomenon. In 1900, there were approximately 2000 hospitals in the United States. At the present time, there are in round numbers about 7,000 such institutions with a bed capacity approximating 1,000,000.

Viewed from an economic standpoint alone, the hospital field in the United States joins the large industries of the nation in the realm of "big business". It is estimated that the 7,000 hospitals of the United States now represent in plant and equipment an investment of more than $3,000,000,000, exceeding the capital investment of many of the important commercial concerns of the nation.

An interesting and informative digest of the financial side of the hospital field is found in a book, "The Public's Investment in Hospitals," written by C. Rufus Rorem and contributed by the author as one of the studies being made by the Committee on the Costs of Medical Care.

Dr. Rorem in summarizing his detailed survey of the field, lists the following pertinent points:

1. Capital investment in the 7,000 hospitals in the United States exceeds $3,000,000,000.

2. The average investment-per-hospital is $425,000, an amount usually too great to be provided by individuals or small groups.

3. Hospitalization requires a capital investment of approximately $5,000 for every patient under treatment for acute diseases or conditions.

4. Ninety-one per cent of the capital investment has been provided on a non-profit basis in about equal proportions by governments and non-profit associations, respectively.

5. Only 9 per cent of the capital has been provided on a business basis—through "proprietary" hospitals—with the exception of earnings or repayment.

6. Most hospitals, 4,538, are for general medical and surgical care. They represent 41 per cent of the bed capacity, 60 per cent of the capital investment, and an average investment-per-bed of $5,000.

7. Two-thirds of the capital invested in general and special hospitals is controlled by independent associations and by churches and religious orders.

8. Governmental hospitals represent 95 per cent of the capital devoted to the care of persons afflicted with mental disease and 75 per cent of that invested in tuberculosis hospitals.

9. The state governments have provided most of the 393,737 beds for nervous and mental cases. This capacity exceeds the total in all hospitals for general care, but is concentrated in 553 institutions.

10. Investment-per-capita in general and special hospitals (other than federal) is highest, $25.00, in the North and Middle Atlantic states and lowest, $6.00, in the South and South Atlantic states.

11. Existing endowment capital, $437,000,000 (mainly concentrated in the few older hospitals in metropolitan areas), if redistributed among all hospitals in the United States would provide but eight cents per patient-day toward operating expenses.

12. The annual capital expenditures approximate $200,000,000. Much of this total is directed towards replacing and improving hospital facilities rather than expanding bed capacity.

13. "Fixed charges (interest and depreciation on capital investment) are costs of hospital service, although usually met by the general public rather than from patients' fees. They may range from 50 cents to $5.00 per patient-day, varying with the total investment and the rate of occupancy.

14. Additional patients can be served at very low additional operating costs, once plant and equipment have been provided and held in readiness for use.

15. Increased utilization of facilities is one of the major demands of hospital economy and efficiency.

16. Hospitals generally fail to render a precise accounting for capital investment.

17. It is probably true that the non-profit basis of providing hospital capital has not most effectively encouraged utilization of the facilities.

OHIO'S HOSPITALS

Ohio is generously supplied with hospitals. On December 31, 1930, there were 353 hospitals listed with the State Department of Health, of which 279 have met the requirements of the Council on Medical Education and Hospitals of the American Medical Association and are approved as registered hospitals.

At the present time, 34 Ohio hospitals have been approved by the A.M.A. Council for intern training. They are:

City Hospital, Akron; St. Thomas, Akron; Mercy Hospital, Canton; Bethesda Hospital, Cincinnati; Christ Hospital, Cincinnati; General Hospital, Cincinnati; Deaconess Hospital, Cincinnati; Good Samaritan Hospital, Cincinnati; Jewish Hospital, Cincinnati; St. Mary's Hospital, Cincinnati; Charity Hospital, Cleveland; City Hospital, Cleveland; Lakeside Hospital, Cleveland; Mt. Sinai Hospital, Cleveland; St. Alexis Hospital, Cleveland; St. John's Hospital, Cleveland; St. Luke's Hospital, Cleveland; Woman's Hospital, Cleveland; Grant Hospital, Columbus; Mt. Carmel Hospital, Columbus; St. Francis Hospital, Columbus; Starling-Loving University Hospital, Columbus; White Cross Hospital, Columbus; Miami Valley Hospital, Dayton; St. Elizabeth's Hospital, Dayton; Memorial Hospital, Elyria; Mercy Hos-

pital, Hamilton; City Hospital, Springfield; Flower Hospital, Toledo; Lucas County Hospital, Toledo; Mercy Hospital, Toledo; St. Vincent's Hospital, Toledo; Toledo Hospital, Toledo; Youngstown Hospital, Youngstown.

Ohio hospitals approved by the A.M.A. for residencies in specialties are as follows:

Children's Hospital, Akron; City Hospital, Akron; Children's Hospital, Cincinnati; General Hospital, Cincinnati; Cincinnati Sanitarium, Cincinnati; Deaconess Hospital, Cincinnati; Good Samaritan Hospital, Cincinnati; Charity Hospital, Cleveland; City Hospital, Cleveland; State Hospital, Cleveland; Lakeside Hospital, Cleveland; Maternity Hospital, Cleveland; Mt. Sinai Hospital, Cleveland; St. Alexis Hospital, Cleveland; St. Ann's Maternity Hospital, Cleveland; St. Luke's Hospital, Cleveland; State Hospital, Columbus; State Hospital, Dayton; State Hospital, Massillon; Ohio State Sanatorium, Mt. Vernon; State Hospital, Toledo; Women's and Children's Hospital, Toledo.

Seventy-one hospitals in Ohio have state accredited nurses' training schools and five others are affiliated for nursing training on a state accredited basis. All but six of these training schools require four years of high school work as a prerequisite to entrance.

Some interesting data on Ohio hospitals is found in the 1930 annual report of the Bureau of Hospitals, Division of Hygiene, State Department of Health, recently issued.

This report reveals that there are 45,049 hospital beds in Ohio, including those in state institutions, of which 18,733 are maternity beds, and that of the 116,432 births in Ohio during 1930, 37,286 took place in hospitals, an increase of 2.4 per cent over 1929.

There are 3,262 physicians recorded as staff members in the 298 hospitals which submitted annual reports to the bureau, as well as 295 resident physicians and 409 interns, a total of 3,966. These 298 hospitals also reported 2,764 graduate nurses and 5,320 student nurses at work in the institutions during the year.

A total of 5,542,895 patients days, exclusive of state institutions, was reported by 236 hospitals, the administrative cost for this service totaling $26,686,676.45. A total of 365,585 patients was reported by 243 hospitals, an average of 1001.6 persons in hospitals each day in the year.

The 353 hospitals listed with the Bureau were classified as follows: General, 28; general and tuberculosis, 1; general and maternity, 167; maternity, 30; maternity and children, 2; children, 10; tuberculosis, 14; special, 27; nervous and mental, 21; industrial, 4; aged and convalescent, 20; county homes, 6; federal, 6; state, 17.

Additional statistics compiled by the Bureau relative to number of beds, patients treated, earnings, operating costs, patient-day costs, percentage of occupancy, etc., in the various classes of hospitals, follow:

No.	Class of Hospital	No. Beds	No. Treated	Days Treatment	Earnings	Operating Cost	Patient Day Cost	Percentage of Occupancy
20	General	2,176	36,224	527,744	$ 1,400,141.38	$ 2,759,189.72	Av. $ 6.00	Av. 49%
148	Gen. and Mat.	15,116	298,211	3,548,418	$15,373,318.50	$19,221,386.43	Av. $ 5.84	Av. 54%
20	Maternity	1,201	12,803	229,917	$ 522,218.81	$ 970,104.48	Av. $ 2.56	Av. 54%
14	Tuberculosis	2,109	4,739	683,940	$ 315,760.32	$ 1,899,471.99	Av. $ 3.22	Av. 88%
10	Mental and Nervous	397	1,377	99,341	$ 314,336.75	$ 412,414.94	Av. $ 6.75	Av. 75%
17	Special	239	2,989	28,994	$ 104,383.04	$ 159,092.45	Av. $12.13	Av. 26%
6	Children's	622	6,796	166,771	$ 363,035.57	$ 923,184.21	Av. $ 5.24	Av. 74%
8	Aged and Conval.	76	159	8,243	$ 19,548.90	$ 38,714.43	Av. $ 2.75	Av. 53%
11	State & Federal	19,772	25,319	1,939,851				
3	County Homes	721	2,287	149,527	$ 15,366.24	$ 303,117.80		

In conclusion, the committee respectfully urges the physicians of Ohio to cooperate in every way possible with the hospitals of the state in their effort to solve the many vital economic problems confronting them. Many hospitals are having difficulty in making both ends meet, despite generous contributions from the public and philanthropic agencies. Innumerable experiments are now being undertaken to readjust conditions within hospitals in an effort to meet the financial burdens being imposed on these institutions. Some of them have already proved successful; others flat failures, and still others are in the transitory stage. Some readjustments are necessary, but hospital heads should make haste slowly in order that ill-advised, impractical and unsound theories are not adopted. Naturally, the medical profession can and should play a prominent part in this program of modification and revision, for as pointed out previously in this report, cooperation and mutual interest between hospitals and physicians are the best safeguards to the interests of both, as well as the public.

Committee on Periodic Health Examinations

B. J. HEIN, Chairman.....Toledo
C. W. BROWN.....Lancaster
KELLEY HALE.....Wilmington
M. V. REPLOGLE.....Bryan
V. C. ROWLAND.....Cleveland
DON K. MARTIN, Secretary.....Columbus

Study of the history of preventive medicine reveals that until comparatively recent years preventive medicine was generally understood to embrace only the administration of public health work on a community basis, through the control and prevention of contagious and infectious diseases by the use of vaccines and serums and en-

forcement of quarantine regulations; the establishment of proper sanitary laws, and the promulgation of regulations on and education of the public relative to healthful conditions in the home, school, workshop and factory.

The past decade especially has witnessed the development and advancement of a new phase in preventive medicine. With the large majority of diseases under control, and sanitary laws and regulations sufficiently stringent to assure fair protection to the public well established, preventive medicine has turned its attention to a consideration of individual problems of disease and health. Extensive public health programs have been set up looking to education of the public concerning utilization of the achievements and advances of scientific medicine in the elimination and control of organic and chronic conditions which are taking an astounding toll annually in sickness and premature death.

One of the important phases of this new emphasis in preventive medicine is the periodic health examination movement which, in brief, is an effort to educate the public that the human body must occasionally be inspected for hidden and unapparent defects, and that many permanent and chronic disabilities may be prevented or retarded by the administration of proper medical attention while they are still in the incipient stage.

In the opinion of this committee, the three most important objectives of any campaign or movement for popularizing periodic health examinations are: (1) To impress upon the public mind the importance of, and proved benefits accruing from a regular routine physical examination; (2) to point out that the family physician is the one most competent to make a proper health examination; (3) to stimulate interest among the members of the medical profession in the subject of periodic health examinations.

During the past year, the Committee on Periodic Health Examinations of the Ohio State Medical Association has devoted thoughtful study to many of the numerous problems involved in the rapid growth of this important phase of preventive medicine.

After careful consideration of the question generally, this committee has concluded that its most important function at the present time is the promotion of the second and third objectives listed above.

Your committee is of the opinion that the public, through lay publications, special articles on the subject, propaganda from various sources, special health requirements being established by industrial and business concerns and the personal advice of members of the medical profession, is genuinely interested in this medical and health question and is at the present time in a receptive mood.

We do not feel that there is still a necessity for the carrying on of such high-pressure promotion among the public as heretofore. However, enough public activity should be continued to maintain the public interest in the question. This should be done through well arranged and properly conducted programs having the support and cooperation of the medical profession. The medical profession should continue to be in such a position that it will be looked to for advice and suggestions on the educational methods employed.

The family physician should be the keyman in rendering this service to the public, your committee believes, and it is up to the medical profession to insist that all programs for popularizing this movement stress this point to the public.

The great majority of general practitioners are adequately prepared to render this type of service to their patients in their private practice. There does not appear to be any logical reason why this type of practice should be made a specialty.

The family physician's intimate knowledge of the history of his patient helps him to particularize in each case and he is less likely to perform a stereotyped form of examination than the physician who is meeting the patient for the first time. Furthermore, he is usually well acquainted with the individual's habits, mode of living, hereditary tendencies, etc., all of which play an important role in the examination.

Programs exploiting mechanized and mass-treatment clinics for health audits and those stressing special examinations for this, that or the other specific disease should be discouraged and counteracted through constructive advice from and cooperation of the medical profession.

On the other hand, your committee is fully aware of the fact that despite their splendid training for this kind of service, many physicians are overlooking this opportunity to play a big role in this particular field of preventive medicine.

Far too many physicians, busy with the acutely ill, are taking no more than a casual interest in examining the supposedly well, thereby missing a chance to render additional service to their patients and at the same time losing an opportunity to extend their practice and enlarge their income, to say nothing of an opportunity to build up their office records for future reference in case the patient should become acutely ill.

The matter of stimulating and emphasizing the interest and activity of members of the medical profession in periodic health examination work is, in the opinion of this committee, one of the committee's primary functions. If it can arouse an active interest in this work in various communities of the state where little, if any, activity is being shown by members of the medical profession, the committee believes it will have accomplished much and will have assisted greatly in the advancement of preventive medicine generally.

Acting on the advice and suggestions of the present Committee on Periodic Health Examinations and committees of previous years, many county medical societies and academies of medicine of the state have undertaken to awaken their members concerning the spirit, purpose and definite service of periodic health examinations.

Information obtained by this committee within the past few months from many sections of the state indicates that many of the county medical societies have been unusually successful in this undertaking. A considerable number of county societies have formed contacts with various local civic groups interested in public health and medical questions and have assisted these groups in an educational campaign concerning the benefits of periodic health examinations. In some instances, individual members of local county societies have appeared before civic groups, clubs and public gatherings to present the subject in a non-scientific way and to point out the advances in scientific medicine as well as preventive medicine, and the value of early diagnosis and prompt correction of incipient conditions through frequent and periodic visits to physicians.

Numerous interesting programs have been presented by physician-speakers throughout the state in their analyses of facts and statistics, showing how communicable diseases have been controlled and revealing scientific medicine's winning battle against preventable diseases and the control and prevention of conditions leading to heart disease, cancer, tuberculosis, etc., as well as modern advances in immunology.

Many county societies and academies also have recorded some constructive and beneficial accomplishments in the matter of educating their own members concerning the newest and most modern methods of conducting a routine physical examination and arousing their interest as to the benefits to be derived from this work, both from the standpoint of the patient and from the standpoint of the physician.

A recent survey conducted by the Bureau of Health and Public Instruction of the American Medical Association through questionnaires sent to the secretaries of the various county medical societies undoubtedly has stimulated interest among the medical profession in the periodic health examination movement. Although the A.M.A. questionnaire sought information on numerous and varied subjects concerning the activity of the county societies in public health work and in the dissemination of health and medical information, special emphasis was laid on inquiries relative to the societies' interest and activity in periodic health examinations.

A constant and energetic effort on the part of organized medicine, national, state and local, to arouse the interest of individual physicians toward and stir them into activity in periodic health examination work is certain to have a beneficial effect, your committee believes, and will be one of the chief factors in bringing about the adoption of health examination work as a routine and indispensable phase of general medical practice.

This committee respectfully urges that some time during the year every county medical society and academy of medicine devote at least one meeting to the subject of periodic health examinations. It is suggested that the program committee of each county society select a qualified internist as a speaker to present and analyze the various steps in a thorough routine physical examination. Further, it is suggested that this lecture be accompanied by a demonstration, if possible, on an individual patient.

Some of the county societies have held one or more such meetings during the past twelve months and have succeeded in creating considerable interest among their memberships. Your committee believes that every county society should make every possible effort to give these periodic health examination programs a definite and prominent place on their calendar of meetings.

In conclusion, your committee again wishes to emphasize its belief that periodic health examinations should be a part of private medical practice and that overstimulation or misguidance in the periodic health examination movement should not divert patients to public clinics, institutions or welfare agencies. A thorough physical examination of apparently well people is a valuable service for which patients should be glad to adequately compensate their private physicians.

It is recommended that no effort be made to standardize fees for such examinations, as their value and thoroughness will depend on the extent and amount of special tests indicated to the physician as he is making his routine examination.

Neither, in the opinion of your committee, should the profession be too active in promoting general publicity on this subject, due to possible misunderstanding and which might be interpreted as "advertising for business". Physicians can and should, however, be personal advocates to their clientele of the value of periodic health examinations and to the public through lay organizations.

Members of the Ohio State Pharmaceutical Association will again hold their annual convention this summer aboard a Great Lakes steamer. The boat carrying the conventionites will leave Cleveland, Sunday, June 14, returning Thursday, June 18, after a jaunt to Buffalo, Niagara Falls, Toronto and other points along Lake Erie, Lake Ontario and the Welland Canal.

Sixtieth annual meeting of the American Public Health Association will be held in Montreal, Quebec, next September 14-17.

Annual Report of the Committee on Auditing and Appropriations

S. J. GOODMAN, Chairman.....Columbus
E. R. BRUSH.....Zanesville
JOHN A. CALDWELL.....Cincinnati
H. M. PLATTER.....Treasurer

No report which the Auditing and Appropriations Committee could make would reflect in a more adequate and appropriate manner the sound financial condition of the Ohio State Medical Association than the audit of the financial records of the Association made at the end of the calendar and fiscal year, closing December 31, 1930.

The accountant's report, appended to and comprising the major portion of this report, shows that the expenditures of the State Association for the calendar and fiscal year 1930, were kept within the budgetary allowances and authorizations of the Council, emphasizing the efficiency with which the financial transactions of the State Association and *The Journal* are handled.

The responsibilities of the Committee on Auditing and Appropriations have increased tremendously during the past few years. The gradual increase in the membership of the State Association and the extension of the activities of organized medicine, with resultant increase in expenditures, have multiplied the work of this committee and added to its responsibilities in seeing that the sound financial condition of the State Association is maintained.

During the past twelve months, especially, the Committee has felt most keenly its responsibilities to the membership of the State Association, because of the business and industrial depression and the economic uncertainty of the times. So, it has been the policy of your committee during the past year to be more diligent than ever in its handling of the monies of the State Association and to be conservative and careful in regulating and administering the financial affairs of the Association.

As usual, every financial transaction during the past year has received the approval of this committee before it has been undertaken or completed. No check has been signed and issued until a proper voucher, outlining the nature and amount of the expenditure, has been prepared, presented to the Committee and approved by it.

Surplus funds have been kept on time deposit and the accrued interest credited to the State Association. All funds above those actually needed for current needs were invested in short-time securities, where interest was drawn until the principle was needed for the checking account.

The modern bookkeeping system used under the direction of the Committee has made possible the maintenance of accurate records and has been an additional safeguard to the financial security of the State Association.

By utilizing the budget plan of handling the finances of the Association, the committee has been able to maintain an even balance between the anticipated revenues and the future activities of the State Association. A carefully-prepared budget always is submitted to the Council for criticisms, alteration and official approval in advance. The budget for 1931, accompanied by a supplementary report, was submitted to the Council at its December meeting and approved, as recorded in the official transactions of the Council, published in January, 1931, issue of *The Journal*, Pages 59-64.

Through judicious management of the State Association's funds, careful supervision, and conservation of resources, the Committee has been able to provide the means for expansion of the Association's activities, and, at the same time, has made possible the accumulation of a substantial accrued unexpended balance in the general funds during the past twelve months, as shown in the accountant's report.

The committee is of the sincere belief that under the funds available, the income derived and the amount expended, the Ohio State Medical Association has accomplished as much and been of as great service, if not more, to its entire membership than any similar organization anywhere.

The previously-mentioned audit of the finances of the State Association and *The Journal* for the calendar and fiscal year 1930, by a certified public accountant, follows:

Accountant's Report of the Ohio State Medical Association for the Year, 1930

Chairman Auditing Committee,
Ohio State Medical Association,
Columbus, Ohio.

Dear Sir:—

In accordance with your instructions, we have audited the books of the Ohio State Medical Association for the year ended December 31, 1930, and submit herewith our report, including as a part thereof the following described Schedules:

SCHEDULE A: Statement of Cash Receipts and Disbursements for the year ended December 31, 1930.

SCHEDULE B: Statement of Cash Reconciliation at December 31, 1930.

AUDIT—All recorded cash was traced to the depository. All disbursements were verified by examination of cancelled checks supported by vouchers, properly approved. Cash at December 31, 1930, as shown by a certificate from the bank was reconciled with the balance as shown by the books at that date.

Certificates of deposit and United States gold bonds were verified by actual inspection.

CERTIFICATE—We therefore certify that, in our opinion, the statement herein contained cor-

rectly states the Cash Receipts and Disbursements of the Ohio State Medical Association for the year ended December 31, 1930.

Respectfully submitted,
KELLER, KIRSCHNER & MARTIN,
Certified Public Accountants.

SCHEDULE A—STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS FOR THE YEAR ENDED DECEMBER 31, 1930.

Cash on Hand and on Deposit January 1, 1930		$ 720.00
Certificates of Deposit		30,000.00
United States Gold Bonds		25,000.00
Total Cash January 1, 1930		$55,720.00
Receipts		
Membership Dues 1930	$27,371.50	
Annual Meeting	4,871.00	
Interest	2,042.50	
Total Receipts		34,285.00
Total to be accounted for		$90,005.00
Disbursements		
Ohio State Medical Journal	$ 7,000.00	
Executive Secretary—Salary	6,600.00	
Executive Secretary—Expense	842.09	
Assistant Executive Secretary—Salary	3,700.00	
Assistant Executive Sec'y—Expense	84.16	
President's Expense	203.68	
Treasurer's Salary	300.00	
Council	620.82	
Annual Meeting	3,568.22	
Auditing	100.00	
Committee on Public Policy	531.00	
Medical Defense	1,465.00	
Miscellaneous Committee Expense	481.16	
Stationery and Supplies	435.23	
Postage and Telegraph	542.37	
Additional Salaries	1,150.00	
General Counsel—Salary	1,800.00	
Total Disbursements		29,423.73
Cash on Hand and on Deposit December 31, 1930 (Sched. B)		60,581.27
Total accounted for		$90,005.00

SCHEDULE B—STATEMENT OF CASH RECONCILIATION AT DECEMBER 31, 1930.

The Huntington National Bank		
Balance as shown by Bank Statement as December 31, 1930		$ 2,220.43
Add—Deposit on Books December 31, 1930, in Bank January 3, 1931		471.50
Total		$ 2,691.93
Less—Outstanding Checks		2,110.66
Balance as shown by Books at December 31, 1930		$ 581.27
United States Gold Bonds	$25,000.00	
Certificates of Deposit:		
No. 1326 First Citizens Trust Co.	5,000.00	
92866 Ohio National Bank	5,000.00	
92971 Ohio National Bank	5,000.00	
27633 Huntington National Bank	20,000.00	
Total U. S. Bonds and Certificates of Deposit		60,000.00
Total Balance as shown by the books at December 31, 1930		$60,581.27

Accountant's Report for the Ohio State Medical Journal for 1930

To the Committee on Auditing of the
Ohio State Medical Journal,
Columbus, Ohio.

Gentlemen:

In accordance with your instructions, we have audited the books of the Ohio State Medical Journal, for the year ended December 31, 1930, and submit herewith our report, including as a part thereof the following described schedules:

SCHEDULE A: Balance Sheet at December 31, 1930.

SCHEDULE B: Statement of Revenue and Expense for the year ended December 31, 1930.

These Schedules are supported by exhibits numbered 1 to 4 inclusive, showing details of various accounts incorporated therein.

Financial Condition

The financial condition of the Ohio State Medical Journal at December 31, 1930, (as shown in detail in Schedule A) was as follows:

Cash on Hand and on Deposit		$1,231.57
Accounts Receivable		834.25
Total Current Assets		$2,065.82
Less Current Liabilities		47.95
Net Current Assets		$2,017.87
Furniture and Fixtures		1,926.64
Total Net Assets		$3,944.51
The above is represented by:		
Surplus		$3,944.51

AUDIT—All recorded cash was traced to the depository. The disbursements were verified by examination of cancelled checks, supported by properly approved invoices. Cash at December 31, 1930, as shown by a certificate from the bank, was reconciled with the balance as shown by the books at that date. Petty cash vouchers were checked and the amount on hand was verified by actual count as of a present date during the audit.

CERTIFICATE—We therefore certify that, in our opinion, the statements herein contained correctly state the financial condition of the Ohio State Medical Journal at December 31, 1930, and the Revenue and Expense for the year ended on that date.

Respectfully submitted,
KELLER, KIRSCHNER & MARTIN,
Certified Public Accountants.

Schedule A

ASSETS

Current Assets		
Cash—Citizens Trust & Savings Bank	$ 1,221.57	
Cash—Petty	10.00	
Total Cash		$ 1,231.57
Accounts Receivable		834.25
Total Current Assets		$ 2,065.82
Property Assets		
Furniture and Fixtures		1,926.64
Total Assets		$ 3,992.46

LIABILITIES

Current Liabilities		
Subscriptions Prepaid		$ 47.95
SURPLUS		
Surplus at December 31, 1929	$ 3,989.14	
Expense in Excess of Revenue for the year ended December 31, 1930	44.63	
Surplus at December 31, 1930		3,944.51
Total Liabilities and Surplus		$ 3,992.46

STATEMENT OF REVENUE AND EXPENSE FOR THE YEAR ENDED DECEMBER 31, 1930.

SCHEDULE B

Revenue			
Advertising		$13,257.60	
Less—Commissions	$928.34		
Cash Discount	453.08	1,381.42	$11,876.18
Circulation			7,000.00
Miscellaneous			95.15
Bad Debts Collected			10.04
Total Revenue			$18,981.37

Expense

Journal Printing	$11,781.22
Office Salaries	3,840.00
Rent	1,500.00
Journal Postage	543.60
Telephone and Telegraph	230.91
Depreciation	205.39
Bad Debts	39.00
Journal Envelopes	236.21
Office Supplies	103.59
Miscellaneous Expense	40.78
Water, Ice and Towel Service	99.75
Dues and Subscriptions	89.35
Stationery and Printing	85.56
News Clipping Service	71.50
Stencils and Mimeograph Supplies	65.05
Repairs and Cleaning	59.15
Express and Delivery Service	20.09
Halftones and Etchings	14.85
Total Expense	$19,026.00
Expense in Excess of Revenue for the year ended December 31, 1930	$ 44.63

STATEMENT OF CASH RECONCILIATION AT DECEMBER 31, 1930.

The First Citizens Trust Company

Balance as shown by Bank Statement December 31, 1930	$ 2,242.30
Less Outstanding Checks	1,020.73
Balance as shown by the Books at December 31, 1930	$ 1,221.57
Petty Cash	10.00
Total Cash	$ 1,231.57

Report of the Committee on Mental Hygiene

C. W. STONE, Chairman.....Cleveland
E. J. EMERICK.....Columbus
O. O. FORDYCE.....Toledo
WM. H. PRITCHARD.....Columbus
T. A. RATLIFF.....Cincinnati
DON K. MARTIN, Secretary.....Columbus

There is probably no medico-social problem confronting the world today which challenges to a greater degree the undivided interest, cooperation and collective intelligence of the medical profession, social-welfare groups, economists, and the public generally than the problem relating to the preservation of the mental health of the world's millions, the treatment of those suffering from definite mental disorders, and the care of those handicapped with mental deficiencies.

The necessity for vigorous efforts toward the prevention of mental disorders, toward the conservation of mental health, and toward the amelioration of adverse mental states is emphasized by the ever-increasing number of persons with mental disorders seeking aid in public institutions; the rapid extension in public facilities for the care of those types of mental illness demanding treatment and segregation, and the enormous intangible economic loss to the community brought about by the collapse and suffering of thousands, making them a burden on their relatives, friends, or society as a whole.

In a recent discussion of mental illness and its far-reaching evil effects, Dr. Haven Emerson cited the following statistics to show the seriousness and enormous scope of this nation-wide and world-wide problem:

"In a population of 120,000,000, we probably have 4,500,000 children under five years of age with some behavior problem which, if not noted and in some measure dealt with, will lead to personal or family dilemma or disturbance," declared Dr. Emerson.

"There are some 25,000 children between five and fifteen years of age suffering from major speech defects, a similar number who need special-class training because of mental defect and some 3,135,000 who will develop a behavior problem that calls for professional assistance. There are about 250,000 school children who before they are fourteen years of age will be held some time as delinquents, at least temporarily.

"Among our 11,500,000 young men and women from twenty to twenty-four, 5 per cent (576,000) will suffer damage or distress as a result of emotional difficulties.

"There are about 300,000 mental hospital patients, and the number is at the present increasing at the rate of about 10,000 a year, with 75,000 new patients admitted each year.

"General hospitals in the United States are used on the average to about 67 per cent of their capacity, those for mental disease to rarely less than 100 per cent, and in some areas, such as greater New York, often to 130 per cent of normal capacity.

"In the United States today, 450,000 people are social liabilities because of mental disease; 500,000 more are in prisons or reformatories; 1,000,000 more fail of being social assets because of a low level of intelligence."

As an indication of the importance which the American Medical Association takes in the subject of mental hygiene, it may be recalled that at the recent Annual Congress on Medical Education, Medical Licensure and Hospitals, a considerable portion of the program was devoted to mental hygiene and its problems. It seems evident that the American Medical Association, through its Council on Medical Education, is taking more and more interest in the mental hygiene movement. This is being expressed in a concrete manner, through a plan for surveying the facilities for mental cases of various types in the United States.

THE OHIO SITUATION

The Committee on Mental Hygiene of the Ohio State Medical Association has been vitally concerned and intensely interested in the numerous problems in this medico-social field facing the State of Ohio.

Ohio, like all other states, finds itself confronted with a gigantic responsibility in furnishing care and treatment to the ever-increasing number of persons suffering from mental disorders and in desperate need of institutional care, and in adequately providing for the mentally deficient who are unable to provide a living for themselves.

According to figures on file with the State Department of Public Welfare, the population of

Ohio's eight hospitals for the insane on December 31, 1930, was 15,712, compared to a population of 15,046 on December 31, 1929, and a population of 14,746 on December 31, 1928. The figures for the eight institutions for the past three years on that date follow:

Hospital	Dec. 31, 1928	Dec. 31, 1929	Dec 31, 1930
Athens State Hospital	1,338	1,358	1,462
Cleveland State Hospital	2,288	2,284	2,323
Columbus State Hospital	2,309	2,405	2,476
Dayton State Hospital	1,275	1,314	1,378
Lima State Hospital	996	1,020	1,044
Longview State Hospital	1,843	1,908	2,108
Massillon State Hospital	2,552	2,633	2,712
Toledo State Hospital	2,145	2,124	2,209
Total	14,746	15,046	15,712

Increases during 1930 were also recorded at the state's two institutions for the feeble-minded and at the hospital for epileptics, as follows:

Institution	Dec. 31, 1928	Dec. 31, 1929	Dec. 31, 1930
Inst. Feeble-Minded, Columbus	1989	2013	2116
Inst. Feeble-Minded, Orient	2217	2429	2478
Hospital for Epileptics	1927	1947	2030
Totals	6133	6389	6624

These statistics show that on December 31, 1930, the number of inmates in the state mental hygiene institutions totaled 22,336, or approximately two-thirds of the total population of the 21 penal, correctional, mental hygiene institutions under the jurisdiction of the State Department of Public Welfare.

These increases in the populations of the various mental hygiene institutions tell only half of the story, according to specialists in this particular field. Overcrowded conditions at all of the institutions have made it impossible to house many persons in need of institutional care and whose names are on the lengthy waiting lists of all the institutions.

Competent authorities also have estimated that of the indicated feeble-minded population of Ohio, approximately 55,000, about 11,000 are in need of institutional care. A comparison of these figures with those on the actual population of the feeble-minded institutions on December 31, 1930, shows that approximately 7,000 persons in need of segregated care and treatment were not receiving it on that date.

Statisticians in figuring what the needs of the state will be 10 years hence, based on experiences of the past 10 years, have estimated that approximately 9,000 beds will have to be added to existing facilities to care for those who will be in need of institutional care in mental hygiene institutions in 1940. This of course would not provide for many mental defectives of the class which are not now being given institutional care.

A brief analysis of the economic phase of the question also emphasizes the enormity of the burden now being borne by the state.

During the years 1929 and 1930, approximately $4,000,000 was expended by the state for additions and betterments at existing mental hygiene institutions.

The budget submitted by the State Department of Welfare for the biennium, 1931-32, calls for expenditures approximating $27,000,000, a large portion of which would be expended for personal services, maintenance, and additions and betterments at the various mental hygiene institutions.

Bond issues ranging from $25,000,000 to $40,000,000 for enlargement of the present state facilities in the penal and mental hygiene fields have been suggested during the past few months.

These figures, of course, do not take into consideration the enormous economic losses sustained through community set-ups for the care of the mentally sick and the mentally deficient, and through the inability of many individuals to provide a living for themselves.

Much still remains to be accomplished, both in the matter of establishing more effective means for the prevention of mental disorders, providing better facilities for caring for those in need of segregated treatment, and in keeping the public constantly informed as to the actual needs and social significance of the problem.

Time and space do not permit a detailed survey of the work that has already been done, now underway, or contemplated to provide more facilities for the insane and feeble-minded and to revise, modify and improve the present machinery for coping with this question. Detailed information on some of the important phases of the state's program has already been published in the *Ohio State Medical Journal* at various times. We refer particularly to articles published in the February, 1930, July, 1930, August, 1930, October, 1930, and February, 1931, issues of *The Journal.*

Briefly, some of the important steps already taken by the state in the field of mental hygiene during the past year might be enumerated as follows:

The new institution for feeble-minded at Apple Creek, Wayne County, has been partially completed and is now housing several hundred inmates, with plans in the making for enlargement of that institution at the earliest possible date.

Plans are now underway for the development of a tract of land in Warren County, recently purchased by the state, as a site for another institution for the feeble-minded to serve the southwestern portion of Ohio.

Financial programs have been initiated, to provide funds for enlargement of existing mental hygiene institutions and for the construction of new institutions when needed. A new hospital for the insane in northeastern Ohio has already been recommended.

Machinery for the examination and classification of prisoners and for the transfer of prisoners and inmates of institutions to the type of institution especially fitted for their care has been set up.

Considerable improvement has been effected in the parole system of the state through the consolidation of the parole forces and increasing the number of parole officers.

A Bureau of County Consultation Service has been created in the State Department of Public Welfare to keep in touch with local welfare

agencies and assist them in preventive mental hygiene and in looking after inmates after their release from state institutions.

Special emphasis has been given to paroles and discharges from all state institutions to bring about a more rapid turnover among inmates who are deemed capable of again taking their place in society.

A special study has been made by a Welfare Advisory Commission, appointed by Former Governor Cooper, to study the penal and mental hygiene problems of the state and recommend improvements in the present situation. (A summary of the final report of the Commission was published in the February, 1931, issue of *The Journal.*

These and many other constructive attempts to solve this complex and perplexing question have had the active support and sympathetic cooperation of the Committee on Mental Hygiene. Members of your committee have attended many conferences with state officials and representatives of other agencies interested in this problem, and have given whatever counsel and aid they could in furnishing practical and proper programs which they believed would lead to progress in this field.

Dr. Ray Lyman Wilbur has labeled mental hygiene as "a new and lusty infant in the medical family". It must be admitted that comparatively little is known about the causation of many mental diseases. So, it would probably be good medicine and good social economy if more concerted and concentrated efforts were directed toward expansion of research in this field. Research has raised the recovery rate of general paresis to an astounding degree. The same success would appear probable in other seemingly hopeless conditions.

This committee believes that there are three important aspects to the question of mental hygiene which deserve more thorough consideration and study, namely:

1. What can be done in local communities to prevent many cases of mental illness from reaching a stage where they must be hospitalized?
2. How can facilities in mental hygiene hospitals be improved to insure an increase in the recovery rate of those committed?
3. How may the present follow-up service be improved to aid those discharged or paroled from state mental hygiene institutions.

It is quite apparent that these important phases of the work have a definite medical and health angle.

The general practitioner and the specialist both play an important role in the first proposition. In all other forms of sickness, the modern idea is not to wait until a patient is urgently in need of hospitalization before we think of treatment. Early treatment in mental cases has lagged in many communities. Too many physicians fail to act quickly enough when confronted with a patient suffering from a mental ailment and some are too quick to diagnose the case as "nothing to worry about."

As Dr. Frederick H. Allen, director of the recent mental hygiene survey conducted in California, has stated:

"A real objective of mental hygiene is the creation of a more intelligent understanding of the nature of mental deviations and the development of more real treatment facilities for the early cases found in every community. The thing every mental hospital superintendent faces is the fact that had such facilities existed, a large number of cases would never have developed to the point where hospital care was an emergent necessity."

Obviously, the second proposition deals with the patient after he has been committed to an institution. While discussing recently some of the responsibilities of a state in relation to its mental hygiene wards, Dr. William A. Bryan, superintendent of the Worcester State Hospital, Massachusetts, made the following pertinent comments:

"The efficiency of the hospital (mental hygiene hospital) of the future will be judged entirely upon the number of patients it is discharging back into the community and not upon the smoothness of its organization. In order to check up this efficiency we must answer three questions: (1) Are we discharging more patients into the community than we did 20 years ago? (2) Are the patients who are discharged and have to return being kept out in the community longer than they were 20 years ago? (3) Is the time being spent in the hospitals any less than it was 20 years ago?"

After all, buildings do not cure patients and are of little value, except as institutions of segregation, unless competent physicians and modern facilities are provided.

How to keep the patient who is discharged from suffering a return of his mental sickness is a question which equally involves the physician, the social worker and the hospital superintendent.

It is the duty of the hospital director while the patient is in the institution to have developed a case history which will present an adequate account of the environmental conditions which may have played a prominent part in the mental breakdown. This should be readily available to the physician and the social worker in the patient's home community whose duty it is to make sure, if possible, that a return of the patient's mental sickness will be prevented.

These hastily sketched phases of the mental hygiene movement your committee believes to be vital. Work along these lines is already being done in this state but we feel that greater impetus should be given to it. Ohio may go on and on building more hospitals and enlarging present ones without striking at the very root of the question unless public sentiment, counseled by the medical profession and others who are wholly familiar with the problem, is awakened.

In conclusion, your committee desires to state that it also has considered and studied some of the

serious penal questions confronting the state but does not believe that at this time it should discuss these problems, except to say it is of the opinion that a more extensive use of the medical sciences, especially the psychiatric service offered by modern scientific medicine, will go far toward improving the system of administering justice under the criminal laws.

Annual Report of the Committee on Military Affairs

H. H. SNIVELY, Chairman ..... Columbus
JOHN L. BEACH ..... Seville
BYRON BING ..... Pomeroy
DON K. MARTIN, Secretary ..... Columbus

We are all concerned, or should be, in what constitutes an efficient, modern system of maintaining an adequate and effective force to cope with national emergencies.

Prior to 1916 it had been the policy of the United States to maintain the regular army at low strength and at the outbreak of a war to expand its forces by enlistment of volunteers for a limited time and to support its efforts with hastily recruited militia.

Today the fundamental idea in national defense is the peace-time preparation for the mobilization of an army to be composed of the regular army, the national guard, and the organized reserve, and men to be obtained by selective service and drawn from communities in proportion to the density of population.

It has been found that it is too late to begin training personnel to meet mobilization requirements when mobilization day is at hand. Naturally, this new trend places greater responsibility on the shoulders not only of those holding commissions in the regular army and national guard, but also those classified as reserve officers, who must be ready promptly in case of general mobilization to leave civilian pursuits, and who must be thoroughly familiar with the character, object, and scope of military training and with the latest approved methods of modern warfare.

The maintenance of a well-organized, well-trained and numerically strong Organized Medical Reserve Corps and adequate medical units in the Ohio National Guard is a question in which the Committee on Military Affairs of the State Association is interested.

Shortly after the close of the World War, the Ohio State Medical Association, at the suggestion of the War Department, established a Committee on Military Affairs to serve as a contact unit for the medical profession of Ohio.

Besides maintaining close contact with the military departments of the government, the duties of this committee are to promote the work of the Organized Medical Reserve Corps and the medical department of the Ohio National Guard, to aid in obtaining enrollments therein, and to convey information from the War Department to the members of the State Association.

It has been conclusively proved that a well-organized, well-equipped and well-trained medical unit is an indispensable branch of an effective and efficient fighting force.

As stated in a recent announcement of the Surgeon General of the U. S. Army, "an army composed of vigorous and healthy men, possessing physical strength and powers of endurance, has the foundation of an unconquerable force".

Unless each fighting unit is served by a medical corps, consisting of men competently trained in the medical and sanitary sciences, the physical strength and powers of endurance so necessary to success will be greatly impaired and probably entirely lacking.

Under the present system of national defense, the nation must depend to a large extent on the Organized Medical Reserve Corps for a technically proficient personnel, with an exact and complete knowledge of how to conserve the health of troops and to administer to the sick and wounded.

At the present time, there are 1204 Ohioans enrolled in either the medical, dental, veterinary, sanitary or medical administrative branches of the Medical Department of the Organized Officers Reserve Corps. This number is slightly smaller than the number holding commissions in the Organized Reserve Corps a year ago and shows the need for greater emphasis as to the value of this phase of the national defense program.

The following figures furnished your committee by Colonel L. T. Hess, corps surgeon, Fifth Corps Area, Fort Hayes, Columbus, show the distribution of Ohioans enrolled in the medical units and groups of the Officers Reserve Corps:

RESERVE OFFICERS OF OHIO
Active Territorial Assignment Group
(Under Corps Area Commander)

	Cols.	Lt.-Col.	Major	Captain	1st Lieuts.	2nd Lieuts.	TOTAL
Medical	13	45	82	52	325	0	517
Dental	0	2	22	20	222	0	266
Veterinary	0	0	5	3	5	36	49
Med. Adm.	0	0	0	10	13	53	76
Sanitary	0	0	1	3	5	3	12
TOTAL	13	47	110	88	570	92	920

Inactive Territorial Assignment Group
(Under Corps Area Commander)

Medical	0	3	9	10	60	0	82
Dental	0	0	1	8	51	0	60
Veterinary	0	0	1	3	1	4	9
Med. Adm.	0	0	0	1	1	5	7
Sanitary	0	0	0	0	0	0	0
Total	0	3	11	22	113	9	158
Total—TAG	13	50	121	110	683	101	1078

Active Branch Assignment Group
(Under Chief of Branch)

Medical	1	2	3	4	8	0	18
Dental	0	2	0	1	4	0	7
Veterinary	1	0	0	0	1	1	3
Med. Adm.	0	0	0	1	1	2	4
Sanitary	0	0	5	6	0	1	12
Total	2	4	8	12	14	4	44

Inactive Branch Assignment Group
(Under Chief of Branch)

Medical	1	0	3	3	5	0	12
Dental	0	0	0	0	1	0	1
Veterinary	0	0	1	2	1	0	4
Med. Adm.	0	0	0	0	1	0	1
Sanitary	0	0	1	0	1	1	3
Total	1	0	5	5	9	1	21

NATIONAL GUARD
(Dual Capacity)

Medical	1	2	8	24	4	0	39
Dental	0	0	0	6	3	0	9
Veterinary	0	0	1	5	0	0	6
Med. Adm.	0	0	0	6	1	0	7
Total	1	2	9	41	8	0	61

NEW APPOINTMENTS IN 1930

Medical	Dental	Veterinary	Med. Adm.	Sanitary	Total
92	23	6	18	1	140

PROMOTIONS IN 1930

Medical	Dental	Veterinary	Med. Adm.	Sanitary	Total
32	12	3	9	3	59

Colonel Hess, in forwarding these statistics to your committee, pointed out that the approved procurement objective of the Department of War for the Fifth Corps Area, which includes, Ohio. Indiana, Kentucky and West Virginia, places the quota under the immediate assignment jurisdiction of the Corps Area Surgeon at about 3,000 Medical Department Reserve Officers. He, also, stated that a large portion of these officers must be obtained from Ohio because of its greater portion of eligible physicians, dentists, etc.

Detailed information relative to the eligibility requirements for those desiring to enroll in the Organized Medical Reserve may be obtained from the Corps Area Surgeon's Office, Fort Hayes, Columbus.

Present army regulations require that every medical reserve officer shall during each five years commission period put in 200 hours or more of military work, in camp, correspondence school, inactive training meetings, or similar military activity, or else become ineligible for renewal of his commission with assignment to an organized reserve unit.

Some physicians have objected to this regulation on the grounds that many physicians, who would be valuable assets to the Organized Medical Reserve, have not the time to engage in these special training activities, and that most medical men are already skilled in and trained to do everything which active army service would demand.

It is true that most competent medical practitioners are well fitted scientifically for army assignments and probably are in no need of special courses to increase their technical proficiency in military medicine. However, your committee believes that scientific training is not the only question that must be considered. We are of the opinion that tactical proficiency, a very important factor in military training must not be slighted in the training of officers. Every officer, whether he be a combat officer or a medical detachment officer, must know how to handle troops, develop teamwork and effect coordination of effort, and understand the basic principles of military science.

While it would be unwise for the War Department to make the requirements for a commission in the Organized Reserve so severe that it would be practically impossible for all but a comparatively few physicians to consider enrolling in times of peace, it seems to your committee that it would be just as impractical to eliminate entirely from the requirements provisions for training in the tactical and practical phases of military service.

In this connection, and in conclusion, we desire to call to the attention of physicians interested in obtaining or retaining commissions in the Organized Medical Reserve, the opportunity for practical training with troops which is offered by the Ohio National Guard.

Each combat regiment of the Ohio Guard has a well-organized medical unit which takes an active part in all the training programs and schedules in which the various Guard units engage. Its commissioned personnel consists of medical officers from 1st Lieutenant to Major.

The Ohio National Guard at present has 12 medical department organizations. One of these is a medical regiment, composed of ten companies, which is a part of the Thirty-Seventh Division, with commissioned personnel in all grades from second lieutenant to colonel.

The medical regiment of the Thirty-Seventh Division will train this year at Camp Perry from July 19 to August 2, offering medical reserve officers an opportunity to see medical department troops in field maneuvers. Some reserve officers have enlisted in the National Guard to obtain this practical training with troops in the field and others undoubtedly could obtain commissions upon application.

Through this committee, the Adjutant General, Frank D. Henderson, commanding officer of the Ohio National Guard, has extended an invitation to the medical profession of Ohio to visit Camp Perry during the training period for the medical regiment in order to observe modern methods of military medicine and how medical units must function while on active duty in field training.

Several positions in the medical services of the government are open, for which examinations have been announced by the U. S. Civil Service Commission. Applications must be filed by June 30. Services seeking physicians are the U. S. Veterans Bureau, Public Health Service, Indian Service, Coast and Geodetic Survey and Canal Zone.

Annual Report of the Councilors

Charged with the responsibility of administering the executive affairs of the State Association, carrying out the mandates of the House of Delegates, and seeing to it that the fundamental policies of medical organization in Ohio are adhered to and carried out, the Council has had unlimited opportunity to view and keep in close touch with the developments of many important issues and problems affecting public health, scientific medicine, and medical practice during the past twelve months.

The Council, composed of representatives from various sections and communities of the state, is a cross-section of the medical viewpoint on the numerous problems in which the medical profession, individually and collectively, is intensely interested. Any number of complex and confusing questions, varied in nature, have been considered by the Council during the past year, and in each instance, the Council has made every effort to render a fair decision and practical solution, based on a careful study and thorough analysis of each question.

It has been the firm belief of the Council that in a democratic organization such as ours, local autonomy should exist to a large degree in problems solely local, community or sectional in nature. To questions, local in scope and affecting in large measure only a limited portion of the state, the Council has listened sympathetically and with the desire to aid in a solution. However, at the same time, members of the Council have been unwilling to take an arbitrary position on local problems, which should be, and have been in most instances, solved by judicious handling on the part of the medical profession of the communities involved.

Of course, on matters state-wide in scope, vitally affecting the medical profession or public health of Ohio generally, and involving the policies of medical organization, as laid down by the House of Delegates, the Council has been prompt to act. In such matters, the Council has endeavored to be unbiased and just. It has tried to view all problems from the standpoint of the industrious and conscientious practitioner, and has attempted to reach solutions which it believed were for the best interests of the majority of the physicians of the state and of benefit to the public. The component county medical societies should keep in mind at all times that they are to a large degree the ones responsible for solving a considerable number of the difficult local questions continually arising, and should not make the mistake of appealing every difficulty that arises to the Council, on the theory that the Council should assume jurisdiction and responsibility in every purely local instance.

Although time and space will not permit an extensive summary of the numerous accomplishments of the Council during the past twelve months, this report would not be complete without some slight mention, at least, of the meritorious piece of work done since the last annual meeting by the special Council Committee on Constitutional Conformity, composed of Dr. A. H. Freiberg, Cincinnati, chairman, Dr. C. L. Cummer, Cleveland, and Dr. E. B. Shanley, New Philadelphia. This committee, authorized by the House of Delegates at the 1930 annual meeting of the State Association, and appointed by Dr. C. W. Waggoner, the president, has devoted innumerable hours of study and work to the task of aiding the component county medical societies and academies of medicine in making their local constitution harmonize and conform with the provisions of the Constitution and By-Laws of the State Association. At the direction and under the auspices of this special committee, a model constitution for component county societies was drafted and transmitted to the local medical societies for adoption if they saw fit and to guide them in revising their present constitution. Due to the energetic work of the Committee on Conformity, the active interest of the officers of many County Medical Societies and the members of Council, the constitutions of many of the county medical societies have been revised to conform to the Constitution and By-Laws of the State Association, and modification has been started by many others. There is little doubt but what, upon the completion of this work, the efficiency of medical organization in Ohio will be enhanced many fold and a better organized, more cohesive and more modern agency for advancing the interests of the public and the medical profession result.

Some idea as to the numerous and varied activities of the Council during the past year may be obtained by studying the minutes of its meetings published from time to time in *The Journal.* Issues containing these minutes constitute a part of this report and are as follows:

June, 1930	Page 532
August, 1930	Page 687
November, 1930	Page 939
January, 1931	Page 59
April, 1931	Page 311

A special effort has been made during the year by each Councilor to strengthen his contact with each component county medical society and academy of medicine in his district. In many instances, Councilors have assisted county societies in solving local problems, arranging programs for special meetings, stimulating growth in membership, and serving as the medium for business between the county societies and the State Association.

Members of the Council are anxious that this cooperation and contact between them and the various county medical societies be maintained and increased during the coming year. The Coun-

cilors are always willing and anxious to serve their constituents and obtain their viewpoints, on the numerous questions in which the medical profession, individually and collectively, is interested.

MEMBERSHIP DATA

First District

John A. Caldwell, M.D., Cincinnati, Councilor

County	Paid Membership for 1930	to April 10, 1931
Adams	13	13
Brown	11	8
Butler	84	76
Clermont	20	20
Clinton	25	25
Fayette	19	19
Hamilton	577	547
Highland	18	17
Warren	20	20
	787	745

Second District

E. M. Huston, M.D., Dayton, Councilor

Champaign	23	23
Clarke	71	59
Darke	40	38
Greene	34	34
Miami	47	44
Montgomery	261	251
Preble	17	17
Shelby	21	19
	514	485

Third District

O. P. Klotz, M.D., Findlay, Councilor

Allen	75	67
Auglaize	27	27
Hancock	38	37
Hardin	19	19
Logan	29	25
Marion	49	42
Mercer	17	15
Seneca	31	39
Van Wert	22	19
Wyandot	12	11
	319	301

Fourth District

D. J. Slosser, M.D., Defiance, Councilor

Defiance	17	18
Fulton	19	19
Henry	17	14
Lucas	327	300
Ottawa	14	13
Paulding	7	7
Putnam	22	24
Sandusky	43	35
Williams	22	20
Wood	40	35
	528	485

Fifth District

C. L. Cummer, M.D., Cleveland, Councilor

Ashtabula	42	36
Cuyahoga	1012	879
Erie	31	29
Geauga	11	11
Huron	18	20
Lake	23	14
Lorain	92	96
Medina	21	21
Trumbull	60	53
	1310	1159

Sixth District

D. W. Stevenson, M.D., Akron, Councilor

Ashland	21	17
Holmes	6	7
Mahoning	165	166
Portage	25	24
Richland	59	55
Stark	179	168
Summit	278	250
Wayne	41	42
	774	729

Seventh District

E. B. Shanley, M.D., New Philadelphia, Councilor

Belmont	61	54
Carroll (With Stark Co. Society)		
Columbiana	56	53
Coshocton	22	21
Harrison	11	8
Jefferson	55	49
Monroe	10	8
Tuscarawas	49	46
	264	239

Eighth District

E. R. Brush, M.D., Zanesville, Councilor

Athens	36	37
Fairfield	31	34
Guernsey	26	27
Licking	47	45
Morgan	7	9
Noble	2	1
Perry	22	23
Washington	32	35
	254	260

Ninth District

I. P. Seiler, M.D., Piketon, Councilor

Gallia	21	22
Hocking	11	9
Jackson	17	20
Lawrence	21	21
Meigs	12	12
Pike	6	6
Scioto	78	78
Vinton	4	3
	170	171

Tenth District

S. J. Goodman, M.D., Columbus, Councilor

Crawford	24	24
Delaware	19	20
Franklin	427	369
Knox	26	23
Madison	12	13
Morrow	7	8
Pickaway	20	13
Ross	39	40
Union	20	17
	594	527
Grand Total	5514	5101

Third Congress of the Pan-American Medical Association will be held in Mexico City, under the auspices of the Mexican Government, next July 26 to 31.

Special Features ≠≠≠ Clinics, Entertainment and Diversion in Connection with the Annual Meeting, Toledo, May 11, 12 and 13

Fine Program of Clinics at Toledo Hospitals Monday, May 11th

The Clinic Committee of the Academy of Medicine of Toledo and Lucas County has arranged a splendid, interesting clinical program for Monday, May 11th, the day preceding the opening sessions of the Eighty-Fifth Annual Meeting of the Ohio State Medical Association at Hotel Secor, Toledo. The morning program will consist of wet and dry clinics at the various Toledo hospitals. The afternoon program, somewhat of an interesting departure from the general rule, will be a clinical presentation at the Toledo Academy of Medicine Auditorium, Monroe at Fifteenth St., participated in by representatives from all the various Toledo hospitals. The afternoon program hour will be from 2:00 to 5:00 P. M. Luncheon will be served at the hospitals to the visiting physicians after the morning programs.

No doubt, many Association members will want to come to Toledo on Sunday or Monday preceding the convention in order to attend these clinics. Detailed schedules for the clinic presentations, the physicians and surgeons participating, and the location of the different hospitals will be available in the *Clinic Bulletin* which will be printed and distributed at the hotel registration headquarters on Sunday and Monday morning.

The Clinic Committee of the Toledo Academy of Medicine which has arranged this splendid program consists of Drs. L. F. Smead, Chairman; R. L. Bidwell, W. W. Brand, T. M. Crinnion, L. R. Effler, K. D. Figley, H. H. Heath, H. L. Green, M. J. Larkin, Chas. Lukens, W. A. Neill, J. W. Young and B. J. Hein.

The tentative program submitted by the Clinic Committee, giving the hospitals and the Toledo physicians participating, is outlined as follows:

MONDAY, MAY 11TH

MORNING PROGRAM

TOLEDO HOSPITAL
Monroe St. at North Cove Boulevard

CLINICAL PATHOLOGICAL CONFERENCE
Autopsy Amphitheatre
10:00 A. M. to 12 Noon

Cases to be presented:
1. Allergic Asthma
2. Sickle Cell Anemia
3. Aleukemic Leukemia
4. Glomerulonephritis with Marked Anemia
5. Multiple Metastatic Abscesses of Brain
6. Pulmonary Embolism
7. Arsphenamine Intoxication with
   (a) Bone Marrow Involvement
   (b) Liver Involvement
8. Von Jaksch's Anemia

Drs. L. C. Grosh and Bernhard Steinberg
General discussion to follow presentation of cases

WOMEN'S AND CHILDREN'S HOSPITAL
1609 Summit St.

10:00 A. M. to 12 Noon

1. SURGICAL CLINIC
   Drs. H. H. Heath and H. B. Meader
2. MEDICAL CLINIC
   Dr. Will Gardiner
3. PEDIATRIC CLINIC
   Dr. S. D. Giffen
4. OBSTETRICAL CLINIC
   Drs. W. W. Brand and R. V. Mateer

NEW LUCAS COUNTY HOSPITAL
Arlington Ave. at Detroit

10:00 A. M. to 12 Noon

1. WET CLINIC—Hospital Amphitheatre
   (a) General Clinic
   (b) Gynecological Clinic
2. MEDICAL CLINIC
3. HEART CLINIC
   Clinical and Pathological Demonstration

The program will be presented by different Staff Members

(Luncheon will be served at Noon)

FLOWER HOSPITAL
3349 Cherry St.

10:00 A. M. to 12 Noon

1. DIAGNOSTIC AND OPERATIVE CLINIC
   Lesions of the Upper Abdomen
   Dr. E. W. Doherty and members of the Staff

EAST SIDE HOSPITAL
1153 Oak St.

10:00 A. M. to 12 Noon

1. SPINAL ANESTHESIA WITH DEMONSTRATION OF OPERATIVE CASES
   (a) Cholecystectomy
   (b) Appendectomy
   (c) Exploratory of Pelvic Cavity
   (d) Hemorrhoidectomy

Drs. C. S. Ordway, F. S. Allen, A. W. Hemphill, H. Blank and W. V. Prentice

(Luncheon will be served at Noon)

ROBINWOOD HOSPITAL
2517 Robinwood Ave.
10:00 A. M. to 12 Noon

1. OPERATIVE CLINICS
   (a) Conservative Surgical Treatment of Pelvic Peritonitis
   Drs. H. L. Green and H. D. Brown
   (b) Genito-Urinary Surgical Clinic
   Dr. E. Benj. Gillette
   (c) Thyroid Clinic
   Dr. N. W. Gillette
   (d) Arthroplasty of Knee
   Dr. Edw. P. Gillette
   (e) Obstetrical Clinic
   Dr. John Gardiner
   (f) Demonstration of Nitrous Oxide and Oxygen Anesthesia
   Drs. Lamora Shuey and Josephine S. Orr
   (g) Demonstration of Spinal Anesthesia
   Dr. Josephine S. Orr
2. DRY CLINICS
   (a) Management of Bleeding Peptic Ulcer
   Dr. J. W. Young
   (b) Radium Treatment of Cancer
   Dr. Robt. S. Gillette
   (c) Pathological Demonstrations
   1. Polycystic Kidneys
   2. Rupture of Heart
   3. Syphilitic Aortitis with Aneurism of Innominate Artery
   4. Hemorrhagic Pancreatitis
   Dr. A. H. Schade
   (d) X-ray Demonstrations of Interesting Pyelograms
   Dr. A. J. Hartman
   (e) Atelectasia in the New Born
   Dr. John Gardiner
   (f) Fracture of Skull
   Dr. R. O. Brigham
   (g) Orbital Periostitis—Plastic Iritis
   Dr. C. R. King
   (h) Exophthalmus as a Result of Arterio-Venous Aneurism
   Drs. H. L. Green and H. D. Brown

MERCY HOSPITAL
2221 Madison Ave.
9:30 A. M. to 12 Noon

1. GENITO-URINARY CLINIC
   Drs. M. B. McGonigle and E. W. Huffer
2. Proctological Cases
   Drs. L. J. Herold and J. F. Whitacre
3. Display of some of the newer Pharmaceutical Preparations
   Mr. Waldo Bowman
4. PEDIATRIC CLINIC—Demonstration of Feeding Cases
   Drs. L. J. Clark, B. S. Dunham, L. E. Payne and F. W. Maxwell
5. Differential Diagnosis in Pulmonary Tuberculosis
   Drs. H. J. Murphy and H. J. Bollinger
6. MASTOIDECTOMY
7. GASTROENTEROSTOMY
   Dr. L. A. Brewer
8. CATARACT OPERATION WITH DEMONSTRATION OF CASES
   Dr. F. W. Alter

(Luncheon will be served at Noon)

ST. VINCENT'S HOSPITAL
2213 Cherry St.
SURGICAL CLINIC—9:30 A. M. to 12 Noon

8:30 A. M. Recurrent Hernia—"Repair"
Dr. C. D. Selby—Room I
Double Hernia Herniotomy
Dr. F. B. McNierney—Room O
Fracture of Skull
Presentation End Results after Resection of Trifacial Nerve
Dr. P. J. Bidwell—Room M
Tonsillectomy
Dr. E. C. Unckrich—Room H
Tonsillectomy—Nasal Case
Dr. V. Langenderfer—Room T

9:30 A. M. Abdominal Hysterectomy
Dr. E. J. McCormick—Room I
Cholecystectomy
Dr. Will Fisher—Room O
Thyroidectomy
Dr. R. L. Bidwell—Room M
Tonsillectomy—Local
Dr. C. R. King—Room H
Radical Sinus Operation
Presentation of Cases—End Results
Drs. A. L. Steinfeld and S. H. Patterson—Room T

10:30 A. M. Vaginal Hysterectomy
Cholecystectomy
Dr. F. M. Douglass—Room I
Hysterectomy for Fibroid
Dr. T. M. Crinnion—Room O
Hysterectomy
Dr. T. J. Cunningham—Room M
Presentation of Eye Cases
Drs. R. E. Boice and M. G. Bourne—Room H

11:30 A. M. Nephrectomy-Hydronephrosis
Dr. L. P. Dolan—Room O
Orthopedic Clinic
Dr. B. J. Hein—Room M
Orthopedic Clinic—Presentation of Cases. End Results
Dr. T. H. Brown—Room T

MEDICAL CLINIC—9:30 A. M. to 12 Noon

DIABETES—endarteritis—gangrene
Dr. A. J. Rejent
DUODENAL ULCER—bleeding
Dr. C. J. Czarnecki
TACHYCARDIA PAROXYSMAL
Dr. F. C. Clifford
TESTICULAR TUMORS
Drs. J. T. Murphy and T. L. Ramsey
MEDICAL CLINIC
Dr. L. A. Levison
DEMONSTRATION OF PHYSICAL THERAPY
Dr. N. J. Seybold
COLITIS
Dr. C. W. Waggoner
(Luncheon will be served at Noon)

AFTERNOON PROGRAM

ACADEMY OF MEDICINE AUDITORIUM
Monroe St. at Fifteenth
CLINICAL PROGRAM—2:00 to 5:00 P. M.

TOLEDO HOSPITAL
A Clinic on Arthritis
Dr. C. S. Mundy

WOMEN'S AND CHILDREN'S HOSPITAL
Certain Breast Lesions with Case Reports
Dr. H. B. Meader

NEW LUCAS COUNTY HOSPITAL
An Interesting Neurological Case
Member of Staff
FLOWER HOSPITAL
Colon Management, with Lantern Slide Demonstration
Dr. H. F. Howe
EAST SIDE HOSPITAL
Experience in Spinal Anesthesia—Motion Picture Demonstration
Dr. C. S. Ordway
ROBINWOOD HOSPITAL
Ischio-ramic Diameter
Dr. John Gardiner
Abdominal Pain with Lantern Slide Demonstration
Dr. E. Benj. Gillette
MERCY HOSPITAL
Subjects to be announced later
Dr. J. L. Stifel
Dr. N. D. Morris
ST. VINCENT'S HOSPITAL
Case End Results in Club Feet
Case Tendon Lengthening
Case Knee Joint Fracture and Split
Case Fusion of the Knee
Case Axillary Scar from Burns
Dr. B. G. Chollett

Announcement of Annual Banquet and Dance

A delightful feature of the Eighty-Fifth Annual Meeting of the Ohio State Medical Association, May 12th and 13th, at the Hotel Secor, Toledo, will be the Annual Banquet and Dance to be held on Tuesday, May 12, at 6:30 P. M., in the Main Ball Room of the Commodore Perry Hotel, directly across the street from Hotel Secor, according to the plans and announcements of the local committee.

This delightful informal dinner, which was resumed at Columbus last year, will again be made an interesting feature of the Annual Meeting Program and will be combined with the Second General Session at which the annual addresses of the President, Dr. C. W. Waggoner, Toledo, and President-elect, Dr. D. C. Houser of Urbana, will be given. The Toledo Academy of Medicine Entertainment Committee, consisting of Dr. E. J. McCormick, Chairman; Dr. W. W. Beck, Dr. Galen F. Bowman, Dr. Karl D. Figley, Dr. E. W. Huffer and Dr. A. H. Schade, assisted by a special Ladies Committee, will have charge of the banquet and entertainment.

Fred Seymour and his full orchestra, without question one of the most popular musical organizations in the country, has been engaged to furnish music during the dinner hour and for the dance and reception which will follow from 9:30 to 12:00 P. M. Make your plans now to attend this delightful informal social event. Bring the wives and lady friends along. The Toledo crowd will be out in full force to insure us a memorable evening's entertainment. You will be sure to enjoy the splendid Commodore Perry dinner and we know that you will delight in the captivating musical melody of Fred Seymour and his Boys, even though you do not dance.

Tickets for the Banquet and Dance are $2.50 each and may be obtained early on Tuesday morning at the Registration Headquarters, immediately adjoining the Second Floor Lounge in the Hotel Secor. The Ladies Committee of the Toledo Academy of Medicine, headed by Mrs. C. W. Waggoner and Mrs. Charles Fisher, will have charge of the registration of visiting lady guests and will be very happy to plan for their comfort and entertainment while in Toledo.

Definite arrangements must be made with the Commodore Perry Hotel for the large number who may be expected to attend the banquet and dance. It is therefore important and necessary that all members purchase their banquet tickets *immediately* upon their arrival, if possible, and at the time they check in at Registration Headquarters.

For your convenience and also that of the committee in charge, tickets for the banquet can be purchased in advance by mailing your check ($2.50 each) to the Executive Secretary, Toledo Academy of Medicine, Monroe at 15th St., Toledo, Ohio. Make your check payable to the Toledo Academy of Medicine, the tickets will be promptly forwarded by return mail.

The final guarantee of dinner reservations must be made to the Commodore Perry Hotel management by 2:00 P. M., on Tuesday, May 12th. Those who do not expect to arrive in Toledo and register by that time, and who have not ordered their tickets in advance, should make arrangements with one of their colleagues arriving early on Tuesday, to purchase tickets for them before 2:00 P. M.

Don't miss the party. All members who can possibly arrange to do so should attend this banquet and dance. It will offer a splendid opportunity to enjoy the program of speeches and to renew old friendships among your confreres. The Toledo Entertainment Committee again promises a rousing good time for all who attend. Don't forget the time—6:30 P. M.—the place—The Commodore Perry Hotel Main Ball Room, immediately across the street from the Hotel Secor—and the date—Tuesday, May 12th. Entertainment Committee.

GOLF GOSSIP
Annual Tournament News
Monday, May 11th

It is the prediction of Dr. Harry M. Hatcher, Dayton, Ohio, President of the Ohio State Medical Golfers' Association that the entry list of participants for the Eleventh Annual Tournament to be held at Inverness Country Club, Toledo, on

Monday, May 11th, bids fair to break all previous attendance records. As in other years, the golf tournament will precede the Eighty-Fifth Annual Meeting of the Ohio State Medical Association which will be held at the Secor Hotel in Toledo on May 12th and 13th.

Toledo weather prophets predict ideal atmospheric conditions for the Lake Erie region and if their divination be correct, between 200 and 250 physician golfers from all over the state are scheduled to tee off in the tournament which is one of the unofficial, but most interesting and attractive features of the Annual State Meeting.

The Toledo Committee on Arrangements, headed by Dr. Henry Lee Wenner, First Vice-President of the Golfers' Association, has been busy for several weeks arranging details for the big meet and gathering together a splendid list of attractive trophies and prizes. The Toledo Committee is composed of Dr. Wenner, Chairman; Dr. B. W. Patrick, Dr. W. W. Beck, Dr. Galen F. Bowman, Dr. E. G. Galbraith, Dr. T. W. Durbin and Dr. R. C. Young.

The rules of play for the tournament will be the same as last year. Prize Trophy winners will play in foursomes designated by the committee. No foursome should leave the first tee until officially sent away by the starter. Winter rules of play will prevail in the fairway. Two score cards must be turned in for each foursome and all putts must be holed out.

The Low Gross Championship is to be determined this year by a play of 36 holes. The balance of the events will be played over 27 holes as in former years.

Most of the Ex-Champions of the golfers' association are making plans to attend the meet and will attempt to wrest the crown from Dr. Henry Lee Wenner, Toledo, who bagged the championship at Columbus last year.

Those who have won the championship in other years are: Dr. W. D. Inglis, Columbus, '21; Dr. E. E. Gaver, Columbus, '22 and '23; Dr. W. H. Fisher, Toledo, '24; Dr. R. R. Wilkinson, Cincinnati, '25; Dr. T. F. Heatley, Toledo, '26; Dr. W. L. Furste, Cincinnati, '27 and '28; and Dr. J. L. McEvitt, Akron, '29.

The Toledo crowd, having been nosed out by Cleveland by only two points for the Team Championship at Columbus last year, will be out in full force and determined to cop that prize as well as retain the Championship which has rested there three times in the past ten years.

A program of special entertainment has been arranged for the golfers' banquet which will be held at Inverness clubhouse in the evening when prizes will be awarded.

Every male member of the Ohio State Medical Association is eligible to membership in the Golfers' Association. Members who have not yet paid their 1931 annual dues to the golfers' association should do so at once to make them eligible to play in this year's tournament. An initiation fee of $2.00 will be charged new members. Send your check as soon as possible to Dr. J. B. Morgan, Secretary--Treasurer of the golfers' association, 1301 Medical Arts Building, Cleveland, Ohio.

The Toledo Committee will make arrangements for transportation for visiting golfers who do not drive to Toledo. Machines will be available and the Toledo golfers will visit the various downtown hotels to pick up all doctors who have no other way to get out to Inverness Club. The first foursome is scheduled to tee off at 7:30 A. M., or as close thereto as possible.

If you play the game, get out the clubs and limber up with a little preliminary practice. The officers wish to urge all members of the State Association to participate in this year's meet. Enjoy the companionship of your medical confreres and the exhilaration of a day out on the fairway. Take home one of the fine prizes offered and delight in a real party—the Toledo boys know their "entertainment."

Inverness Country Club will be the scene of this year's National Open Championship, which will be played the forepart of July. Play this famous course and test your skill on some of those tricky holes that worry our National Champs. Remember the date—Monday, May 11th. Remember the scene of battle—Inverness Country Club, Toledo; is the cordial invitation of the committee and officers of the Golfers' Association.

Health Education Foundation Organized in Cleveland

A Health Education Foundation, with a $10,000 fund as a nucleus, has been established by the Cleveland Academy of Medicine, through action of its Board of Directors and Council.

The foundation has been instituted under a trust agreement, the income only to be used, and will be increased by a quiet campaign among members of the medical profession, the lay public and institutions of Cleveland and vicinity.

In recommending the creation of the foundation, the Committee on Health Education of the Cleveland Academy cited as possible activities for the foundation the following:

1. To apply scientific research to present health education methods and material to test their worth and effectiveness.
2. To provide public health lectures, carry on publicity in the interest of public health through paid space in publications, through radio broadcasting, through group or individual instruction, and through other means as conditions may warrant.
3. To acquaint the public with all the advantages the community offers in the way of caring for the sick and the prevention of disease.
4. To seek to increase observance of the laws, ordinances and statutes affecting public health.
5. To urge the adoption and enforcement of legislation in the interests of health.
6. To advise the public against exploitation.

Commenting on the new project, *The Bulletin*

of the Cleveland Academy of Medicine in its April issue, said in part:

"Announcement of the foundation was made in the Cleveland papers on March 12th and 13th. The response of the public press was enthusiastic and intelligent. Probably at no time in its history has the Academy been brought so largely and favorably to the attention of the public. * * *

"Preventive medicine, the newest phase of private practice and public health, is still in its infancy. For example, when only 15 per cent of Cleveland's children are immunized against diphtheria, it is clear that previous programs of education in this field of preventive medicine have missed perfection by 85 per cent. The foundation proposes, eventually, to study just such programs. Is the present imperfect situation due to lack of funds for education of the public? Is it due to indifference or ignorance? Has free immunization cheapened the value of the process in the eyes of the public? Is the medical profession sufficiently aware of the value of immunization on a mass scale? Has organized medicine done all it can to bring its tremendous power to bear on this problem?

"These and countless other questions come to mind as fields for study and action by the foundation.

"Obviously, leadership in the field of preventive medicine and health education is the inherent duty of the medical profession. Such leadership can only be obtained by active participation in just such programs as the Academy now proposes. The Academy has already seen one program succeed to a large degree. Academy guidance of the County Tonsil Clinics has made hospitals, instead of school houses the place for operations; has dissolved the 'county-fair' atmosphere which originally surrounded the clinics; has to a degree brought the family physician back into the picture; and has strengthened the idea of individual instead of governmental responsibility for health.

"Criticism has been aimed at much of the health education propaganda in the past. Much of the criticism has been based on ignorance, but some has been justified. Probably the two greatest failures have been lack of intelligent direction and lack of funds. As the *Plain Dealer* phrased it, health education has been the 'Orphan Annie' of many institutions. Being merely an adjunct of larger programs (usually service programs), it has received short shift as far as the dollars available are concerned.

"The foundation is, so far as we know, the first attempt to put health education on an endowment basis. There are, of course, endowments for specific fields of activity, but none solely for the study and propagation of education in the active field of public health. Therefore, its importance is more than local.

"For ten years since its reorganization, the Academy has been quietly building toward a definite goal—leadership in public health. Properly financed and with a paid executive staff, it has bridged the gap between the position of a county society whose activities were confined largely to internal affairs and a community force whose programs have helped to convince the public that the local medical profession is progressive, unselfish, capable of leadership and willing to assume it.

"The establishment of the Health Education Foundation is an act of tremendous significance. As its programs slowly unfold under the control of the Board of Directors of the Academy, the public and the medical profession will begin to realize this significance.

"Progress will be slow, of course, for funds must be raised. But there are already signs that funds will be forthcoming. Cleveland never yet has failed to support a community enterprise of merit. * * *

The project was conceived by the Committee on Health Education composed of the following: Dr. Lester Taylor, Dr. Richard Bolt, Dr. J. W. Conwell, Dr. A. B. Denison, Dr. S. G. LaRocco, Dr. E. A. Peterson, Dr. H. D. Piercy and Dr. H. L. Rockwood.

Members of the present Board of Directors, which endorsed the plan and which will be directly responsible for its administration are:

Dr. M. A. Blankenhorn, Dr. C. W. Burhans, Dr. Richard Dexter, Dr. Harold Feil, Dr. F. J. Gallagher, Dr. S. C. Lind, Dr. F. C. Oldenburg, Dr. H. V. Paryzek, Dr. V. C. Rowland, Dr. R. W. Scott, Dr. H. G. Sloan, Dr. Lester Taylor, Dr. J. E. Tuckerman, Dr. T. A. Willis and Dr. C. T. Way.

As a first step in its new program of health education under the auspices of the Foundation, the Cleveland Academy has offered to the Cleveland public a series of three public lectures on the subject, "Life in a Strenuous Age". The first lecture of the series was given by Dr. T. Wingate Todd, professor of anatomy, School of Medicine, Western Reserve University, to a large audience. The second talk of the series was given by Dr. George W. Crile, also before a capacity audience. The third of the series will be given May 17 by Dr. Louis J. Karnosh, assistant clinical professor of nervous diseases, Western Reserve University

On March 19, 1881, a group of 40 men, members of the graduating class of the medical school, Wooster College, held a banquet and toasted the health and happiness of those assembled. On March 19, this year, the 50th reunion of that class was held in Cleveland. Four members of the original 40 were present, all of them over 75 years of age and still in active practice. They were: Dr. J. A. McClure, Columbus; Dr. C. M. Barstow, Bryan; Dr. William J. Esch, Cleveland, and Dr. George Leininger, Chicago.

NEWS NOTES of OHIO

Marion—Dr. Fillmore Young is taking post-graduate work in cardio-vascular disease in London, England. He expects to be there about four months.

Cleveland—Dr. Charles E. Kinney, a native of Wellsville and recently affiliated with St. Luke's Hospital, Cleveland, has opened offices here for practice in ear, nose and throat work.

Lima—At a recent meeting of the Academy of Medicine of Lima and Allen County, Dr. J. B. Vail was made an honorary member for life, in recognition of a long and honorable career in the practice of medicine. Dr. Vail graduated from medical school in 1871 and entered general practice at Kalida. He moved to Lima in 1875 and has been engaged in general practice here ever since. At the ripe age of 86 he still takes an active part in all matters pertaining to medicine.

Toledo—Dr. P. Bruce Brockway has announced that physicians interested in viewing the plan and action of the health work being done in the Toledo schools while here for the Eighty-Fifth Annual Meeting of the Ohio State Medical Association, May 12 and 13, may secure contact with the school health workers by notifying him or his office at any time during the state meeting.

Dayton—On the 50th anniversary of the day he began the practice of medicine in Dayton, Dr. George Goodhue was honored with a dinner by the Dayton chapter of Dartmouth College alumni. Numerous toasts were presented in his honor to which Dr. Goodhue responded with a few observations on college life of 50 years ago.

Wellston—Dr. Charles E. Holzer, Gallipolis, discussed the question of cancer at a recent meeting of the Wellston Rotary Club.

Cincinnati—Dr. Thomas A. Ratliff has formally announced the opening of his city office in suite 902 Carew Tower.

Archbold—Dr. E. A. Murbach is at Harvard University Medical School for a four-months post-graduate course.

Dayton—Dr. M. T. Hoerner has accepted a fellowship at the Mayo Hospital, Rochester, Minnesota.

Athens—Dr. John H. Berry, superintendent of the Athens State Hospital, is convalescing from a sinus operation performed at the Jewish Hospital, Cincinnati.

Cincinnati—The history of anesthetics was traced by Dr. W. D. Haines at a recent meeting of the Cincinnati Buckeye Club.

Toledo—Dr. C. L. McKibben made the principal address at the Founders' Day reunion of Kappa Psi, pharmaceutical fraternity, University of Toledo.

Cincinnati—Dr. William S. Kautz has been appointed physician at the Hamilton County Jail until the return of Dr. W. T. Lindsay who has been granted a year's leave of absence.

Washington C. H.—Dr. Frank E. Hamilton, a native of this city and now an intern at the Methodist Hospital, Indianapolis, has accepted a position as resident physician at Grant Hospital, Columbus, effective July 1.

Toledo—Dr. Clarence S. Ordway has returned from a hunting trip through Georgia, Florida and Pennsylvania.

Greenville—Dr. Morgan L. Trainor, a member of the coroner's staff, Cook County, Illinois, addressed a public gathering sponsored by the Greenville Chamber of Commerce on medical and legal phases of Chicago's crime problem.

Plymouth—Dr. G. J. Searle escaped with cuts and bruises when his automobile skidded and turned over.

Middletown—Narcotic addiction was the subject of a talk given before the local Civitan Club by Dr. W. F. Henry.

Lima—Drs. F. G. Maurer, J. W. Halfhill and A. N. Wiseley were speakers at a recent meeting of the Lima Endocrine Club.

Bowling Green—Dr. J. C. Snyder was badly cut in an automobile collision on the outskirts of the city.

New Philadelphia—Dr. J. M. Smith, of this city, recently celebrated the 52nd anniversary of his entrance into the practice of medicine.

Dover—The under-privileged child was the theme of an address made before members of the local Kiwanis Club by Dr. Edgar C. Davis, a member of the club's special committee on child welfare.

Mansfield—Dr. Mabel Emery, resident physician at the Mansfield General Hospital, has been elected president of the Wittenberg College Alumni Association of Mansfield.

Columbus—Dr. E. E. Smith, coroner of Franklin County, has requested the Columbus City Council to establish a municipal morgue at the central police station.

Washington C. H.—Dr. Paul Craig, a native of this city and a graduate in 1928 of the College of Medicine, University of Cincinnati, has purchased the equipment and practice of Dr. C. C. Crum who has moved to Columbus where he will specialize in ear, nose and throat work.

Wellston—Offices for the general practice of medicine have been opened here by Dr. J. L. Frazer, formerly associated with Dr. W. G. Scurlock, Jackson.

New Philadelphia—Dr. A. F. Hawk has moved to Cincinnati where he has opened an office for the general practice of medicine.

Dayton—Three Dayton physicians, Dr. Benedict Olch, Dr. E. R. Arn and Dr. Walter Simpson, were among the speakers at a recent health symposium

conducted by the Brotherhood of the Salem Avenue Temple.

Bexley—Dr. Hugh C. Thompson, new health commissioner of this city, has also been appointed school physician.

Steubenville—Cancer Education Week was observed recently here under the auspices of the Jefferson County Medical Society and various civic organizations. Among those who addressed the many gatherings held during the week were: Dr. J. C. M. Floyd, Dr. Albert Weinstein, Dr. M. H. Rosenblum, Dr. C. A. Campbell, Dr C. M. Winter, Dr. Carl Goehring, Dr. C. W. Lighthizer, and Dr. C. W. Sunseri.

Cincinnati—Dr. Mont R. Reid has been appointed head of the department of surgery, College of Medicine, University of Cincinnati, succeeding Dr. George J. Heuer, who is soon to become head of the department of surgery of the New York Hospital—Cornell University Medical Center, New York City. Dr. Reid has been an associate professor in that department.

Cincinnati—Dr. William B. Wherry, professor of bacteriology and hygiene, University of Cincinnati, has been appointed a fellow in the Graduate School of Arts and Sciences.

Cleveland—Many of the foremost medical men of the country attended the recent series of meetings held here by the American Association of Pathologists and Bacteriologists, American Association for Cancer Research, American Association of Immunologists and the American and Canadian Section of the International Association of Medical Museums. Cleveland physicians who were in charge of arrangements for the four meetings were: Dr. Howard T. Karsner, Dr. Harry Glodblatt, Dr. Endrique E. Ecker, Dr. Alan R. Moritz and Dr. Robert A. Moore.

Toledo—Dr. J. F. Egle has been forced to give up active practice because of ill health and is now in St. Louis for an extended rest.

Cleveland—Dr. Percy W. Cobb has been appointed associate professor of applied physics on ophthalmology at McMillen Hospital and Oscar Johnson Institute, Washington University, St. Louis.

Cleveland—Dr. Rudolf Schoenheimer, Frieburg, Germany, delivered the annual Alpha Omega Alpha lecture at the Institute of Pathology, Western Reserve University.

Toledo—Dr. Warren Thomas has accepted a position on the staff at Miami Valley Hospital, Dayton.

Cleveland—Dr. J. E. Tuckerman has been appointed to an inter-racial committee of the Cleveland Welfare Federation.

Toledo—Dr. Stanley D. Giffen has returned from a vacation in Georgia.

Cincinnati—Dr. C. L. Bonifield has returned after a two-months vacation at his winter home in St. Petersburg, Florida.

Deaths in Ohio

George W. Chappell, M.D., Warren; Howard University School of Medicine, Washington, D. C., 1911; aged 46; died March 10 at City Hospital, Warren. He had practiced in Warren for ten years. Surviving are his widow, one daughter, his father and two sisters.

Charles T. Gamble, M.D., Lima; Jefferson Medical College of Philadelphia, 1905; aged 53; member of the Ohio State Medical Association and Fellow of the American Medical Association; died March 18 at City Hospital, Lima, following a short illness. Dr. Gamble, who had practiced in Lima for a number of years, was a veteran of the Spanish-American and the World Wars, and was chairman of the Allen County Red Cross chapter. Members of the Allen County Academy of Medicine attended the funeral in a body.

John Melville Guise, M.D., Findlay; Medical College of Ohio, Cincinnati, 1887; aged 77; former member of the Ohio State Medical Association; died March 20 of heart disease. He was the oldest practicing physician in Findlay. Surviving him are his widow and one daughter.

Nellie B. Hampton, M.D., Norwood; Presbyterian Hospital and Woman's Medical College, Cincinnati, 1891; aged 63; died at the home of a niece in Milford, Indiana, March 9. Dr. Hampton practiced in Norwood until her retirement. She is survived by two nieces and three nephews.

Burdet G. Hannum, M.D., Cleveland; Western Reserve University, School of Medicine, 1900; aged 56; former member of the Ohio State Medical Association; died March 30 of cerebral hemorrhage. Dr. Hannum attended Pasteur Institute in Paris, and had practiced in Cleveland since graduation. He is survived by one daughter, one sister, and one brother, Dr. E. A. Hannum, of Cleveland.

Herman O. Hodson, M.D., Leesburg; Ohio State University, College of Homeopathic Medicine, Columbus, 1916; aged 40; member of the Ohio State Medical Association and the American Medical Association; died March 24 from self-inflicted bullet wounds. Dr. Hodson had practiced in Leesburg for fifteen years, and for the past three years, served as health commissioner of Highland County. He was a veteran of the World War. His widow and one son survive him.

Frank Humphreys, M.D., Mt. Victory; Medical College of Ohio, Cincinnati, 1882; aged 75; died March 30 following a short illness of uremia. He retired from active practice in 1912. Surviving him are his widow and one brother.

Samuel D. Knox, M.D., Alliance; Jefferson Medical College, Philadelphia, 1879; aged 90; died

March 21 of cerebral hemorrhage. Dr. Knox practiced for 29 years at Homeworth. He had lived at Alliance since his retirement 23 years ago.

Robert C. Longfellow, M.D., Medical College of Ohio, Cincinnati, 1887; aged 69; member of the Ohio State Medical Association; Fellow of the American Medical Association; member of the American Society of Clinical Pathologists, and the Society of American Bacteriologists; died March 22 after an illness of several weeks. Dr. Longfellow practiced in Cincinnati, before locating in Toledo in 1903. He was active in several fraternal organizations; was an extensive traveler, and had delivered more than 200 free illustrated lectures in Toledo churches and lodges, covering interesting events in his travels. He is survived by his widow.

James E. Ott, M.D., Clyde; Medico-Chirurgical College of Philadelphia; Licensed Ohio, 1909; aged 66; member of the Ohio State Medical Association and the American Medical Association; died April 4 as the result of injuries received in an automobile accident.

Lincoln Phillips, M.D., Cincinnati; Pulte Medical College, Cincinnati, 1892; aged 63; died March 15; Dr. Phillips had practiced in Cincinnati since his graduation, and for more than thirty years was a member of the staff of Bethesda Hospital. Surviving him are his widow, two daughters, and a sister.

Calvin Pollock, M.D., Van Wert; Long Island College Hospital, Brooklyn, 1867; aged 88; died March 2. He began practice in Clark County, and for a time resided in Muncie, Indiana, and later at Dayton, Ohio, as superintendent of the Dayton Hospital for the Insane. Dr. Pollock moved to Van Wert in 1903 where he practiced until his retirement. At the time of his death he was the oldest living graduate of the Long Island Medical College. One son survives him.

Thomas J. W. Richards, M.D., New Philadelphia; licensed in Ohio, 1896; aged 79; died March 25 of pneumonia. He had practiced in New Philadelphia for 55 years. Surviving him are two sons and a daughter.

R. Dudley Robinson, M.D., Toledo; Medical College of Ohio, Cincinnati, 1893; aged 62; member of the Ohio State Medical Association and Fellow of the American Medical Association; died March 5 in a hospital in Washington, D. C. Dr. Robinson was stricken when returning from a vacation in St. Petersburg, Florida. He practiced in Hallsville and Ross County before locating in Toledo twelve years ago. He is survived by his widow, one brother and three sisters.

William M. Sanderson, M.D., Pricetown; Kentucky School of Medicine, Louisville, 1884; aged 70; died March 23. He had practiced in Sardinia and Danville prior to locating in Pricetown. Surviving him are his widow and one daughter.

Dudley Webb, M.D., Cincinnati; Medical College of Ohio, Cincinnati, 1899; aged 62; member of the Ohio State Medical Association and Fellow of the American Medical Association; died March 17 of heart disease. Dr. Webb had practiced in Cincinnati since his graduation. Surviving him are three brothers and two sisters.

News Notes From County Societies and Academies

First District

ACADEMY OF MEDICINE OF CINCINNATI

(D. T. Vail, Jr., M.D., Secretary)

Program for April; meetings held at Chamber of Commerce rooms.

April 6—"Neurasthenia—the Internist's Most Difficult Problem", by Dr. Charles Phillips Emerson, Professor of Medicine, Indiana State Medical College.

April 13—Case Reports by Drs. Louis G. Heyn; S. D. Simon, Charles M. Siegel, and Eslie Asbury; "Iritis Secondary to Chronic Gall Bladder Disease", by Dr. Charles A. Hofling; "Yeast as a Cause for Endemic Goitre, Preliminary Report", by Mr. R. A. Holden.

April 20—"Effects of Prolonged Use of Insulin", by Dr. David A. Tucker; "Insulin—Its Uses and Misuses", by Dr. Cecil Striker.

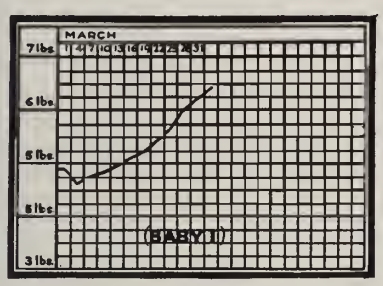
April 27—Consideration of the new Constitution and By-Laws for the Academy. Motion picture illustrating operations.

Butler County Medical Society held a joint meeting with the Butler County Dental Society at the Civic Center, Middletown, on Wednesday afternoon, April 8. Dr. H. A. Sebald presented a paper on "When and How Shall We Eliminate This Infection—Pyorrhea", with discussion opened by Dr. P. K. Phillips. A dinner was served at the Middletown Hospital following the meeting.—Bulletin.

Clermont County Medical Society held its regular meeting in the School Auditorium, Owensville, on Wednesday, April 15. Following a short business session, an address on "Brain Tumor" was given by Dr. H. D. McIntyre, from the Department of Neurology, University of Cincinnati, and attending Neurologist at Cincinnati General and Good Samaritan Hospitals.—Bulletin.

Fayette County Medical Society held its regular meeting at the Y.M.C.A., Washington C. H., on Thursday afternoon, April 2. The Secretary read communications from the American Medical Association and the Ohio State Medical Association, and presented a new charter for our Society just received from the State Association. A motion carried to have it framed and placed in the meeting room. The Society had the pleasure of hearing Dr. H. H. Yoakem of Columbus, whose excellent paper on "Autonomic Imbalance from a Surgical

SIMILAC PROVES ITS WORTH WITH Premature!



These charts have been taken from the hospital records of the prematures born in this hospital* between December 15, 1929, and March 1, 1930, and fed with Similac, the scientific milk modification for infants deprived of breast milk.

* Name of hospital on request.

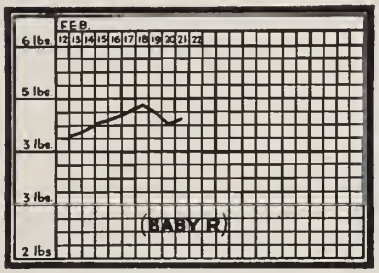


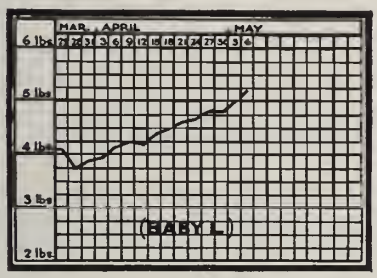
BABY I. Born March 1, 1930

Birth Day	Weight 4 pounds, 14 ounces	Feeding History	No. Feedings in 24 hrs.
Mar.	1-30	Similac, 1 ounce, every 2 hrs. Fed with Breck Feeder	12
Mar.	2-30	Similac, 1 ounce, every 2 hrs. Fed with Breck Feeder	12
Mar.	6-30	Similac, 1 ounce, every 2 hrs. Fed with nursing bottle	12
Mar.	7-30	Similac, 2 ounces, every 2 hrs. Fed with nursing bottle	8
Mar.	31-30	Similac, 3 ounces, every 3 hrs. Fed with nursing bottle	8
Mar.	31-30	Discharged from Hospital	

BABY R. Born Feb. 12th, 1930

Birth Day	Weight 4 pounds, 4 ounces	Feeding History	No. Feedings in 24 hrs.
Feb.	12-30	Similac, ½ drahm every 2 hrs. Fed with medicine dropper	12
Feb.	13-30	Similac, 1 drahm every 2 hrs. Fed with medicine dropper	12
Feb.	14-30	Similac, 1½ ounces every 2 hrs. Fed with Breck Feeder	12
Feb.	15-30	Similac, 2 ounces every 2 hrs. Fed with Breck Feeder	12
Feb.	16-30	Similac, 2 ounces every 2 hrs. Fed with Breck Feeder	12
Feb.	19-30	—Breast—every 2 hrs. Complemented with 1 oz. Similac	12
Feb.	21-30	Breast feeding discontinued. Similac 2 ounces every 2 hrs. Fed with nursing bottle	12
Feb.	22-30	Similac, 2 ounces every 2 hrs. from nursing bottle	12
Feb.	22-30	Discharged from Hospital.	



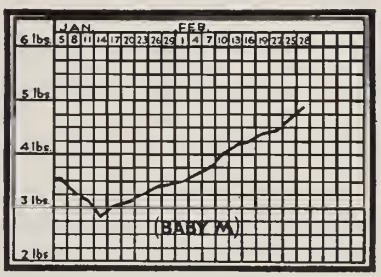


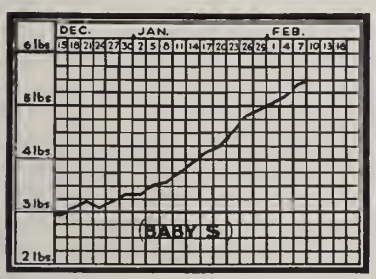
BABY L. Born March 25, 1930

Day	Weight at birth, 4 pounds and 1 ounce	Feeding History	No. Feedings in 24 hrs.
Mar.	25-30	Water, every 2 hrs. Fed with bottle	12
Mar.	26-30	Similac, 1 drahm every 2 hrs. Fed with bottle	12
Mar.	27-30	Similac, 1 drahm every 2 hrs. Fed with bottle	12
Mar.	28-30	Similac, 2 drahms every 2 hrs. Fed with bottle	12
Mar.	29-30	Similac, ½ ounce every 2 hrs. Fed with bottle	12
Mar.	31-30	Similac, 1 ounce every 2 hrs. Fed with bottle	12
Apr.	11-30	Similac, 1½ ounces every 2 hrs. Fed with bottle	12
Apr.	15-30	Similac, 2 ounces every 2 hrs. Fed with bottle	12
May	1-30	Similac, 2½ ounces every 2 hrs. Fed with bottle	12
May	6-30	Similac, 2½ ounces every 2 hrs. Fed with bottle	12
May	6-30	Discbarged from Hospital.	

BABY M. Born Jan. 5, 1930 at 11:25 A. M.

Birth Day	Weight 3 pounds, 9 ounces	Feeding History	No. Feedings in 24 hrs.
Jan.	5-30	Similac, 2 drahms every 2 hrs. Fed with medicine dropper	12
Jan.	6-30	Similac, 2 drahms every 2 hrs. Fed with medicine dropper	12
Jan.	7-30	Similac, ½ ounce every 2 hrs. Fed with medicine dropper	12
Jan.	10-30	Breast Feeding, every 2 hrs.	12
Jan.	16-30	Breast discontinued. Similac, concentrated double strength). 1 ounce every 2 hrs. Fed by Gavage	12
Jan.	19-30	Similac, concentrated, 1 ounce every 2 hrs. Fed with Breck Feeder	10
Jan.	22-30	Similac, standard dilution, 1½ ounces every 2 hrs. Fed with nursing bottle	10
Jan.	31-30	Similac, 2 ounces every 2 hrs. Fed with nursing bottle	10
Feb.	10-30	Similac, 2½ ounces every 2 hrs. Fed with nursing bottle	8
Feb.	28-30	Similac, 3 ounces every 2 hrs. Fed with nursing bottle	8
Feb.	28-30	Discharged from Hospital.	





BABY S. Born Dec. 15, 1929 at 12:05 P. M.

Birth Day	Weight 2 pounds, 14 ounces	Feeding History	No. Feedings in 24 hrs.
Dec.	15-29	Similac, ½ drahm every 2 hrs. Fed with medicine dropper	12
Dec.	16-29	Similac, 1 drahm every 2 brs. Fed with medicine dropper	12
Dec.	17-29	Similac, 2 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	18-29	Similac, 3 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	19-29	Similac, 4 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	20-29	Similac, 4 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	21-29	Similac, 4 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	22-29	Similac, 4 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	23-29	Similac, 5 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	24-29	Similac, 5 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	25-29	Similac, 6 drahms every 2 hrs. Fed with medicine dropper	12
Dec.	26-29	Similac, 6 drahms every 2 hrs. Fed with Breck Feeder	12
Dec.	27-29	Similac, 1 ounce every 2 hrs. Fed with Breck Feeder	12
Jan.	8-30	Similac, 1 ounce every 2 hrs. Fed with nursing bottle	12
Jan.	11-30	Similac, 1 ounce every 2 hrs. Fed with nursing bottle	12
Jan.	13-30	Similac, 1½ ounces every 2 hrs. Fed with nursing bottle	10
Jan.	17-30	Similac, 2 ounces every 2 hrs. Fed with nursing bottle	10
Jan.	23-30	Similac, 2½ ounces every 2 hrs. Fed with nursing bottle	10
Jan.	27-30	Similac, 3 ounces every 2 hrs. Fed with nursing bottle	8
Feb.	2-30	Similac, 3 ounces every 3 hrs. Fed with nursing bottle	8
Feb.	10-30	Similac, 3 ounces every 3 hrs. Fed with nursing bottle	8
Feb.	10-30	Discharged from Hospital.	

SEND PRESCRIPTION BLANK FOR TRIAL SAMPLES OF SIMILAC

M & R Dietetic Laboratories, Inc.
COLUMBUS, OHIO

Point of View, and Its Relation to Goitre and Other Surgical Measures", was timely and interesting to a general practitioner.—James F. Wilson, Secretary.

Second District

Darke County Medical Society held its regular meeting Friday, March 13 at Greenville. A dinner at 7:00 P. M., preceded the program. Dr. W. G. Stern, Cleveland, addressed the Society on the subject of "The Doctor in Court". The Darke County Bar Association was invited to attend this meeting and discuss the subject. The discussion was opened by Dr. D. L. Gaskill, followed by Judge Crawford and Judge Bickell. Dr. Stern in closing the subject, stressed upon the doctor that regardless of who you are a witness for, tell nothing but the truth and the whole truth.—W. D. Bishop, Secretary.

Miami County Medical Society members were hosts at a tri-county session held at the Favorite Hotel in Piqua, Friday evening, April 3. Sixty-eight members and guests were present from Darke, Shelby and Miami County Medical Societies. A dinner preceded the program which was devoted entirely to a discussion of Medical Economics, presented by Mr. Raymond Swink, of Cincinnati, who is acting as business agent for a number of physicians. The topic of his paper was: "Is the Doctor a Poor Business Man, and If So, Why?" A number of the doctors present entered into the discussion which followed, and while no definite plan was formulated, the meeting was successful in stimulating much thought concerning this important subject. Dr. E. M. Huston, Dayton, Councilor of the Second District, was present and took part in the discussion.—G. A. Woodhouse, Secretary.

Montgomery County Medical Society held its regular meeting in the auditorium of the Fidelity Medical Building, Dayton, on Friday evening, March 20. "Carcinoma of the Stomach" was the subject of an address by Dr. Fred Coller, Professor of Surgery, University of Michigan.

The program for the meeting held April 3 consisted of a symposium on Syphilis, as follows: "The General Treatment of Syphilis", by Dr. G. L. Erbaugh; "The Treatment of the Skin Manifestations of Tertiary Lues", by Dr. T. C. Sheridan, and "Treatment of Neuro-Syphilis", by Dr. J. G. Marthens. Discussion was led by Drs. Kislig, Fischbein and Hooper.

A dinner meeting was held at St. Elizabeth Hospital, on Friday evening, April 17. The program of the evening consisted of presentation of cases by members of the Staff.—Bulletins.

Third District

Hancock County Medical Society held its regular meeting on Wednesday evening, April 1, at the Elks Club, Findlay. Following a dinner, Mr. Rushton D. Niles, of Tiffin, gave a talk on "Legal Medicine". Findlay attorneys were invited to attend the meeting.—News Clipping.

Logan County Medical Society held a dinner meeting at Hotel Ingalls, Bellefontaine, on Friday evening, March 13. A paper on "Mastoid Complications" was presented by Dr. J. P. Harbert.—News Clipping.

Van Wert County Medical Society met Tuesday evening, March 17, at Van Wert County Hospital. A symposium on "The Etiology and Management of Asthma" was given by Drs. Carl D. Figley, Evan Galbraith and Bernard Steinberg, of Toledo. Papers were illustrated by lantern slides. A number of Van Wert members of the dental profession and physicians from adjoining counties also attended the meeting.

The February meeting of the Society was held at Hotel Marsh, Van Wert, on Tuesday evening, February 17, with Dr. S. A. Edwards as host. Following the dinner, Dr. D. J. Davies of Cincinnati, gave an address on the subject of "Obstetrics". Guests at this meeting included members from several adjoining counties, heads of departments, nurses, and members of the Board of Trustees of Van Wert County Hospital.—News Clipping.

Fourth District

ACADEMY OF MEDICINE OF TOLEDO

(A. P. Hancuff, M.D., Secretary)

Program for April; meetings held at the Academy Building.

April 3—General Meeting. "The Heart in Old Age", with lantern slide demonstration, by Dr. Joseph T. Wearn, Professor of Medicine, Western Reserve University, Cleveland.

April 10—Section of Pathology, Experimental Medicine and Bacteriology. "Tumors of the Lung", (Case Reports with Autopsy Findings), by Dr. Theodore Zbinden; "Bi-cornate Uterus with Double Vagina" (Case Report), by Dr. S. D. Zuker; "Carcinoma of Anus" (Case Report), by Dr. L. J. Herold.

April 17—Medical Section. Symposium on Bronchial Asthma. (a) "Etiology and Special Considerations in Management", by Dr. K. D. Figley; (b) "Differential Diagnosis and Medical Treatment", by Dr. C. E. Price; (c) "Pathology of Bronchial Asthma, with Report of Two Autopsies", by Dr. Bernard Steinberg; (d) "Surgical Aids in Treatment", by Dr. S. H. Patterson. Discussion opened by Dr. Paul Hohly.

April 24—Surgical Section. "Newer Methods in the Treatment of Varicose Veins", with lantern slide demonstration, by Dr. Monroe Cronstine; "The Friedman Modification of the Ascheim-Zondek Test" (A Hormone Test for Pregnancy), by Dr. A. D. Brindley; "Proper Abdominal Drainage as Revealed at Autopsy", by Dr. Paul Hohly.—Bulletin.

Putnam County Medical Society held its regular meeting at the Hotel Dumont, Ottawa, on Tues-

RADIUM THERAPY
DEEP X-RAY THERAPY
ELECTRO COAGULATION

BEN RENICK KIRKENDALL, M.D.
EDWARD TAYLOR KIRKENDALL, M.D.

137 E. State Street, Columbus, Ohio
Or Mt. Carmel Hospital

Office Phone Adams 7656 **Res. Phone** Gahana, Ohio 44 F. 14

W. H. MILLER, M. D.

X-Ray

328 East State Street **Columbus, Ohio**

Complete Diagnosis and Therapy

Diseases of Chest
Gastro-Intestinal Tract
Genito-Urinary Tract
Gall Bladder
High Voltage X-Ray Therapy
Portable X-Ray
Electro-Coagulation
Fractures and Dislocations

PROMPT AND FULL REPORT

day evening, March 3, with twenty members present. At the business session, the Society adopted a new Constitution and By-Laws, as outlined and recommended by the State Association. The speaker of the evening, Dr. E. B. Pedlow, gave an able discussion on the subject of "Goiter". —News Clipping.

Wood County Medical Society met at the Woman's Club, Bowling Green, on Thursday evening, March 19. Following a short business session papers on "Chronic Duodenal Stasis" and "Chronic Spastic Colitis" were presented by Dr. C. W. Waggoner, Toledo, President of the Ohio State Medical Association. Dr. A. D. Vogelsang, also of Toledo, spoke on "Hematuria".—News Clipping.

Fifth District

ACADEMY OF MEDICINE OF CLEVELAND

(Clarence H. Heyman, M.D., Secretary)

April 3—Clinical and Pathological Section. Program: "Demonstration of the Continuous Venoclysis Apparatus", by Dr. E. M. Brickman; "Case of Coronary Thrombosis in a Man of Twenty-nine", by Dr. M. Weitz; "Reduction of Dislocated Cartilaginous Nasal Septum in (a) New Born; (b) The Infant; (c) Young Children", by Dr. M. Metzenbaum; "Case of Thrombocytopenic Purpura with Splenectomy", by Drs. L. W. Krauss and S. S. Berger; "Treatment of Chorea with Phenyl-Ethyl-Hydantoin (Nirvanol)", by Dr. J. W. Epstein; "The Treatment of Fractured Pelvis", by Dr. W. G. Stern and Orthopedic Staff; "Case of Metastatic Sarcoma of the Heart", by Dr. M. L. Siegel; "Fluoroscopy of the Heart in Daily Practice" (Lantern Slide Demonstration) by Dr. H. A. Mahrer.

April 15—Industrial Medicine and Orthopedic Section. Program: "The End Results of Treatment of Fractures of the Neck of the Femur", by Dr. Walter G. Stern. (A combined report from the Orthopedic service of Drs. Stern, Heyman, Reich and Papurt at Mt. Sinai Hospital). Discussion opened by Drs. John Dickenson and Maxwell Harbin; "Eye Strain and its Relation to Efficiency in Industry", by Dr. M. W. Jacoby. Discussion opened by Dr. Paul Moore.

April 24—Ophthalmological and Oto-laryngological Section. Program: "Acute and Chronic Antrum Problems", by Dr. Wm. Mithoefer, Cincinnati.

April 29—Pediatric Section. Program: "Brain Tumors in Childhood", by Dr. Elliott C. Cutler.

No other section meetings were scheduled for April.

Ashtabula County Medical Society held its monthly dinner meeting on Tuesday evening, March 10 in Ashtabula. Members enjoyed talks

THE NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL
(ORGANIZED 1881)

THE PIONEER POST-GRADUATE MEDICAL INSTITUTION IN AMERICA

TRAUMATIC SURGERY
Including
General Surgery, Orthopedic Surgery, Physical Therapy, Anatomical Review and Operative Surgery on the Cadaver.

For Information Address
MEDICAL EXECUTIVE OFFICER
345 West 50th Street NEW YORK CITY

RADON

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

GOLD RADON IMPLANTS OF PROVED VALUE IN THE TREATMENT OF CANCER. USED BY MAJOR CANCER CLINICS.

Literature on Request

RADON COMPANY, Inc.
1 East 42nd St., New York
Telephones: Vanderbilt 3-2811; 3-2812

Columbus Radium Laboratory

Radium
and
Deep X-Ray Therapy

EDW. REINERT, Ph.G., M.D.
350 E. State St., Columbus, O.
Bell, Main 1537

CHAS. F. BOWEN, M.D.

SPECIALIZES
in
Superficial Malignancies
Removal of Foreign Bodies
Radium and X-Ray
Diagnosis and Therapy

332 E. State Street
COLUMBUS, OHIO

RADIUM RENTAL SERVICE

BY

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to Physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

CAREFUL CONSIDERATION WILL BE GIVEN INQUIRIES CONCERNING CASES IN WHICH THE USE OF RADIUM IS INDICATED.

The Physicians Radium Association
1307 Pittsfield Bldg., 55 E. Washington St.,
CHICAGO, ILL.
Telephones Central 2268-2269
Wm L. Brown, M.D., Director.

BOARD OF ADVISORS
William L. Baum, M.D. Bennett R. Parker, M.D.
Frederick Menge, M.D. Walter S. Barnes, M.D.
Louis E. Schmidt, M.D. S. C. Plummer, M.D.

by Dr. Lewis W. Ladd of Cleveland, and Dr. W. F. Gessler of Ashtabula.—News Clipping.

Erie County Medical Society met at the Sunyendeand Club, Sandusky, on Thursday evening, March 26, with thirty members in attendance. Dr. Walter G. Stern, Cleveland, addressed the society on the subject of "The Doctor in Court". Other speakers were Russell Ramsey, local attorney, and Congressman W. L. Fiesinger. Lunch was served after the meeting.—News Clipping.

Lake County Medical Society held its regular meeting on Tuesday, March 24, at the Lake County Memorial Hospital, Painesville, with Dr. M. A. Blankenhorn, of Cleveland as speaker. His subject was "The Hospital Treatment of Lobar Pneumonia". Dr. W. R. Carle, President of the Society, presided.—F. J. Dineen.

Lorain County Medical Society met at the Lorain Hotel on Tuesday evening, April 14, commencing with a five o'clock fish dinner. The program included a paper on "Ambulant Dietetic Treatment of Duodenal Ulcer", by Dr. John W. Adrain, of Lorain. Discussion was opened by Dr. H. C. Stevens, of Elyria.—Bulletin.

Sixth District

Mahoning County Medical Society held its annual banquet at the Youngstown Club on Tuesday evening, March 10, with more than 150 members and guests present to enjoy the dinner, and the address given by Dr. George W. Davis, Clergyman humorist of New York City.—News Clipping.

Portage County Medical Society met at the home of Dr. R. D. Worden, of Ravenna on Thursday evening, April 2. "Winter Diseases of the Eye, Ear, Nose and Throat" was the subject of an address by Dr. A. Fillmore Compton, of Warren, Ohio. Discussion was opened by Dr. H. W. Bennett, of Ravenna. Case reports were presented by Drs. Hurd and DeWeese.—Bulletin.

Stark County Medical Society held its regular meeting at the Canton Woman's Club on Tuesday evening, March 10. A discussion of the subject of "Adolescent Stealing", was participated in by Dr. John D. O'Brien, of Canton, Dr. Henry Schumacher, director of the Child Guidance Clinic of Cleveland, and Prosecuting Attorney, James Aungst, of Canton. "The Cerebrospinal Fluid Pathways", was the subject of an illustrated lecture presented by Dr. J. Fremont Bateman, of the neurological department of the University of Cincinnati.—News Clipping.

Summit County Medical Society met on Tuesday evening, April 7 at the Akron City Club. Dr. W. M. Simpson, Dayton, Director of the Diagnostic Laboratory of Miami Valley Hospital, gave an address on "Undulant Fever", based on 128 cases in and about Dayton, Ohio. A dinner at 6:30 preceded the program.—Bulletin.

Seventh District

Tuscarawas County Medical Society met Thursday evening, March 12, at Twin City Hospital, Dennison, with 35 members present. Dr. R. W. Franklin, of Massillon, read a paper on "Serums and Vaccines in the Treatment of Children", and Dr. W. R. Keller of Dover, spoke on "Eye Squints".—News Clipping.

CLASSIFIED ADVERTISEMENTS

Rates for advertisements under this heading are 50 cents per line, payable in advance. Minimum charge of $1.00 for each insertion. Price covers the cost of remailing answers. Forms close 16th of the month preceding publication.

Situation Wanted—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan Chicago. Established 1896. Member of Chicago Association of Commerce.

Speeches, special articles, papers on special subjects, prepared from the latest data and authorities, for busy physicians. Prompt service extended at reasonable rates in an expert manner to your requirements. Authors' Research Bureau, 516 Fifth Ave., New York.

Assistance Offered to Medical Writers. Research. Abstracts. Translations (all languages). Papers prepared from authors' data. Ten years' experience with leading physicians and appointments on medical journals of highest standing. I employ no assistants, all my work is done personally and is reliable. Florence Annan Carpenter, 413 St. James Place, Chicago.

Wanted—Physician who has recently completed his residency to assist in Industrial Clinic. Two-year appointment. Write qualifications. 1500 Medical Arts Building, Cleveland, Ohio.

Wanted—To Buy—Eye, Ear, Nose and Throat, or General Practice in good city.—D. H., care *Ohio State Medical Journal.*

Wanted—Locum tenens position from two to six months. Middle age, active graduate Class A. school; good standing in A.M.A.—F.L.P., care *Ohio State Medical Journal.*

Situation Wanted—M.D., single, age 35, qualified in ophthalmology, desires association with nose and throat man. R. S., care *Ohio State Medical Journal.*

For Sale—Office, fully equipped. Available July. Best place to start practice. Heart of Akron's rubber and residential district. Stands investigation. Specializing. Dr. Harry Anker, 1096 South Main St., Akron, Ohio.

For Sale—Cheap. Practice in agricultural community. Money from start, increased by surgery.—M.L.P., care *Ohio State Medical Journal.*

Eighth District

Athens County Medical Society held its regular monthly meeting in the private dining room of the Hotel Berry at Athens, on Monday noon, April 6. Dr. J. J. Hoodlet read a very excellent paper on "Madelung's Deformity" and presented a patient, aged 11, showing very typically this deformity which had begun when six years of age.—J. L. Henry, Correspondent.

Fairfield County Medical Society held a luncheon meeting on Tuesday, March 17, in Lancaster. The guest speaker was Dr. Wayne Brehm, Columbus, who talked on "Obstetrics".—News Clipping.

Guernsey County Medical Society met in regular semi-monthly session on Thursday, March 19, at the Romance Restaurant, Cambridge. Two interesting and instructive addresses were presented, the first being delivered by Dr. H. M. Platter, Columbus, Secretary of the Ohio State Medical Board, and the second by Frank Dorsey, also of Columbus, inspector for the Board. Both

This laboratory is approved by the Council on Medical Education and Hospitals of the American Medical Association

Langdon-Meyer Laboratories

OFFER A COMPLETE 24 HOUR SERVICE ON WASSERMANNS—
INCLUDING, WATER-BATH; ICE-BOX; AND KAHN TEST.

Fee—$5.00

Send for our Fee Table

519 Main Street CINCINNATI, OHIO

LABORATORY

Service and Consultation

James A. Beer, B.Sc., A.M., M.D.

21 East State Street Columbus, Ohio

Telephone, ADams 3847

URINE
BLOOD
SPUTUM
EFFUSIONS
STOMACH CONTENTS
WASSERMAN & KAHN PRECIPITIN TESTS
GONORRHEAL COMPLEMENT FIXATION TEST
BLOOD CHEMISTRY
PROTEIN SENSITIZATION TESTS
BASAL METABOLISM
AUTOGENOUS VACCINES
FAECES
GENITO-URINARY SURGICAL and GYNECOLOGICAL PATHOLOGY
DARK FIELD ILLUMINATING FOR SPIROCHETA PALLIDA
MEDICO-LEGAL POST-MORTEMS
X-RAY

LABORATORY

Clinical and Pathological

Approved by the American Medical Association

Columbus, Ohio 370 E. Town Street

DIRECTOR
J. J. Coons, B. Sc., M.D., D. Sc.
Dorris Coss, B. Sc., M. Sc.
Frances Coup, A. B.
Flora Moone

PROMPT SERVICE
Immediate Report on Frozen Sections of all Tumors.
ESTABLISHED 1904

X-Ray Film Consultation



A service for Physicians who do their own X-Ray work and are in doubt as to the interpretation. Detailed reports will be made.

A brief case history sent with the films will assist in the diagnosis.

Correspondence solicited.

HUGH J. MEANS, M.D.
683 East Broad St.,
Columbus, Ohio

X-RAY DIAGNOSIS AND THERAPY

addresses concerned the administration of the laws of the state governing the practice of medicine, and were highly appreciated by the members present.

The semi-monthly meeting held on Thursday, April 2, was addressed by Dr. Alex. Doran of Byesville, on the subject of "Diagnosis and Treatment of Hemorrhoids". Dr. Doran's address was an able one, and well received by the society.—D. L. Cowden, Correspondent.

Muskingum County Academy of Medicine held its regular meeting in the American Legion rooms, Zanesville, on Wednesday evening, April 1, with the usual attendance. Dr. W. A. Melick gave a talk on "Pleuritic Effusions", and Dr. S. W. Obenour talked on "The Non-Surgical Treatment of Prostatic Disease".—B. T. Hagen, Secretary.

Ninth District

Hocking County Medical Society held its regular quarterly meeting on Friday, March 20, at the Easterling Club House, Logan. A fine dinner was served, covers being laid for fifteen physicians. After the dinner a splendid address was given by Dr. C. H. Benson, Columbus on "The Early Diagnosis of Tuberculosis", which was followed by an interesting discussion, entered into by all present. The meeting was well attended by members, and by physician guests from both the Athens and the Perry County Medical Societies. Dr. H. M. Boocks, Logan, president of the Hocking County Medical Society, presided at the meeting.—M. H. Cherrington, Secretary.

Scioto County—The regular meeting of the Hempstead Academy of Medicine was held at the Nurses Home, Portsmouth, on Monday evening, April 13. "Diagnosis of Early Tuberculosis" was the subject of an address by Dr. D. W. Heusinkveld, of Cincinnati. Discussion was opened by Dr. H. F. Rapp, of Portsmouth. Buffet lunch was served following the program.—Bulletin.

Tenth District

COLUMBUS ACADEMY OF MEDICINE

(James A. Beer, M.D., Secretary)

March 16—Program for the regular meeting of the Academy, held at the Public Library, Columbus, included a symposium on Jaundice, as viewed by the internist, the surgeon and the pathologist, presented by Drs. R. L. Barnes, P. D. Scofield and H. L. Reinhart. "The Medical History of Obstetrics", was the subject of a talk by Dr. Andrews Rogers.

March 23—Subjects including the cause of heart failure; gun shot wounds in the chest; inflammation relating to infantile paralysis; and motion pictures of operative procedure, were presented at the clinic held on Monday evening, March 23 at University Hospital, for members of the Academy. Staff physicians taking part in the

A characteristic of Mead's Powdered Lactic Acid Milk No. 1 (containing Dextri-Maltose) is the finely divided soft curd which never clogs the nipple. In a few moments, any mother can carry out the simple procedure required without error — a saving in time to her and an assurance to the physician that the feedings are correctly prepared. This product never curdles; it is always ready, and quickly reliquefied. No ice is necessary to keep the powder. It is convenient while traveling. Samples and literature on request. Mead Johnson & Company, Evansville, Indiana, U.S.A.

DIABETICS
have palatable
Starch-free Bread
when you prescribe
Listers
DIETETIC FLOUR
Self-rising — contains no starch, no gluten
Ask for nearest Depot or order direct
LISTER BROS. Inc. 41 East 42nd Street NEW YORK, N. Y.

The Wendt-Bristol Company

Two complete ethical stores in Columbus

51 E. State St. 721 No. High St.

for the convenience of the Physicians and Surgeons—and the many people they serve

Two Prescription Departments

maintained in a high class manner with eight registered Pharmacists

Other Complete Departments

OFFICE EQUIPMENT
PHYSIO THERAPY APPARATUS
HOSPITAL SUPPLIES
HEALTH FOODS

W-B Pharmaceutical Supplies

JOBBING STOCKS ALL LEADING MANUFACTURERS

Antitoxins and Vaccines in Special Refrigeration Plants

Prompt Service on Phone Orders

Physicians' Service

QUALITY FIRST

We are exclusive manufacturers of Pharmaceuticals, U. S. P. and N. F. Preparations, Specialties, Tablets, Ointments, Ampoules, Suppositories, Effervescents, etc., for Physicians Dispensing and Prescribing.

NOTHING SOLD AT RETAIL EXCEPT ON ORDER OF PHYSICIAN

Offices and Laboratories
330-336 OAK STREET, EAST
One-half Square North of Grant Hospital and Carnegie Library.

THE COLUMBUS PHARMACAL CO.
COLUMBUS, OHIO



For *hyper-nutrition* in post-operative cases

A delicious food drink—easily digested—quickly metabolized

DOCTORS have been quick to discover in Cocomalt a high caloric food of ready digestibility, ideal in post-operative cases.

This delicious chocolate-flavor food drink imposes no strain upon the digestive system. It meets the demand for a highly nutritious food that does not produce stasis. Cocomalt greatly aids digestion by helping to digest the starches of other foods.

A scientific food-concentrate

Cocomalt is a balanced combination of milk protein, milk minerals, concentrated cocoa, sugar, barley malt and whole egg. Made as directed, it increases the caloric value of a glass of milk 72%—adding 40% more protein, 56% more mineral salts, 188% more carbohydrates, *but only* 12% *more fat.*

Cocomalt contains Vitamin A, Vitamin B complex, and Vitamin D. Especially valuable for growing children, convalescents, nursing and expectant mothers. At all grocery and leading drug stores. Mail coupon for *free* trial can.

Cocomalt

DELICIOUS HOT OR COLD



ADDS 70% MORE NOURISHMENT TO MILK

R. B. DAVIS CO., Dept. AT-5, Hoboken, N. J.
Please send me, without charge, a trial can of Cocomalt.

Name .....

Address .....

City ..... *State* .....

program included Drs. E. G. Horton, W. N. Taylor, P. J. Reel, V. A. Dodd, J. W. Means, and G. I. Nelson. A short history of the College of Medicine at Ohio State University, prepared by Dr. Ernest Scott, was printed on the program for this meeting.

March 30—General Practitioner's Section of the Academy, met at the Public Library on Monday evening, March 30. "Treatment of Pneumonia" was the subject of a paper presented by Dr. J. P. Farson. A biography of the late Dr. S. M. Sherman was read by Dr. John Rauschkolb. Other speakers were Drs. Ralph Taylor and E. G. Horton.

April 6—The guest speaker for the meeting held at the Public Library was Dr. George T. Pack, pathologist of Memorial Hospital, New York, who spoke on "Cancer of the Breast and its Treatment by Irradiation".—News Clipping.

Crawford County Medical Society met Monday evening, March 2, at Galion, with Dr. S. J. Goodman, Columbus, Councilor of the Tenth District of the Ohio State Medical Association, as guest speaker.—News Clipping.

Delaware County Medical Society held a special meeting on Tuesday evening, March 17, at Hoffman's colonial rooms, Delaware, in conjunction with the county and city tubercular clinic, held Tuesday. Dr. H. M. Austin, of the State Department of Health, was the speaker of the evening.—News Clipping.

Knox County Medical Society held a noon luncheon meeting at the Alcove, in Mt. Vernon, on Thursday, March 26. Dr. A. G. Helmick, of Columbus, the guest speaker, talked on "The Present Status of Our Knowledge of Vitamins in Nutrition".—News Clipping.

Pickaway County Medical Society held a joint meeting with the Ross County Academy of Medicine, at the Boggs Hotel, Circleville, on Thursday evening, March 5. The subject of "The Clinical and Pathological Manifestations of Coronary Occlusion" was presented by Drs. Ernest Scott and George I. Nelson, members of the faculty of the College of Medicine, Ohio State University.—News Clipping.

Ross County Academy of Medicine held its regular meeting at the Warner Hotel on Thursday evening, April 2. Speakers of the evening were Drs. W. C. Breidenbach and A. M. Culler, of Dayton. Dr. Breidenbach gave an illustrated talk on "Pulmonary Conditions", and Dr. Culler spoke on "Tubercular Lesions of the Eye". At the business session, the Academy voted to have another tubercular clinic, possibly the latter part of April. Plans for the new addition of the City Hospital will be considered by a committee consisting of Drs. John Franklin, W. C. Breth, Loy Hoyt, Samuel Sproat, and H. R. Brown.—W. C. Breth, Secretary.

Any one can make belts, but belts which give compression without uplift may do serious injury

"STORM" The New "Type N" STORM Supporter



Pleases doctors and patients. Long laced back. Soft extension, low on hips. Hose supporters attached.

Adapted for ptosis, hernia, pregnancy, obesity, relaxed sacro-iliac articulations, kidney conditions, high and low operations.

Ask for Literature

KATHERINE L. STORM. M.D.

Originator, Owner, and Maker

1701 Diamond Street Philadelphia

LABORATORY APPARATUS

Coors Porcelain Pyrex Glassware
R. & B. Calibrated Ware
Chemical Thermometers
Hydrometers Sphygmomanometers

J. T. Baker & Co's C. P. Chemicals

Stains and Reagents
Standard Solutions

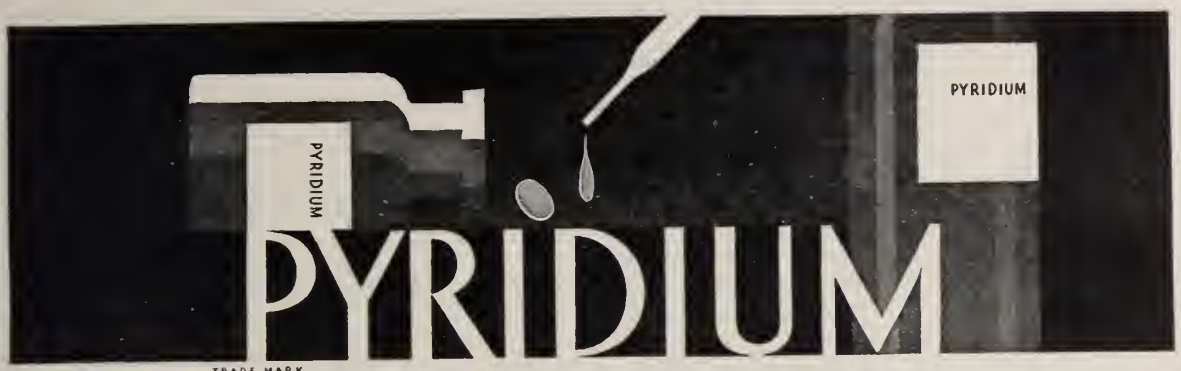
BIOLOGICALS

Serums	Bacterins	Media
Antitoxins	Vaccines	Pollens

We are completely equipped, and solicit your inquiry for these lines as well as for Pharmaceuticals, Chemicals and Supplies, Surgical Instruments and Dressings.

The Rupp & Bowman Co.

319 Superior St. Toledo, Ohio



TRADE MARK

PHENYLAZO-ALPHA-ALPHA-PYRIDINE-MONO-HYDROCHLORIDE (MANUFACTURED BY THE PYRIDIUM CORPORATION)

FOR GONORRHEA

The oral administration of Pyridium in tablet form affords a quick and convenient method of obtaining bactericidal action when treating Gonorrhea and other chronic or acute genito-urinary infections ... Pyridium penetrates quickly through denuded surfaces and mucous membranes and is rapidly eliminated through the urinary tract. It is non-toxic and non-irritating in therapeutic doses ... Pyridium is available in four convenient forms, as tablets, powder, solution or ointment.

WRITE FOR LITERATURE

"COUNCIL ACCEPTED"

B-6-D-5

MERCK & CO. INC.
MANUFACTURING CHEMISTS
RAHWAY, N. J.

Adult Feeding

Ulcer

(No-residue diet)

ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods

Mellin's Food	*4 tablespoonfuls*
Water	*1 cupful*

Dissolve the Mellin's Food in the water by stirring briskly (no cooking required). To be given cold or warm, not hot.

In serious disturbances of the stomach or intestine and particularly where gastric or duodenal ulcer is present or suspected, nourishment prepared as above is of special value on account of its being capable of rapid and complete assimilation. Distress from hyperacidity is promptly relieved by giving the above mixture.

Mellin's Food Company, Boston, Mass.

The Ohio State Nurses' Association

Official Registries for Nurses

District No. 1—42 Hawthorne Ave., Akron, Ohio. Phone: Lincoln 0600
District No. 3—601 Mahoning Bank Bldg., Youngstown; Phone 44581; 44582
District No. 4—2157 Euclid Ave., Cleveland, Ohio. Phone: Prospect 1951
District No. 8—Room 1112 Chamber of Commerce Bldg., Cincinnati, Ohio Phone: Main 7142
District No. 9—1930 Robinwood Ave., Apartment 40, "The Scotwood," Toledo, Ohio. Phone: Main 7962
District No. 12—The Normandie Hotel, Room 610, Columbus, Ohio. Phone Adams 1569
District No. 15—Portsmouth General Hospital, Portsmouth, Ohio. Phone: 559

Curdolac Breakfast Food.
Curdolac Casein Bran Improved Flour.
Curdolac Casein Compound.
Curdolac Soya-Bran Breakfast Food.
Curdolac Soya-Bran Flour.
Curdolac Soya Cereal Johnny Cake Flour.
Curdolac Soya Flour.
Curdolac Wheat-Soya Flour.

Curdolac Foods Aid the Physician in Outlining DIABETIC DIETS

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

With these foods an attractive, palatable, satisfying and diversified diet is possible for every diabetic. Literature and samples on request.

CURDOLAC FOOD COMPANY Box 299 Waukesha, Wisconsin

PUBLIC HEALTH NOTES

—A health campaign among pre-school children has been completed in Highland County under the auspices of the Highland County Parent-Teacher Association and the Highland County Medical Society. Dr. Alfred B. Lippert, State Department of Health, was in charge of the week's campaign.

—Dr. C. E. Gourley has been re-appointed a member of the Mingo Junction Board of Health.

—Dr. H. H. Pansing, Montgomery County health commissioner, addressed the Dayton League of Women Voters on "Health and Sanitation in the County".

—Under an ordinance recently passed by the Dayton city commissioners, no milk, cream, buttermilk and ice cream may be sold in Dayton unless the cows producing the milk have been tubercular tested. An amendment to the ordinance to include milk sold for butter and cheese is being considered.

—The number of century-old persons who die in Ohio is becoming smaller each year, according to death records filed in the Division of Vital Statistics, State Department of Health. In 1930 there were only six deaths of centenarians as compared with eight in 1929. Two died in Cleveland, two in Delaware County, one in Stark and one in Scioto County; four were females and two were males. Their average age was more than 102 years.

That country life is conducive to longevity, if not great riches, is indicated when death certificates for centenarians filed in Ohio are examined. During the past eight years 77 of these records have been filed, 26 for males and 51 for females. In 1923 five, 1924 ten, 1925 fifteen, 1926 thirteen, 1927 eleven, 1928 nine, 1929 eight and 1930 six.

During the eight years, nine death records have been filed for white citizens, four of them native Ohioans, who lived to be more than 105 years of age, as follows:

Name, Birthplace, Year of Death, Age, Place of Death

Martha Conklin; unknown; 1923; 106 years, 9 months, 26 days; Butler County.

Mary Hackwith; Ireland; 1923; 106 years, Scioto County.

Mary Dunlap; Ohio; 1924; 106 years; Chillicothe.

Harlena Miley; Virginia; 1925; 108 years, 6 months, 10 days; Champaign County.

William Bayne; unknown; 1925; 105 years; National Military Home.

Nellie Matyskella; Poland; 1926; 114 years, 10 months, 21 days; Athens County.

Eliza Jane Coalman; Ohio; 1927; 106 years, 9 months, 19 days; Athens County.

Rhoda A. Cain; Ohio; 1928; 114 years; Belmont County.

Sylvester W. Walter; Ohio; 1928; 105 years, 10 months, 6 days; Findlay.

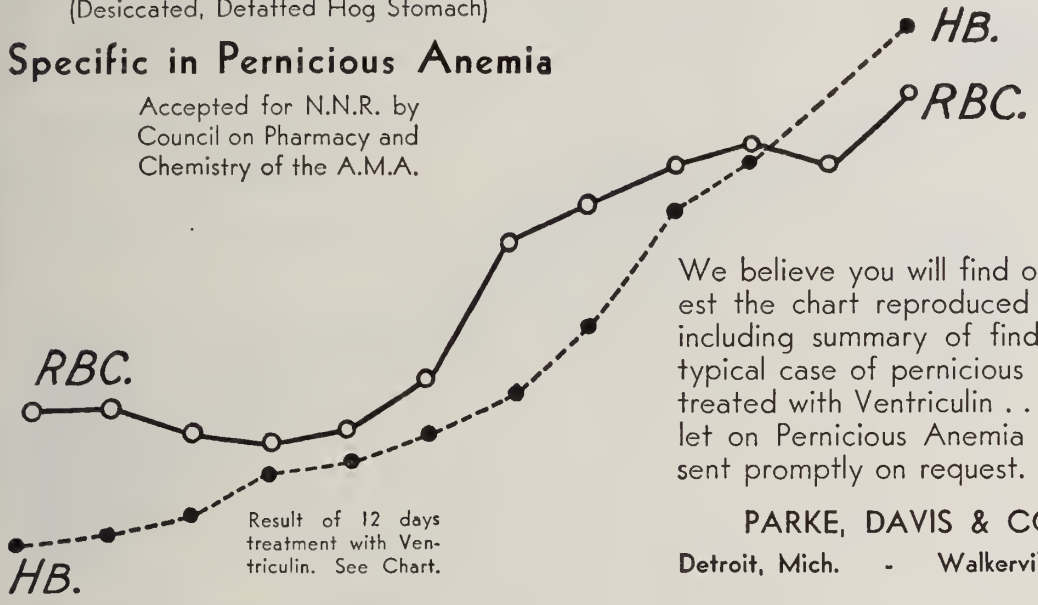
—Dr. E. P. Edwards, for several years head of the Cleveland city health station, has been appointed chief of the city bureau of tuberculosis.

VENTRICULIN

(Desiccated, Defatted Hog Stomach)

Specific in Pernicious Anemia

Accepted for N.N.R. by Council on Pharmacy and Chemistry of the A.M.A.

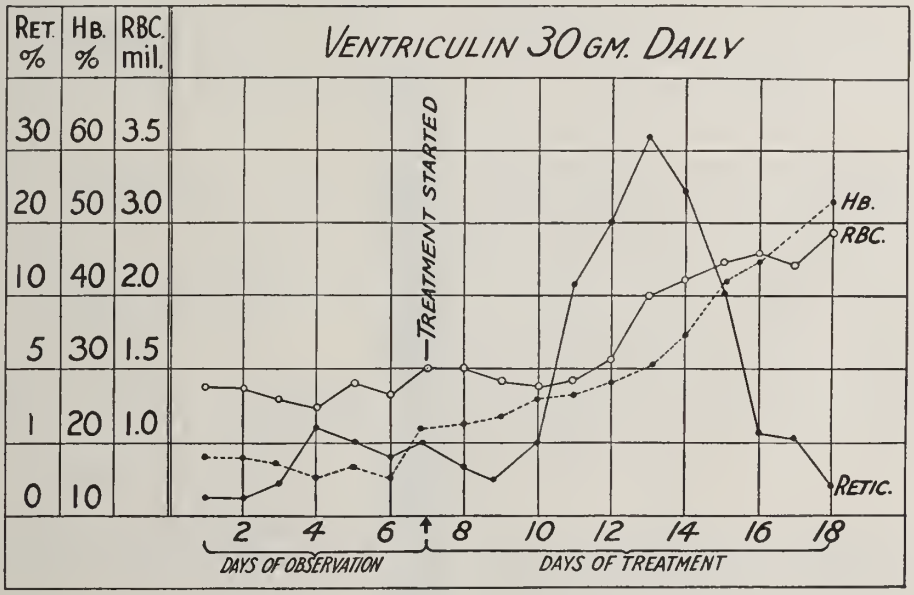


Result of 12 days treatment with Ventriculin. See Chart.

We believe you will find of interest the chart reproduced below, including summary of findings in typical case of pernicious anemia treated with Ventriculin . . . Booklet on Pernicious Anemia will be sent promptly on request.

PARKE, DAVIS & CO.

Detroit, Mich. - Walkerville, Ont.



DIAGNOSIS. Pernicious anemia.

INITIAL BLOOD COUNT: Red blood cells 1.5 million per cu. mm.; Hemoglobin (Newcomer) 21 per cent; Reticulocytes 1.0 per cent.

TREATMENT. Ventriculin 30 Gm. daily.

PHASE OF REMISSION. On sixth day of treatment: RBC 2.0 million; Hemoglobin (Newcomer) 30 per cent; Reticulocytes 32.0 per cent (calculated rise for 1.5 million red blood cells at beginning of treatment = 22.3 per cent, exceeding expected rise by 9.7 per cent).

PROGRESS REPORT. On the twelfth day after Ventriculin was begun the following blood count was recorded: RBC 2.9 million; Hemoglobin 52 per cent; Reticulocytes 0.4 per cent. (Expected weekly increase = 500,000 red blood cells per cu. mm. Actual increase in this patient = 700,000 red blood cells per cu. mm.).

HOSPITAL NOTES

—Dr. William A. Neill has resigned as chief of staff of the Lucas County Hospital.

—White Cross Hospital, Columbus, which celebrated its 40th birthday on March 17, will hold a formal celebration on May 12 in connection with the observance of National Hospital Day. Many prominent persons have been invited to attend the festivities.

—Many of the recent innovations in the care of hospital patients were demonstrated at the recent annual clinic program staged by the Mt. Sinai Hospital staff and attended by many physicians from Cleveland and surrounding cities.

—Dr. W. C. Harris and Dr. E. W. Enz have been named to the board of directors of Deaconess Hospital, Cincinnati.

—Omar H. Caswell has been named full-time secretary and treasurer of Christ Hospital, Cincinnati.

—The Jerry K. Williams property has been purchased by St. Raphael's Church as a site for a hospital and foundation for the Franciscan Sisters in Springfield. Improvements to provide 100 beds for patients are being planned.

The Spring meeting of the Cleveland Medical Library Association was held on Friday evening, April 17 in the Allen Memorial Auditorium. The program was as follows: Unveiling of Portrait of Dr. W. T. Corlett, by Dr. W. E. Bruner; Presentation of Gift to Museum from Dr. H. S. Wellcome and Royal Society of Medicine of London, England, by Dr. J. T. Smith; The Spirit of the Book, by Dr. E. H. Cushing; Literary Pictures of the Doctor, by Dr. Harold Feil. Refreshments were served in the Cushing Room following the program.

A. M. A. GOLF TOURNAMENT JUNE 8

The Philadelphia Committee on Arrangements has decided to hold the Seventeenth Annual Tournament of the American Medical Golfing Association, Monday, June 8th, at the Arenomink Country Club instead of over the Huntington Course as announced in the Brochure of the association which was mailed to members, March 11, from the executive office in Detroit. The Arenomink Course is one of the most modern in the district and is in splendid condition The Philadelphia men composing the Local Committee on Arrangements are Drs. John W. Croskey, Chairman, Willis F. Manges, Fred H. Leavitt, Frank J. Kelly and Damon B. Pfeiffer.

Mercurochrome
220 Soluble
(Dibrom-oxymercuri-fluorescein)

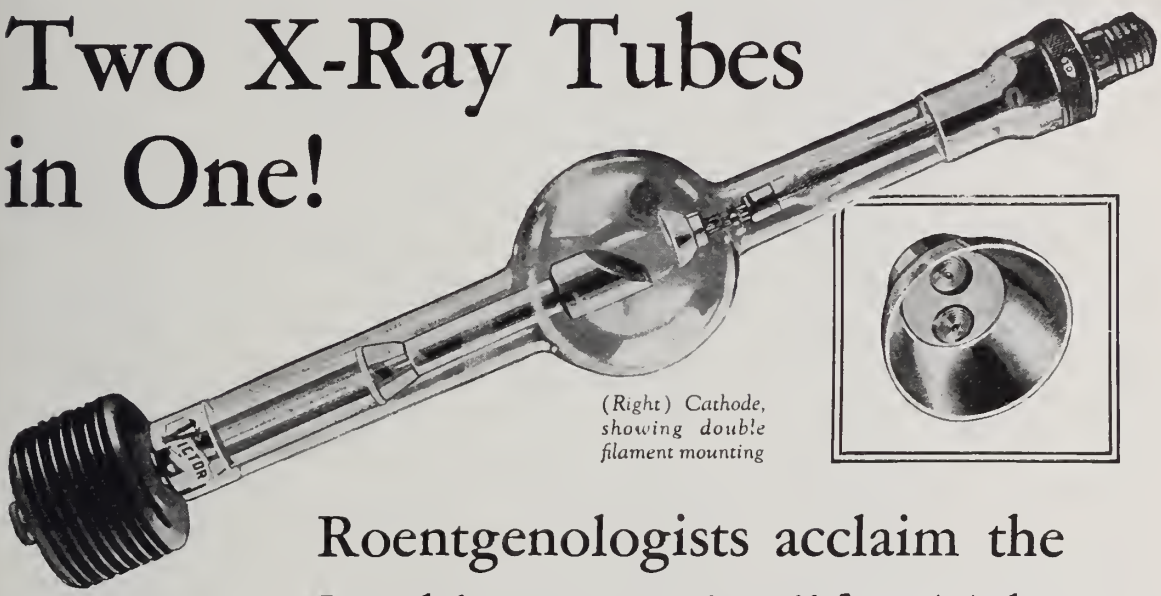
The Stain Provides for Penetration
—and—
Fixes the Germicide in the Tissues

Mercurochrome is bacteriostatic in exceedingly high dilutions and as long as the stain is visible bacteriostasis is present. Reinfection or contamination are prevented and natural body defenses are permitted to hasten prompt and clean healing, as Mercurochrome does not interfere with immunological processes. This germicide is non-irritating and non-injurious when applied to wounds.

Hynson, Westcott & Dunning
Inc.
BALTIMORE, MD.

We would like to have you try
Nonspi
For Excessive Armpit Perspiration
NONSPI destroys armpit odor and removes the cause—excessive perspiration.
This same perspiration, excreted elsewhere through the skin pores, gives no offense because of better evaporation.
We will gladly mail you Physician's testing samples.
THE NONSPI COMPANY
117 West 18th St.
NEW YORK, N. Y.
Send free NONSPI samples to:
Name.....
Street.....
City.....
NONSPI

Just think of the convenience—Two X-Ray Tubes in One!



(Right) Cathode, showing double filament mounting

Roentgenologists acclaim the Double Focus Coolidge Tube

DESCRIBED in the simplest terms, the Double Focus Coolidge Tube is, as its name implies, one tube in which either of its two focal spots is instantly available.

Which means that the radiographic advantages formerly obtained with the use of two Radiator type tubes, 10 Ma. and 100 Ma., respectively, are now to be had with a single tube.

Think of the added convenience with this tube in routine radiography, when you may select as between the use of a fine or a broad focal spot, without the necessity of changing tubes in the holder, nor the attendant danger of breakage. Simply throw the small switch at the cathode end of the tube, and you are ready to proceed.

In short, here is a tube which covers practically the entire range of routine radiography, as may be seen in the following table of its capacity ratings:

	Kv. P.	Ma.	Sec.
Small Focal Spot	85	30	½
	85	20	4½
	100	10	45
	100	20	2½
Large Focal Spot	100	50	9½
	85	50	12½
	100	75	3
	100	100	½
	75	100	3

We'll gladly send further information upon request.

$175 *f. o. b. Chicago*

COLUMBUS—76 S. 4th St.
TOLEDO—105 17th St.
CLEVELAND—4900 Euclid Ave. R 412-15.
CINCINNATI—1027 Chamber of Commerce Bldg.

GENERAL ELECTRIC X-RAY CORPORATION

2012 Jackson Boulevard *Branches in all Principal Cities* Chicago, Ill., U.S.A.

FORMERLY VICTOR X-RAY CORPORATION

The Ohio State Medical Association

STANDING COMMITTEES
(Constitutional)

PUBLIC POLICY

John B. Alcorn, Chairman, (1933) Columbus
J. H. J. Upham, (1931) Columbus
H. S. Davidson, (1932) Akron
C. W. Waggoner, (ex-officio) Toledo
D. C. Houser, (ex-officio) Urbana

PUBLICATION

Andrews Rogers, Chairman (1931) Columbus
Gilbert Micklethwaite, (1932) Portsmouth
A. B. Denison, (1933) Cleveland

MEDICAL DEFENSE

J. E. Tuckerman, Chairman, (1931) Cleveland
F. P. Anzinger, (1932) Springfield
W. H. Snyder, (1933) Toledo

MEDICAL EDUCATION AND HOSPITALS

Ben R. McClellan, Chairman, (1931) Xenia
R. H. Birge, (1932) Cleveland
John F. Wright, (1933) Toledo

MEDICAL ECONOMICS

J. Craig Bowman, Chairman, (1933) Upper Sandusky
Geo. Edw. Follansbee, (1931) Cleveland
E. O. Smith, (1932) Cincinnati

SPECIAL COMMITTEES

MENTAL HYGIENE COMMITTEE

C. W. Stone, Chairman Cleveland
E. J. Emerick Columbus
O. O. Fordyce Toledo
Wm. H. Pritchard Columbus
T. A. Ratliff Cincinnati

PERIODIC HEALTH EXAMINATIONS

B. J. Hein, Chairman Toledo
C. W. Brown Lancaster
Kelley Hale Wilmington
M. V. Replogle Bryan
V. C. Rowland Cleveland

MILITARY COMMITTEE

H. H. Snively, Chairman Columbus
John L. Beach Seville
Byron Bing Pomeroy

COUNCIL COMMITTEES

AUDITING AND APPROPRIATIONS

S. J. Goodman, Chairman Columbus
E. R. Brush Zanesville
John A. Caldwell Cincinnati

PROGRAM 1931 ANNUAL MEETING

D. C. Houser, Chairman Urbana
D. J. Slosser Defiance
S. J. Goodman, Secretary Columbus

ARRANGEMENTS 1931 ANNUAL MEETING

D. J. Slosser, Chairman Defiance
C. L. Cummer Cleveland
D. W. Stevenson Akron

Delegates and Alternates to American Medical Association

DELEGATES		ALTERNATES	
J. P. DeWitt (1931)	Canton	G. F. Zinninger (1931)	Canton
C. E. Kiely (1931)	Cincinnati	L. H. Schriver (1931)	Cincinnati
C. W. Waggoner (1931)	Toledo	J. L. Henry (1931)	Athens
Wells Teachnor, Sr. (1932)	Columbus	D. H. Morgan (1932)	Akron
Ben R. McClellan (1932)	Xenia	A. C. Messenger (1932)	Xenia
E. R. Brush (1932)	Zanesville	H. S. Noble (1932)	St. Marys
Geo. Edw. Follansbee (1932)	Cleveland	C. L. Cummer (1932)	Cleveland

SECTION OFFICERS FOR 1930-1931

MEDICINE

Julien E. Benjamin, Chairman
19 W. Eighth St., Cincinnati
Leo C. Bean, Secretary
Gallipolis

SURGERY

Fred M. Douglass, Chairman
421 Michigan St., Toledo
M. E. Blahd, Secretary
1420 Medical Arts Bldg.

OBSTETRICS AND PEDIATRICS

Wayne Brehm, Chairman
683 E. Broad St., Columbus
Jacob V. Greenebaum, Secretary
19 W. Eighth St., Cincinnati

EYE, EAR, NOSE AND THROAT

J. W. Millette, Chairman
117 S. Main St., Dayton
A. L. Brown, Secretary
2700 Union Central Bldg., Cincinnati

NERVOUS AND MENTAL DISEASES

Louis J. Karnosh, Chairman
City Hospital, Cleveland
John D. O'Brien, Secretary
332 Market Ave., N., Canton

PUBLIC HEALTH AND INDUSTRIAL MEDICINE

J. F. Elder, Chairman
Court House, Youngstown
Geo. F. Sykes, Secretary
White Motor Company, Cleveland

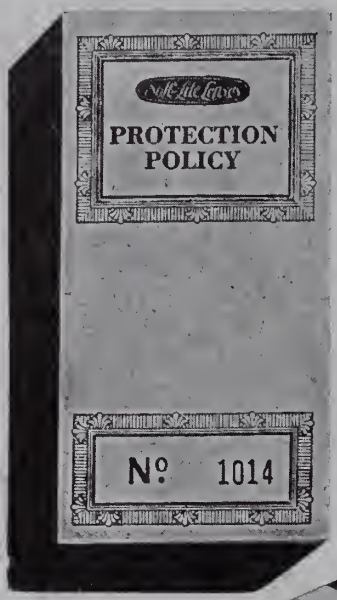
Eighty-fifth Annual Meeting, Toledo, May 12 and 13, 1931



TESTING, assaying, and standardizing Lilly Pharmaceuticals and Biologicals is the responsibility of the control laboratories which supervise each step of manufacturing.

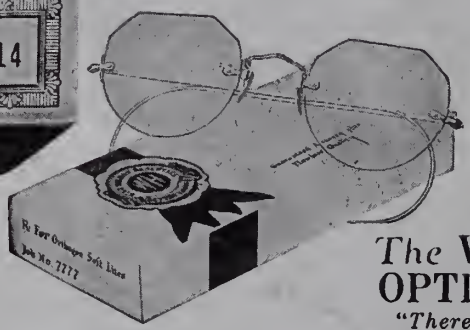
It is the duty of the seventy-three inspectors portrayed above to see that Lilly Pharmaceuticals and Biologicals are properly packaged and labeled true to content. This inspection staff has been selected from experienced employees who have shown by tests that they are naturally vigilant, accurate, and otherwise adapted to this exacting work.

In specifying "Lilly" you are designating products made from the finest of carefully selected and tested crude materials by the most approved manufacturing processes and packaged under safeguards that assure you and your patients just what you ordered.



to identify *genuine* Soft-Lite or Orthogon Soft-Lite lenses —*look for this Rolicy* . . .

—it is your assurance you have the best "for the only pair of eyes" your patient will ever have—genuine Soft-Lite or Orthogon Soft-Lite Lenses, made only by The Bausch & Lomb Optical Company. This protective feature is just another reason why you should use Blue Ribbon Rx Service when glasses are needed.



THIS POLICY *is furnished with each Soft-Lite or Orthogon Soft-Lite prescription via Blue Ribbon Rx Service* . . . . . .

The **WHITE-HAINES OPTICAL COMPANY**

"There's a W-H house near you"

Columbus Cleveland Cincinnati Dayton
Lima Zanesville Springfield
Marion Youngstown



STONEMAN PRESS, COLS., O

PRINTED IN U.S.A.

The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY BY
THE OHIO STATE MEDICAL ASSOCIATION
AS A MEDIUM OF SERVICE TO ITS MEMBERS

JUNE 1, 1931 VOLUME XXVII Number - - 6

JUN 1931 LIBRARY

State Association Annual Meeting News

Annual Address of the President and President-Elect
Proceedings of the House of Delegates and the Council
Annual Meeting News and Registration

Summary of Contents

ORIGINAL ARTICLES

Annual Address of the President. C. W. Waggoner, M.D., Toledo 453
Individual, Co-Operative and Group Medicine. Inaugural Address of the Incoming President. D. C. Houser, M.D., Urbana 457
Appendicitis in Children Under Thirteen Years of Age. R. M. Watkins, M.D., Cleveland 461
Undulant Fever in Ohio. A Report of a Clinical and Serological Investigation of One Hundred Cases. Leo F. Ey and Finley VanOrsdall, M.D., Columbus 466

EDITORIAL

Successful Annual Meeting in Retrospect 449
Appreciation to the Presidents 450
Federal Police Force Fallacy 451
Knowing the Social Body 451
A Court Orders an Operation 452

STATE NEWS

The House of Delegates Proceedings, Ohio State Medical Association, Toledo, May 12 and 13, 1931 471
Council Meetings Held During the Eighty-Fifth Annual Meeting 485
The Attendance Record at Eighty-Fifth Annual Meeting in Toledo 488
The A. M. A. Meeting June 8 to 12 498
Medical Golfers Make Low Scores Despite Weather Conditions 499
Renewal of Federal Narcotic Permits Must be Made Before July 1—Legal Restrictions on Prescriptions Set Forth 500
Health, Welfare, Probate, Penal, and Workmen's Compensation, Among Subjects of New Ohio Laws. Governor White Swings Veto Ax 501
College of Medicine Reunion in Cincinnati, June 12 and 13 503
Annual Meeting of Northern Tri-State Medical Association 503
Deaths in Ohio 505
Physicians Recently Licensed in Ohio 506
News Notes of Ohio 507
Public Health Notes 509
Hospital Notes 510
News Notes from County Societies and Academies 511
Classified Advertisements 518
College of Medicine Reunion in Cincinnati, June 12 and 13 524
Warning Against Imposter 426
Some Slants on Cancer Propaganda 426

A Paradox in Medicine

A period of eight years has elapsed since Insulin was discovered and placed at the disposal of the medical profession as a means of prolonging the lives of diabetic patients.

Yet, today only a comparatively small percentage of diabetic patients is receiving the benefits of this great contribution of science which would enable them to live normal lives despite the fact that Insulin has proved itself to be effective in checking the progress of diabetes when properly used.

There is much educational work to be done. Unfortunately it is not always recognized that Insulin is not a cure, but is simply intended to supplement a substance normally secreted in the body.

Insulin Squibb, because of its stability, uniform potency, low nitrogen content and freedom from reaction-producing proteins, will always be found dependable. It is manufactured under license from the University of Toronto and conforms to the standards maintained by the Insulin Committee. It is accepted by the Council on Pharmacy & Chemistry of the A. M. A.

INSULIN SQUIBB

THE SAWYER SANATORIUM

White Oaks Farm, Marion, Ohio

TREATS NERVOUS AND MENTAL DISEASES



THE PATIO

Provides Thorough Diagnosis, Scientific Treatment, Homelike Surroundings, Complete Equipment, Individual and Personal Professional Attention, Splendid Cuisine, all the modern conveniences of the best private homes. Located on an 130-acre farm. Presided over by men and women devoting all their time to the work.

Send for Booklet, Address

SAWYER SANATORIUM WHITE OAKS FARM MARION, OHIO

The Ohio State Medical Association

Ohio State Medical Journal

Entered as second class matter July 5, 1905, at the Postoffice at Columbus, Ohio, under act of Congress of March 3, 1879: Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Oct. 3, 1917. Authorized July 10, 1918.

Published montbly by
THE OHIO STATE MEDICAL ASSOCIATION
131 East State Street, Columbus, Ohio
Telepbone: ADams 7045

This journal is published for and by the members of the Ohio State Medical Association. The Publication Committee does not assume responsibility for opinions expressed by individual essayists. It endeavors to maintain a high standard of advertising. Its advertising policy is governed by the rules of the Council on Pharmacy and Chemistry of tbe American Medical Association.

Subscription $3.00 per year; single copies 30 cents.
Issued under the direction of tbe Publication Committee.

PUBLICATION COMMITTEE

Andrews Rogers, M.D., Chairman (1934)..... Columbus
Gilbert Micklethwaite, M.D., (1932)..... Portsmouth
A. B. Denison, M.D., (1933)..... Cleveland

EXECUTIVE STAFF

Don K. Martin..... Editor-Manager
Alice B. Haney..... Advertising Manager

Officers 1931-1932

PRESIDENT
D. C. Houser, M.D. ..... Urbana

PRESIDENT-ELECT
H. M. Platter, M.D. ..... Columbus

TREASURER
James A. Beer, M.D. ..... Columbus

EXECUTIVE SECRETARY
Don K. Martin ..... Columbus

State Council

First District
John A. Caldwell, M.D. ..... Cincinnati

Second District
E. M. Huston, M.D. ..... Dayton

Third District
O. P. Klotz, M.D. ..... Findlay

Fourth District
B. J. Hein, M.D. ..... Toledo

Fifth District
C. L. Cummer, M.D. ..... Cleveland

Sixth District
H. S. Davidson, M.D. ..... Akron

Seventh District
E. B. Shanley, M.D. ..... New Philadelphia

Eighth District
E. R. Brush, M.D. ..... Zanesville

Ninth District
I. P. Seiler, M.D. ..... Piketon

Tenth District
S. J. Goodman, M.D. ..... Columbus

Ex-Officio, The Ex-President
C. W. Waggoner, M.D. ..... Toledo

A PRIVATE SANATORIUM WITH HOSPITAL FACILITIES

A quarter century of efficient operation



RATES: $25.00 PER WEEK AND UP

ALCOHOLIC treatment destroys the craving for alcohol, restores the appetite and sleep, and builds the patient up physically and mentally. Whiskey withdrawn gradually. Not limited to one pint of whiskey in ten days.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

DRUG treatment is one of GRADUAL REDUCTION. It relieves the constipation, restores the appetite and sleep. Withdrawal pains absent. No Hyoscine or rapid withdrawal methods used unless the patient desires same.

MILD mental cases have every comfort that their own home affords.

FEMALE PATIENTS: Mild mental separated from mild nervous. Female attendants only; absolute privacy; comfortable, well-appointed ladies' lounge.

Cherokee Road (Long Distance Phone East 1488)

DR. STOKES' SANATORIUM LOUISVILLE, KENTUCKY

Situated in the choice highland section of Louisville, just 20 minutes' ride from all railroad stations

CHICAGO SANITARIUM

FOR THE CARE OF NERVOUS AND MENTAL DISORDERS AND ALCOHOLISM
ALSO DRUG ADDICTION INTELLIGENTLY HANDLED



EVERY FACILITY for care and thorough investigation as well as management of Neuro-Psychiatric problems, including kindred physical infirmities pertaining thereto, is available in the new soundproof building. On admission every case is carefully studied from every angle; routine dental examination is included. Laboratory for routine and special tests is available. Facilities are had for cases for over night stay following a spinal puncture; X-ray is available and an elaborate hydro, physio and mechanotherapy is had.

WHERE HOME-LIKE SURROUNDINGS are a benefit to the patient, one such building is available. Varied entertainment is furnished by motion pictures, radios, books and musicales. The Sanitarium is conveniently located near Lake Michigan and only a few minutes from the Chicago loop, where excellent hotel facilities are available to relatives or friends of out-of-town patients.

DR. ALEXANDER B. MAGNUS, Med. Dir.

◆ 2828 Prairie Avenue, Chicago, Ill. ◆ Phone Victory 5600 ◆

Windsor Hospital

THE Windsor Hospital and Sanitarium is completely equipped with all the best apparatus for giving Hydrotherapy, Occupational Therapy, and other treatment for all types of Nervous diseases, acute and chronic.

Herbert Sihler
Director

Phone RAndolph 2744

4415 Chester Ave., N.E.
(Formerly 4415 Windsor Ave., N.E.)

CLEVELAND, OHIO
ESTABLISHED 30 YEARS

BACKWARD and PROBLEM CHILDREN

Require Intensive Scientific Training in a Suitable Environment

The Bancroft School

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. Winter quarters in New Jersey, summer camp on the coast of Maine. An incorporated educational foundation, operated not for profit, controlled by a Board of Trustees, offering the higbest type of education attainable at rates within the reach of all. Organized to give the fullest possible cooperation to physicians.

Illustrated Catalog on Request

The Bancroft School Haddonfield, N. J.

"MESCO" Laboratories

The "MESCO" Laboratories manufacture the largest line of Ointments in the world. Sixty different kinds. We are originators of the Professional Package. Specify "MESCO" when prescribing Ointments. Send for lists.

MANHATTAN EYE SALVE CO.
Louisville, Kentucky

THE COLUMBUS RURAL REST HOME

AT WORTHINGTON, OHIO—JUST NORTH OF COLUMBUS



One of The Cottages—Forty-five Acres of Woods and Lawn

NERVOUS AND MILD AFFECTIVE DISORDERS

A Secluded Spot for Rest and Treatment. Good Accommodations—Kind and Efficient Nursing. Medical—Physical—Psychotherapeutic Measures.

Medical Director
G. T. Harding, Jr., M.D.

Laboratory
Geo. T. Harding III, M.D.

Resident Physicians
Fred'k H. Weber, M.D.
Mary J. Weber, M.D.

Grandview Hospital

MENTAL AND NERVOUS DISEASES

2700 GLENWAY AVENUE, PRICE HILL
TELEPHONE, WARSAW 1784
CINCINNATI, OHIO

T. A. RATLIFF, M. D., Resident Medical Director

Especial feature of treatment

INDIVIDUAL CARE

with Modern Hospital Service

Equipment—modern; **Location**—accessible.
Grounds—a park of 25 acres, well wooded and retired.
Descriptive Circular on request.

THE ORCHARD SPRINGS SANITARIUM
near DAYTON, OHIO

A Private Hospital For Mental and Nervous Diseases — Established in 1911

This institution, with its modern facilities, its delightful and restful suburban location, and its well-trained efficient organization, has for 15 years been in a splendid position to render skilled beneficial service at reasonable rates.

GEORGE V. SHERIDAN
President

For detailed information, address
CHARLES B. ROGERS, M. D.
Resident Medical Director
R. F. D. No. 13, Dayton, Ohio
Telephone: Lincoln 213, Dayton City Exchange

HILLSVIEW FARMS

A sanitarium equipped for diagnosis and follow-up in convalescent cases.

Physical therapy department equipped and staffed by trained technicians for treatment of such Orthopedic conditions as Torticollis, Congenital or acquired Posturai changes, Arthritis, anterior Poliomyelitis, Neuritis and allied Bone and Joint conditions.

We are especially interested in the Anemias, Diabetes and Arthritis.



Write for particulars, or telephone 2650.

WASHINGTON, PA.

Laboratory and X-Ray investigations under direction of Physicians of known and recognized ability.

Food preparations under direction of graduate dietitian. Dining-room and tray service. Milk and cream from our own herd of registered tuberculin tested Jerseys.

Mental cases and drug addicts not admitted.

Located high on the edge of Washington, thirty miles south of Pittsburgh.



THE OXFORD RETREAT
OXFORD, OHIO

For

Nervous
and
Mild Mental Cases

R. HARVEY COOK,
Physician in Chief

Write for Descriptive Circular

New Fire Proof Bldg. Opened June 1926



WHITING MINERAL SPRINGS
Sanitarium and Baths

Hydrotherapy scientifically applied for the treatment of rheumatism and allied diseases together with cases for elimination and rest cure.

Medical department thoroughly proficient and STRICTLY ethical.

First class and modern in every department with moderate rates.

DR. U. G. WHITING, Phy. & Mgr. MARTINSVILLE, INDIANA

THE MERCER SANITARIUM - MERCER, PENNA.

For Nervous and Mild Mental Disorders. Located at Mercer, Pa., 30 miles from Youngstown. Farm of 75 acres with registered tuberculin-tested herd. Re-educational measures emphasized, especially arts and crafts and outdoor pursuits. Modern laboratory facilities.

Address

W. W. Richardson, M.D., Medical Director

(Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.)

"REST COTTAGE"

College Hill, Cincinnati, Ohio

STAFF
F. W. Langdon, M.D.—Visiting Consultant
Robert Ingram, M.D.—Visiting Consultant
Emerson A. North, M.D.—Visiting Consultant
D. A. Johnston, M.D.—Medical Director
H. P. Collins—Business Manager
Box No. 4, College Hill, Cincinnati, Ohio



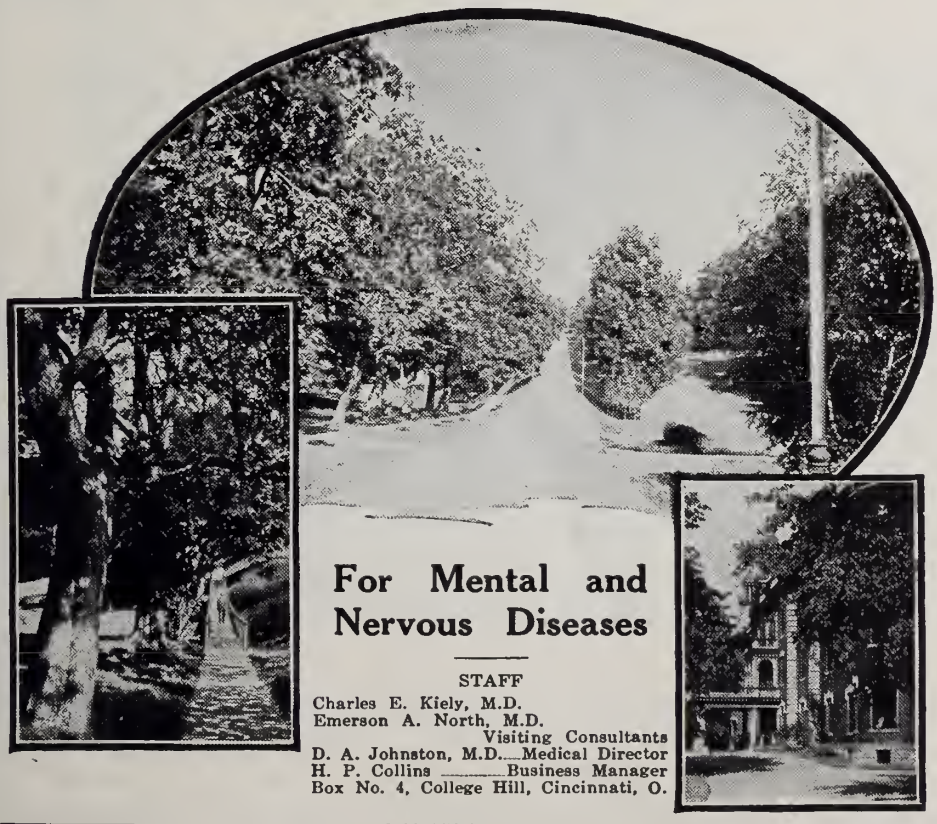
For purely nervous cases, nutritional errors and convalescents.

Completely equipped for hydrotherapy, massages, etc.

Cuisine to meet individual needs.

THE CINCINNATI SANITARIUM

INCORPORATED 1873



A strictly modern hospital fully equipped for the scientific treatment of nervous and mental affections. Situation retired and accessible. For details write for descriptive pamphlet.

For Mental and Nervous Diseases

STAFF
Charles E. Kiely, M.D.
Emerson A. North, M.D.
Visiting Consultants
D. A. Johnston, M.D.—Medical Director
H. P. Collins—Business Manager
Box No. 4, College Hill, Cincinnati, O.

H. IRVING COZAD, M.D.
G. DEAN TIPTON, M.D.

FAIR OAKS VILLA
AND
COTTAGES

¶ Any NERVOUS or MENTAL CONDITION which in the judgment of the attending physician needs our care, protection or treatment will be received at any time that we have the suitable environment available.

CUYAHOGA FALLS, OHIO
28 Miles from Cleveland
4 Miles from Akron

Reached by
Pennsylvania Lines
B. & O. R. R.
Akron, Bedford, Cleveland Interurban
Kent, Ravenna Interurban

Ferguson-Droste-Ferguson Sanitarium

✣

Ward S. Ferguson, M.D. - James C. Droste, M.D. - Lynn A. Ferguson, M.D.

✣

PRACTICE LIMITED TO
DIAGNOSIS AND TREATMENT OF

DISEASES OF THE RECTUM

✣

GRAND RAPIDS, MICHIGAN
6 Park Ave.—on Fulton Park

✣

Sanitarium Hotel Accommodations



DR. GAVER SANITARIUM

71 Winner Ave. Phone Fairfax 8315 Columbus, Ohio

DRUG ADDICTION AND ALCOHOLISM NERVOUS AND MENTAL DISEASES

RATES REDUCED

EARL E. GAVER, Medical Sup't.



Receiving Hospital 2102 Cherry Street

MENTAL AND NERVOUS DISEASES, ALCOHOLISM, DRUG ADDICTION AND GENERAL INVALIDISM

THE TOLEDO SANITARIUM, Toledo, Ohio

2102 Cherry Street Phone Jeff. 3979

JAS. A. BELYEA, M.D., Manager LOUIS A. MILLER, M.D., Neurologist, Supervising Physician



THE McMILLEN SANITARIUM

Cor. Nelson Road and East Fifth Ave.
SHEPARD—COLUMBUS, OHIO

R. A. KIDD, M.D., Superintendent

A PRIVATE NEUROPSYCHIATRIC HOSPITAL, modern in all particulars. Ideal location at the east edge of Columbus. Specialists services, laboratory facilities and well trained nurses. Fifty individual rooms. Patients taken for observation. Phone or write for information. ALCOHOLISM GIVEN SPECIAL ATTENTION.

For Abdominal Muscles
that Have Begun to Sag

When, with advancing years, supporting abdominal muscles lose vitality, allowing a sagging of depleted tissue, Camp Supporting Garments bring to the body new vigor and fitness. This model, well adapted for the use of the middle-aged man with long abdominal line, holds the body alert and "at attention", improving appearance and health, gives assuring comfort and overcomes prolapsus tendency. The Camp Patented Adjustment (a feature of all Camp Garments) provides easy manipulation and controls the desired tightness. Constructed of light weight material, this support is especially satisfactory for summer wear. Sold by the better drug and surgical houses.

Write for Physician's Manual, Men's Section



CAMP TRADE MARK

Supporting Garments

S. H. CAMP & COMPANY

Manufacturers: JACKSON, MICH.

Chicago
1056 Merchandise Mart

New York
330 Fifth Avenue

London
252 Regent St. W.

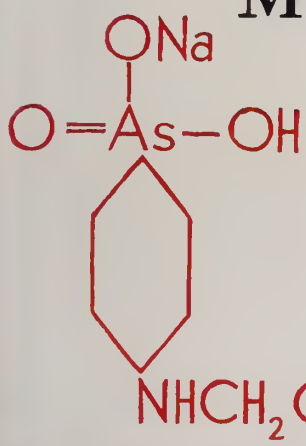
TRADE-MARK

TRYPARSAMIDE

Sodium *N*-phenylglycinamide-*p*-arsonate

IN neurosyphilis the use of Tryparsamide should have first consideration. The treatment is inexpensive; does not disrupt the patient's daily routine of life and is available through the services of his personal physician... Clinical reports after Tryparsamide treatment indicate that forty to fifty percent of cases of early paresis have shown symptomatic improvement. Reactions and untoward effects appear to be comparatively rare and of mild degree... Clinical reports and treatment methods will be promptly furnished on request.





MERCK & CO. INC.
MANUFACTURING
CHEMISTS
RAHWAY, N. J.

COUNCIL

ACCEPTED
AMERICAN MEDICAL ASSN.
Council on Pharmacy and Chemistry

ACCEPTED

COPYRIGHT, 1931 MERCK & CO. INC.

TRADE PYRIDIUM MARK

PHENYLAZO-ALPHA-ALPHA DIAMINO PYRIDINE MONO-HYDROCHLORIDE. (MANUFACTURED BY THE PYRIDIUM CORPORATION.)



"COUNCIL ACCEPTED" — AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry



FOR URINARY INFECTIONS

The oral administration of Pyridium in tablet form affords a quick and convenient method of obtaining bactericidal action when treating Gonorrhea and other chronic or acute genito-urinary infections . . . Pyridium is available in four convenient forms: as tablets, powder, solution or ointment . . . Clinical data will be promptly furnished on request.

MERCK & CO. Inc.

MANUFACTURING CHEMISTS

RAHWAY, N.J.

COPYRIGHT, 1931, MERCK & CO. INC

CORRECTING AN ERROR

In the Journal of the A. M. A., March 28th, 1931, page 30, we inadvertently stated the iron content of Mead's Cereal to be 68 milligrams per hundred grams. (This figure was confused with .0068 gms. iron per ounce.)

The correct content is 24 mgs. iron per 100 gms. But even so, Mead's Cereal contains —

26% more food iron than kidney

73% more food iron than spleen

100% more food iron than romain

172% more food iron than liver

179% more food iron than egg yolk

These five foods are compared because they are considered highest in food iron.

(Mead's Cereal contains 100 times as much iron as whole milk.)

A well-known pediatrician has drawn attention to the fact that in practice, Mead's Cereal is more palatable and more readily taken by children than other iron-containing foods, some of which are quite unappetizing and even repellent, especially after long-continued use.

Mead Johnson & Co. SPECIALISTS IN INFANT DIET MATERIALS Evansville, Ind.

Mead's Cereal also is rich in copper, calcium, phosphorus and in other essential minerals.

HAY FEVER

An Advertising Statement

HAY FEVER, as it occurs throughout the United States, is actually *perennial* rather than *seasonal*, in character.

Because in the Southwest—Bermuda grass, for instance, continues to flower until December when the mountain cedar, of many victims, starts to shed its pollen in Northern Texas and so continues into February. At that time, elsewhere in the South, the oak, birch, pecan, hickory and other trees begin to contribute their respective quotas of atmospheric pollen.

But, nevertheless, hay fever in the Northern States at least, is in fact seasonal in character and of three types, viz.:

TREE HAY FEVER—*March, April and May*
GRASS HAY FEVER—*May, June and July*
WEED HAY FEVER — *August to Frost*

And this last, the late summer type, is usually the most serious and difficult to treat as partly due to the greater diversity of late summer pollens as regionally dispersed.

With the above before us, as to the several types of regional and seasonal hay fever, it is important to emphasize that Arlco-Pollen Extracts *for diagnosis and treatment* cover adequately and accurately all sections and all seasons—North, East, South and West.

FOR DIAGNOSIS *each pollen is supplied in individual extract only.*

FOR TREATMENT *each pollen is supplied in individual treatment set.*

ALSO FOR TREATMENT we have a few logically conceived and scientifically justified mixtures of biologically related and simultaneously pollinating plants. Hence, in these mixtures the several pollens are mutually helpful in building the desired group tolerance.

IF UNAVAILABLE LOCALLY THESE EXTRACTS WILL BE DELIVERED DIRECT POST PAID SPECIAL DELIVERY

List and prices of food, epidermal, incidental and pollen proteins sent on request

THE ARLINGTON CHEMICAL COMPANY
YONKERS, N. Y.



Your careful observations...



Only fresh milk from tuberculin tested cows, from dairy farms that have fulfilled the sanitary requirements of the City of Cleveland Board of Health, is used as a basis for the production of S. M. A. Our dairymen receive from 30 to 50% above market prices for their milk as a premium for its high quality.

... with S. M. A. will reveal that while it is ***possible*** to prescribe less expensive formulae, none other have such outstanding features as dependability of results, completeness of composition and extreme simplicity of preparation. There is only ***one*** S.M.A.

S. M. A.

Fine Products for the Infant's Diet

© S. M. A. Corporation • Cleveland • San Francisco • Toronto • London

Scientific Supervision



Supplied in bottles containing 24 fluid ounces, one dozen per case.

All chemicals used in the manufacture of WAGNER'S VICHY are carefully checked and examined for identity, purity, and strength.

Each ingredient must conform to the high standards demanded by WAGNER'S chemists.

The ingredients, the process of manufacture and the finished product are continually under the supervision of trained chemists.

This supervision assures uniformity and purity; two qualities fundamental to medical practice. These precautions which assure dependability have made WAGNER'S VICHY so universally acceptable to the medical profession.

WAGNER'S VICHY may be obtained from the local drug sources, or direct in case lots from

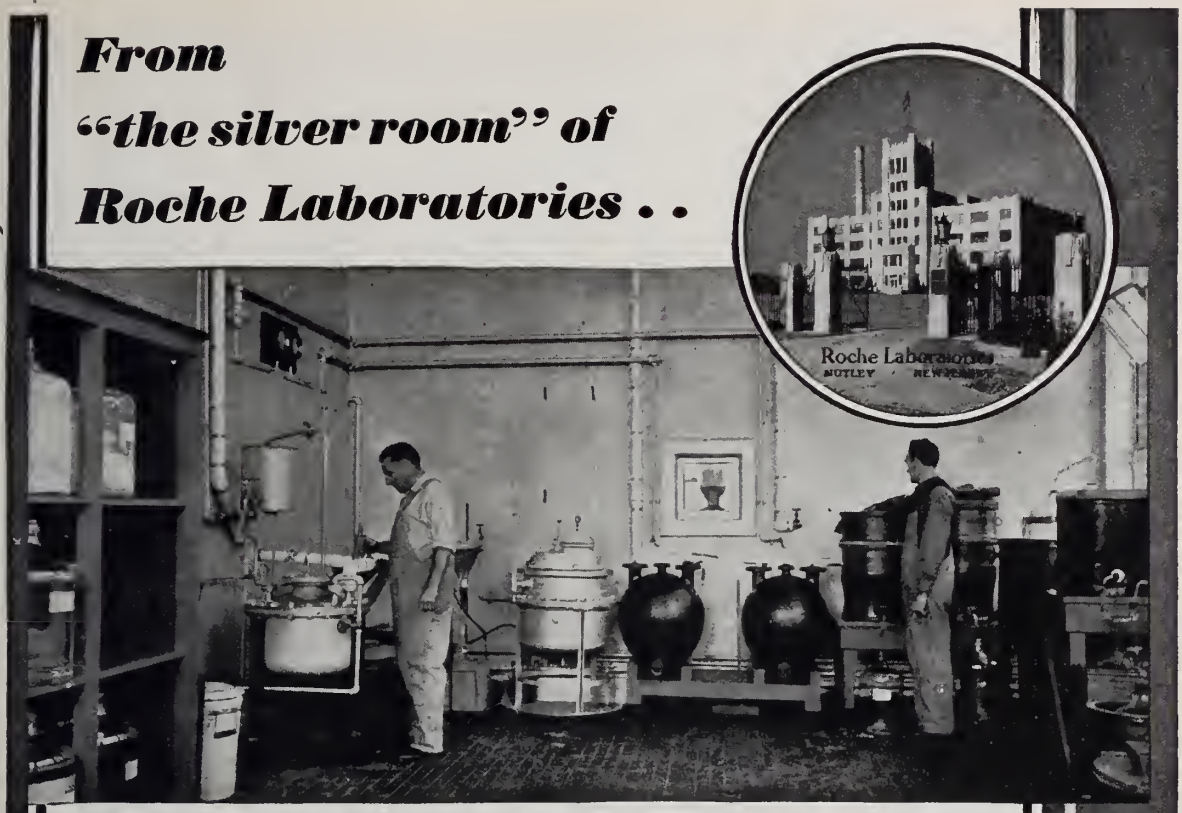
WAGNER'S VICHY (artificial)

THE W. T. WAGNER'S SONS COMPANY

1920-26 Race St.,

CINCINNATI, OHIO

From "the silver room" of Roche Laboratories . .



comes a truly safe laxative substance—scientifically made. It is non-absorbable, non-toxic, does not enter the circulation and, therefore, cannot injure the kidneys, liver or any other organ . . . . . .

Isacen 'Roche'

(Pronounced ĭsasin)

Isacen is not phenolphthalein, not calomel, but a new organic substance whose synthesis traces back in a direct line to the vegetable coloring matter—*Indigo*. . . . . Isacen is Council-accepted . . . . . .



The Isacen Laboratory at Roche is called "the silver room," for the apparatus used in producing Isacen is actually made of solid silver metal (the light colored stills in the picture); and other parts of the Isacen equipment are silver-lined. The walls and ceiling of this interesting room are finished in silver-colored aluminum. . . . . .

Never advertised to the laity

Hoffmann-La Roche, Inc.
Makers of Medicines of Rare Quality
NUTLEY NEW JERSEY

ISACEN is marketed in vials of 40 tablets, each 1/13 gr. diacetyl-dioxyphenyl-isatin. . . . .

A trial supply to physicians on request. . .



A New Standard of Sterilization

For all Metal Instruments

Prices:

One pint bottles . .	$1.00 each
One quart bottles . .	1.75 each
One gallon bottles .	5.00 each

BARD-PARKER
Formaldehyde
GERMICIDE

Will not rust or corrode metal instruments.

Will not dull the keen edges of Bard-Parker Knives or the points of suture and hypodermic needles.

Is non-injurious to rubber gloves.

Drys rapidly without residue, after removal of instruments. Rinsing or wiping unnecessary.

Destroys non-spore bearing pathogenic organisms in 10 seconds to 2 minutes.

Destroys the spore bearing organisms, c. tetani, b. anthracis and their spores within 1 hour.

Is clear, colorless and non-staining.

Reports of bacteriological tests sent upon request

Parker, White & Heyl, Inc. C—6
369 Lexington Ave., New York, N. Y.

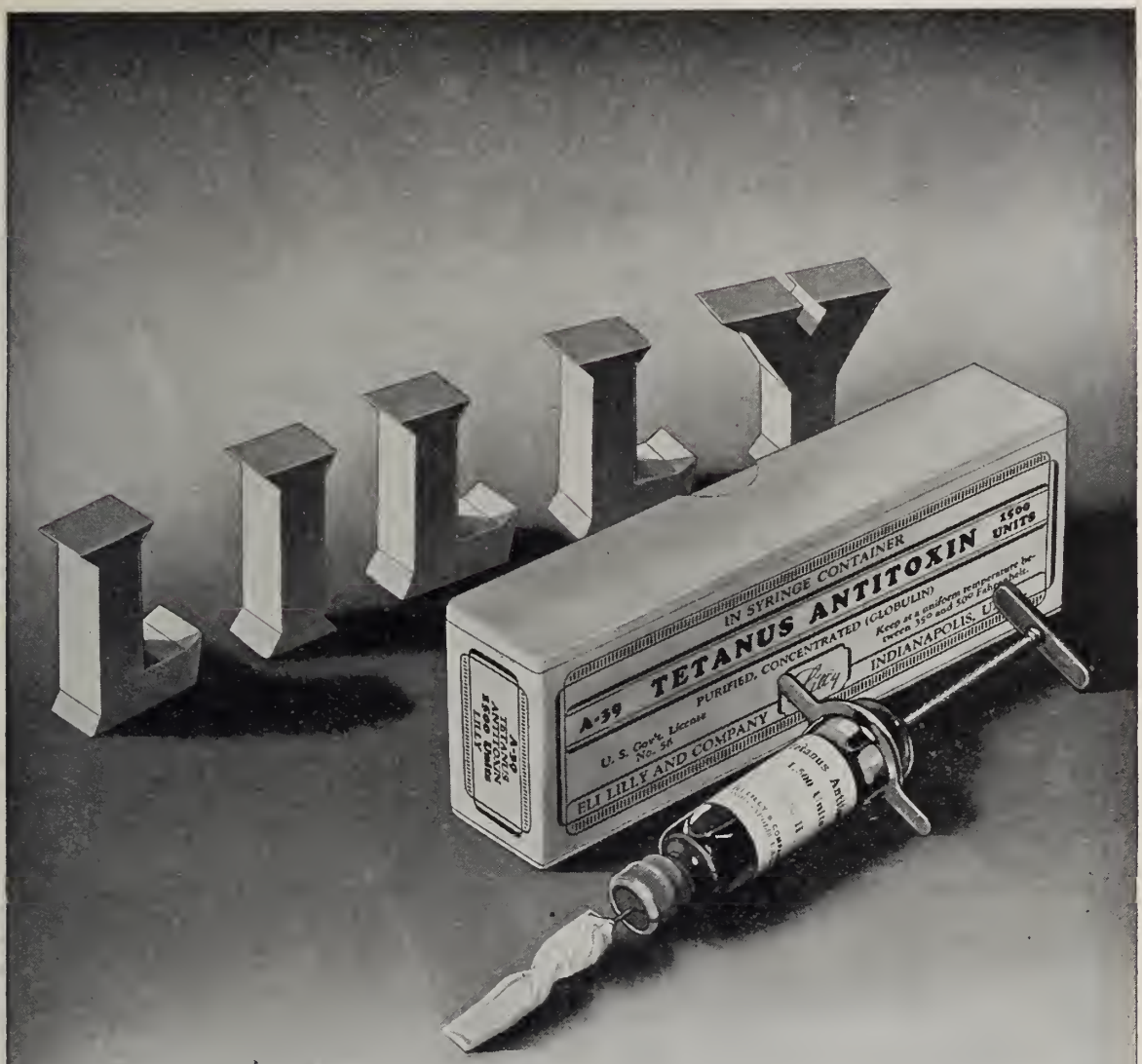
Please send me, without obligation, a liberal sample of BARD-PARKER *Formaldehyde* GERMICIDE.

DOCTOR _____

STREET _____

CITY _____ STATE _____

DEALER'S NAME _____



THERE is a dependable pharmacist near you who is prepared to render prompt service on Tetanus Antitoxin, Lilly. This product is noteworthy because of its potency, its concentration, its comparative freedom from reaction-producing proteins, its low total solids, its clarity and limpidity; and also because of its ready availability in all sections of the country, through the drug trade. Order in syringes, 1,500 to 20,000 units, or in vials of 1,500 units.

ELI LILLY AND COMPANY · *Indianapolis*

ENZYMOL

For Topical Application

Observations of the action of gastric juice outside the body show a usefulness for a properly prepared product of this nature. An example of one of its indications is solution of necrotic and carious bone tissue.

ENZYMOL is an extract of the fresh stomach tissue juice, specially designed for topical application.

ENZYMOL is put up in convenient vials. It requires ordinarily for use, dilution with an equal volume of water; also with hydrochloric acid especially for cases in which this may be desirable—refractory tissue, large cavities, etc.

Originated and Made by

Fairchild Bros. & Foster

NEW YORK

PUBLIC HEALTH — SOCIAL WELFARE MEDICAL ECONOMICS and ORGANIZATION PROBLEMS

With Editorial Comment by D.K.M.

Successful Annual Meeting In Retrospect

All members of the Ohio State Medical Association, and especially those who did not have the privilege and pleasure of attending the Eighty-Fifth Annual Meeting in Toledo, May 12 and 13, will be interested in reading the minutes of the sessions of the House of Delegates and the Council, and the news articles, in which an effort is made to summarize some of the important happenings of the annual gathering, published elsewhere in this issue of *The Journal.*

These summaries of one of the most enthusiastic gatherings ever held by the medical profession of the state are important since they constitute a brief record of activities and achievements of medical organization in Ohio for the year 1930-31. Also, they present some idea of a few of the important questions medical organization faces during the coming twelve months.

The Toledo meeting again forcibly demonstrated that the physicians of Ohio are actively interested in their State Association and realize the great value of medical organization, both from the standpoint of the public and the physician. Also, it again demonstrated that the physicians of Ohio are always willing to make personal sacrifices for the advancement of the ideals, principles and activities of their professional organization.

While the registration figure for this year's gathering was somewhat smaller than that recorded for some annual meetings held in more centrally located cities, the attendance at Toledo, when all things are taken into consideration, exceeded the expectations of the most optimistic. It was encouraging to note the splendid representation from communities in extreme opposite sections of the state, all of whom journeyed many miles to take an active part in the proceedings. Practically every community responded most loyally, indicating that a state-wide unity of purpose and interest in medical organization exists.

Furthermore, the Toledo meeting was a direct refutation of the charge occasionally made that the scientific phases of such gatherings are being under-emphasized. One of the finest scientific and educational programs ever arranged for a meeting of the State Association was presented. Studious and excellently-prepared papers were read. The discussions were lively and interesting. Many new angles on the progress of scientific medicine were offered. All sessions of the scientific and general sessions were well attended. The fact was emphatically demonstrated, at the 1931 meeting, that while physicians, like all other individuals and groups, may have widely different opinions and views on many subjects, they are in absolute accord with the important, fundamental principles and ideals underlying the practice of the best possible scientific medicine.

The spirit shown in the sessions of the House of Delegates revealed that despite differences of opinion, that the objects sought are for the greatest good; that the purposes of medical organization are for the promotion of the science and art of medicine and the protection of public health; that medical education and sound medical laws must be safeguarded; that the profession must be capable and honorable within itself, and that, while physicians should safeguard their own interests, their first interest and duty is service to the public.

The judgment displayed in official action on important issues, denoting thorough study and serious consideration, speaks well not only for the type of physician playing the prominent roles in activities of medical organization, but also for the great body of physicians of the state who selected these men to voice their sentiments and views.

The conscientious, faithful and efficient work of the reference committees who spent long hours in preparing their reports again supports the fact that personal sacrifice on the part of the physician does not stand in the way when the interests of the public, his profession and scientific medicine demand his attention. The same spirit of interest, activity and cooperation marked the work of the Toledo physicians who played such a prominent and vital part in making the meeting an outstanding success. It is no small task to play the host to a meeting of such size and significance. Carefully-prepared plans are essential and their efficient execution necessary. Members of the various committees of the Toledo Academy of Medicine who through their untiring efforts, initiative and teamwork laid the necessary groundwork for one of the most profitable meetings ever held by the State Association, merit the praise and appreciation of every member of the State Association.

Medical organization in Ohio, with its inventory of past accomplishments fresh in mind and its program for the future in substantial form, faces

the future with its ranks in order; its ideals, principles and policies well-defined, and its members united for rendering more and better service to humanity.

Appreciation To The Presidents

Strong leadership, devotion to duty, unselfish service, and splendid judgment, have always been among the chief assets of medical organization in Ohio.

The Ohio State Medical Association, during its eighty-five years of participation in those things beneficial to public health, scientific medicine, and medical practice has achieved much; first, because of the loyalty, collective ability and active interest of its members, and, second, because of the discriminating judgment exercised by the membership in the choice of those to whom have been entrusted the grave responsibilities of leadership.

The farsightedness of the pioneers in organized medicine in instituting the policy of demanding that those to whom the task of guiding the progress of the State Association is assigned must be selected with careful deliberation, and must come from the ranks of those whose ability and competency in all things have been proved, has been vindicated on innumerable occasions. The careful adherence to this sound procedure by the membership year after year adds confidence to the hope and belief that the State Association will continue to play a leading role in all health and medical activities in Ohio.

The eighty-fifth annual meeting, held at Toledo, brought to a close the markedly successful presidency of Dr. C. W. Waggoner of Toledo, whose devotion to his profession, active interest in the maintenance of sound and constructive programs of benefit to the public, unselfish service in behalf of his colleagues, and extensive knowledge concerning the important questions confronting the medical profession, have won for him the respect and admiration of his countless friends within and outside of the medical profession. The success of the annual meeting in his home city was a suitable climax and a tribute to Dr. Waggoner's term as president.

Well-fitted for the important duties and deep responsibilities of the presidency through his long service and active interest in organized medicine, Dr. Waggoner discharged the numerous tasks which confronted him with courage, enthusiasm, and effectiveness. His unswerving purpose to protect the interest of the practicing physician, to keep the practice of medicine on a high plane, to promote that which would protect or improve the health of the people, to insure to them medical service of the highest type, and to combat, without compromise those elements which he believed detrimental to the people and to the practice of scientific medicine, was an inspiration to his colleagues during his tenure of office. Dr. Waggoner's contributions have been abundant and his faithful service in organized medicine outstanding.

Further constructive leadership for the State Association is assured by the inauguration of Dr. D. C. Houser of Urbana as Dr. Waggoner's successor. Modest and unassuming, imbued with the high ideals and lofty purposes of organized medicine, respected by his friends and neighbors as an outstanding citizen and recognized by his colleagues as an earnest and representative physician, Dr. Houser takes over the reins of the State Association at a time when none but a man possessing sterling qualities, broad experience and sound judgment would be capable of meeting successfully the grave responsibilities of the presidency. His thorough knowledge of many of the problems of a social and economic nature, that have grown out of the unrest and confusion of the times, makes him valuable in the position of arbiter and counsel, and fits him well for taking the initiative in endeavoring to solve some of the questions that are of vital importance to the medical profession generally.

Dr. Houser has devoted many years of service in medical organization, as a member of the Council and in other organization capacities, and none has served more faithfully and unselfishly. His constructive and conservative attitude has had a great influence in the solution of many difficult problems for the best interest of all concerned. He has never been known to yield ground to fallacious theories and unworthy purposes, and when necessary, to defend a principle or maintain justice, he has demonstrated militant aggressiveness which obtains results quickly and decisively.

By selecting Dr. H. M. Platter of Columbus as president-elect, the House of Delegates again followed the long-established precedent that none but the best deserve the honor or are capable of meeting the requirements of the presidency.

For many years, Dr. Platter has been a wheelhorse in organized medicine in Ohio, serving as counsel and adviser for many who have found the numerous problems and questions of organization activities confusing and perplexing. While serving as treasurer of the State Association for the past 14 years, Dr. Platter has never confined his active interest in organized medicine to that particular office, but, at all times, has been willing to give his time, splendid judgment and experience to the Council and the various Association Committees. His advice on matters of public policy has been solicited time and time again and found of immeasurable value to those faced with the responsibility of making important decisions on matters involving principles and procedure. His knowledge on questions relative to medical education and licensure, obtained in part from many years of active participation in licensure activi-

ties as secretary of the State Medical Board and as an official and former President of the National Federation of State Licensing Boards, has stamped him a nation-wide authority in this particular field.

Dr. Platter's keen understanding of social and economic problems affecting medicine has made him a most valuable conferee for committees studying these questions. His experience in public health work has given him a broad insight into the innumerable problems in that field of medicine. His modest, courteous, kindly, sincere, gentlemanly and gracious manner, coupled with his loyalty to the ideals of medicine and his unselfish desire to serve in every way possible to advance the cause of his profession and to work for the best interests of the public generally, have marked him a peer among the outstanding citizens of his community, home city and state, and established his ability to serve as a leader among his professional colleagues.

With Dr. Houser at the helm, Dr. Platter ready to carry on, Dr. Waggoner, his predecessor in office, the physicians of Ohio may be confident that the splendid contributions which they have made to the foundations of organized medicine will be preserved and that new achievements and accomplishments will be forthcoming.

Federal Police Force Fallacy

Establishment of a federal police force because of the existence of communists in the United States has been suggested to Congress which now has under investigation the activities of numerous alleged communistic agencies in various sections of the country.

Aside from its doubtful constitutional status, such a drastic proposal embodies, as one member of Congress has stated it, "one of the most violent leaps ever taken toward the complete abolition of all state rights and the ultimate federalization and centralization of government in Washington".

This same congressman, discussing the matter further, contends that the federal police proposal "would tend to the ultimate result that every inhabitant of our nation, including our citizens, would have to wear a badge of identification, giving his name, address, citizenship and past history", and produces the mental picture of the "country being overrun with sleuths and spies, listening at the keyholes, with ears cocked on the street corners, ready to pounce upon and incarcerate anyone uttering a word which might inferentially be antagonistic to our government".

For Congress to give an ear to such a proposal would be like putting the cart before the horse. Before it starts arresting soap-box orators and wavers of Red banners, the federal government had better do a little investigating of some of the less obvious sources of socialistic and communistic activity and propaganda, sponsored by those masquerading in the cloaks of philanthropy, education, and public service, but who are actually undermining the sound principle of personal initiative and individual enterprise, instilling in the public mind the same fallacious theories that have closed the doors of many nations to Red Russia.

As long as some of the paternalistic schemes that have taken root within the past decade are permitted to run rampant, the public will be in a receptive mood for some of the radical theories advanced by the so-called agents of communism.

A solution to the spread of communism is not provided in an increase in the police force of the country. There must be a readjustment of economic, social and governmental functions; a return to the wholesome idea that most individuals can and should provide a living for themselves if given proper and suitable working conditions, and that the state's duty is to aid only those who are found to be unable to care for themselves and their dependents.

Knowing the Social Body

With the rapidly expanding knowledge within the precincts of the medical profession, the busy, hard-working physician often finds it a gigantic undertaking to keep abreast of the great advances being made by scientific medicine and the frequent modifications in the whole system of medical practice.

Because they find themselves rushed to keep step with the progress being made by their own profession, many practitioners are inclined to exert very little effort toward learning more about some of the activities of a social-economic nature which are going on about them and creating problems and questions that have a vital and important effect on public health and the practice of medicine.

That it is necessary and important for every physician to keep himself informed on the economic and social changes that are taking place, through diligent reading of current literature and the study of the new theories being constantly advanced, is emphasized by Dr. J. Bayard Clark, writing in the *Journal* of the New York State Medical Association on, "What May the Doctor Gain by Discretion in Reading?"

"Shut in, as the busy practitioner frequently is, by the multifarity of his own pressing professional activities," writes Dr. Clark, "he often does not see what is going on beyond the narrow confines of his own horizon; he feels the pressure but he fails to sight the activating agency, over the way, at work.

"In his busy caring for the physical body at

hand he is prone to lose sight of the social body just yonder. He does not always realize that what the social body is doing beyond may be the very thing that is making the physical body, he is dealing with, so difficult a matter to serve justly and well.

"It is quite necessary for the medical man to know the social body as it is for him to know the physical body if he would keep his place in the former and do his full duty by the latter. It is quite necessary for the good doctor not only to know diseases, but to know men. He must study not merely their physical processes, but the motives that guide them and the problems that beset them. These things he must know if he would see clearly and as a whole the civilization men have made, and of which he himself is.

"At present the physician shows signs of not realizing at all what the leaders of our present social order have in store for him. It seems to be escaping him entirely that the social body in its industrial dress is discovered in him a very useful and profitable tool which is highly desirable from a financial point of view to have incorporated with its own erstwhile activities. That he forfeits his own individuality and communal influence built up through the ages and through no self-seeking motives, is to the corporate interests of small concern.

"The physician, above all others, if he is to follow the high ideas of his professional past and meet the high ideals of his professional future, should know with great accuracy just what the social body outside his small professional sphere is doing, if he hopes to protect his personal as well as his professional being. And he may not expect to accomplish this without an intelligent selection of his reading. His sources of information need to be sound and authentic.

"The truth is, be it said to our professional chagrin, that all too often the medical man, for want of a little system, allows his life to become so involved in a round of unimportant activities that he has no leisure in which to acquire a broader wisdom and perspective. He ceases to be a citizen of the world. Rumors float about that all doctors will be absorbed in a vast scheme of state medicine. They will be hired and fired like any other government employes. On the first of the month they will receive their pay envelopes like the rest.

"It is time that the medical profession made a careful individual study of just what the social body outside its gates is aspiring to. If need be, the medical man should lay aside a portion of his other interests to acquaint himself with the rapidly moving and astonishing events of his own times and, on behalf of that welfare of which he alone is the capable custodian, stand ready to protect those traditions of large social value upon which he is nurtured."

A Court Orders An Operation

Unusual public interest was aroused recently throughout the East in a decision handed down by a Brooklyn judge in which he ordered a mother to permit her 13-year-old son to undergo a life-saving operation.

An adequate picture of the situation is presented in the *New York Times*, which said:

"The ruling in which Justice Peter B. Hanson of the Brooklyn Children's Court, forced a mother to permit her son to undergo a life-saving operation was strongly approved yesterday by Dr. Edward Fleming, president of the Queens County Medical Society.

"The court's decision revealed that a 13-year-old boy's life had been saved by an imperative operation which his widowed mother had refused to allow because she felt she had no right to complain 'if the Lord called upon her to give back her boy to Him.'

"Justice Hanson invoked an old statute which declared a child whose parents refused it necessary medical and surgical aid in spite of necessity was legally 'neglected.'

"The boy was operated on in a Brooklyn hospital and is now said to be on his way to recovery. During the trial five doctors had testified that the operation was imperative.

" 'The ruling obviously was the only rational one possible from a medical and sociological standpoint,' Dr. Fleming said. 'The other, a lay person, had no scientific nor medical knowledge. The five doctors who testified naturally knew more about the necessity of the operation than the mother. She was apparently ignorant of the actualities of the situation and in her ignorance almost lost her son's life. She was laboring under a misapprehension.

" 'Justice Hanson is to be congratulated. The subsequent outcome proved the justification of his decision. It is hoped that this case will set a precedent upon which future similar cases will be decided.

" 'Lay persons with no training such as the highly trained physician of today possesses can hardly be in a position to determine what can and what can not be accomplished by surgery.' "

Two lessons may be learned from this situation by the medical profession generally. First, every physician before he orders a specific treatment must be definitely, or at least reasonably, sure that his diagnosis and therapeutics are logical and correct. Second, the physician, once consulted, must see that what is manifestly necessary in any case is thoroughly and promptly put into execution.

In the final analysis, the Brooklyn case emphasizes the serious and grave responsibilities that rests on the shoulders of the medical profession.

Annual Address of the President

C. W. WAGGONER, M.D., Toledo

IN presenting this address I have taken into consideration the many subjects that have been stressed many times before on similar occasions and have therefore taken, as a matter of course, that these old subjects are very familiar to all of you.

The vision, comprehension, integrity and all the other sterling qualities of the officers of the past you all well know.

The decisions, conduct of business and all the numerous activities of council and committees, have been regularly recorded in *The Journal* for your consideration and information.

Whatever has been done, has been done for the continued progress of organized medicine, both from a scientific and economic point of view.

In the year, coming to a close, there has been a session of the State Legislature, a session marked with much consideration given to many problems, and as usual a large number of these problems had to do in some way at least with the practice of medicine.

Unless one is familiar with the many and diverse questions and influences which are presented during such a legislative session, he cannot appreciate the great amount of work and time necessary to try to mould and direct sentiment and opinion.

The work of directing attention to, and endeavoring to inform the legislators falls to the

COMMITTEE ON PUBLIC POLICY

Under the able leadership of Dr. John B. Alcorn, assisted by the other members of this Committee, Drs. J. H. J. Upham and H. S. Davidson, much was accomplished, in fact up to the time of this writing nothing that has been enacted by this legislature can be construed as affecting detrimentally the practice of scientific medicine, and public health.

If I failed at this time to give credit to the three associate members of this Committee, I should indeed be derelict in my appreciation, for men like Drs. C. W. Stone, A. H. Freiberg and L. L. Bigelow, who in the past have demonstrated their ability and enthusiasm and who so willingly consented to continue their services and support, will always remain leaders and wise counselors.

All of the credit must not go to the Committee on Public Policy, for each year we find more contacts being made by local Legislative Committeemen and more intelligent and constructive work being done "back home", so that at least some of the preliminary information of constructive character has been given to legislators before they leave their own communities, for which of course credit must be given to the honest, conscientious physician who acts in this legislative capacity.

MEDICAL ECONOMICS

In the past year this Committee has done a great deal to fortify the practicing physician against the inroads that were being made by many and varied influences and agencies.

The many economic questions that arose during the year were handled with judgment and reason. Dr. J. Craig Bowman is chairman of this committee.

MEDICAL DEFENSE

It is rather a sad commentary that one per cent of the doctors of the State are being sued for damages or a threat of law suit is now being made.

Another fact may be determined by analysis and that is that the vast majority of all damage suits are brought by so-called charity cases.

This fact is further emphasized by the increase in these so-called malpractice suits during periods of economic depression.

I can only suggest as has been said many times before that if a closer cooperative spirit was manifested in the relationship of doctors, much of this nefarious practice would never come to pass.

Dr. J. E. Tuckerman, chairman of this committee, by his experience and judgment, has qualified as an expert in the handling of these cases, and the members of the Ohio State Medical Association are indeed safeguarded by such an able leader with his committee.

FINANCE

No where, under similar conditions, may individuals receive as much for their money as a membership in the Ohio State Medical Association affords. It is not necessary to enumerate the privileges, information and protection such membership gives. Suffice to say that all the many expenses are taken care of and an amount is accumulating for future use.

The Chairman of this Committee, Dr. S. J. Goodman, has always been faithful to his trust and has applied business principles of an exact order to the conduct of Association affairs.

EDUCATION AND HOSPITALS

As the conduct of man and his care evolves, there come about certain changes, and none are so apparent as the direction of medical education, conduct and distribution of hospitals.

With a billion and a half dollars invested in 7000 hospitals in the United States in which are 900,000 beds, 700,000 of which are occupied all of

Delivered at the 85th Annual Meeting of the Ohio State Medical Association, Toledo, at the annual banquet, Commodore Perry Hotel, Tuesday evening, May 12, 1931.

the time, one must realize the importance of this problem.

This Committee is composed of intelligent members with an able and experienced chairman, Dr. Ben R. McClellan.

PUBLICATION

One of the principles involved in publishing anything is to make the article published readable, the next principle is to select readable articles that treat of subjects that are of constructive interest to the greatest number of people.

When such articles become the medium of an organization by which is expressed policies, information as to general and personal activities, also scientific matter, then we may realize how much care and knowledge must be exercised in bringing our *Journal* to the high position it occupies in the State and Nation.

This important Committee has performed its many duties well and deserves our commendation. Dr. Andrews Rogers is chairman of this committee.

SPECIAL COMMITTEES

I cannot too highly express my appreciation to the Committee on Constitutional Conformity, Drs. Freiberg, Cummer and Shanley. The details involved in considering and comparing the many proposals and forms submitted demanded much time and untiring effort. This Committee has done an amount of work in the study of the different constitutions submitted by the many local organizations, that only men of a wide knowledge of medical organization could accomplish.

THE COMMITTEE ON MENTAL HYGIENE

This field seems to offer very fertile ground for so many different and varied activities, so many groups and fancifully inclined personages seem to always be discovering new mental spots or horizons and chasing these "dreams" across a place that has no boundary and no permanency, but while the vogue is on, to confuse otherwise very intelligent people.

When one considers the potency of some of these teachings in the production of mental chaos, from which long periods are required for recovery, then we may realize the importance of the work which must be done by such a committee.

This Committee has never failed in its attempt to bring about satisfactory and intelligent cooperation between the many elements of worthwhile endeavor and also to eliminate from serious effect those other activities that are always detrimental to progress. Dr. C. W. Stone was chairman of this committee.

COMMITTEE ON PERIODIC HEALTH EXAMINATIONS

In all the criticism of organized medicine, perhaps none stands out quite as much as that which endeavors to prove that the doctors are not sufficiently enthusiastic in impressing their patients with the great need of a general physical examination at least once a year.

This Committee, Dr. B. J. Hein as chairman, in the past year has functioned very well in working out a program for doctors to follow and one which aided the public in understanding better what these examinations meant in prevention and early detection of disease.

MILITARY

Of much importance always, as society is now constituted and will be for some time to come, is the fitness of men physically and mentally. Not only training but mental attitude becomes a factor in the service of men in military duty.

This committee, Dr. H. H. Snively, chairman, has been ever alert to possibilities of the future and is keeping well in hand and before the public the formation of a well organized and well trained personnel in Organized Medical Reserve Corps and adequate medical units in the Ohio National Guard.

THE JOURNAL

In discussing what the *Journal* means to the doctors of the State and to the general public, I cannot too highly praise the character, the spirit, the enthusiasm and the knowledge of fitness of things that are a part of the men whose work produces *The Journal.*

I have recounted most of the many activities of the Ohio State Medical Association in rather a brief way. I have mentioned the many committees and what in general is done by them, but what a small part I have told and what an inadequate description this has been when you consider the material that appears in *The Journal* each month.

If we would assimilate just this information in each issue, we would have a fair working knowledge of medical progress in many of its phases.

It is not necessary to sum up all I have said about the activities of the officers and members of the Ohio State Medical Association. I would indeed be unappreciative if I did not express my sincere thanks to all who so ably assisted me during my term in office.

To our Executive Secretary, Don K. Martin, I wish to express my very sincere appreciation and thanks. No effort of any kind was too much for him to make, if by so doing, work was facilitated and the best interests of all concerned were made more effective. In the organization detail, in correspondence, in our publication, in committee functioning and in legislative activity, of the kind that protects the people and safeguards the doctors, his efforts are uniformly effective.

The Ohio State Medical Association functions in a number of ways for the best interest and protection of every one. I am sorry to say that some of its motives are not understood, some of its principles proposed are misconstrued, and the effect of many of its accomplishments are never given a proper place in social economy. This of

course cannot always be helped, for underlying all the activities, is a premise centuries ago established, that a "code" should control the conduct of the men engaged in the practice of medicine, and this "code" founded by and serving as a guide to religions, became then a rule of conduct and now becomes the ethics which help to safeguard the relation between physicians and protect the public.

No social law or rule of action is more criticized by those who do not understand than this our code of ethics.

Why does following a moral obligation, a human duty cause such a vast amount of criticism?

The question may be answered I think as follows:

First—ethics as we understand these rules are very old. Few professions and no trades have such, and if they have, are very recent. The ethics of newspapers are less than a century old. The radio as yet seems to not even know what these obligations mean, and thus I might enumerate the many phases but what I have said will suffice.

Second—men do not understand why we do not rush into publicity, why we do not advertise.

Here I think is found another answer, at least one of the important reasons why we adhere so closely to this old rule of conduct and why we will do so until a new and safer one is found.

Does the advertised product fulfill the claims of the advertiser and is the public safeguarded when following the advertiser's suggestions?

This might be answered when considering products not medical, as well as medical, but time does not permit.

Recently a mouth wash or two was analyzed and it was found that very few of the claims made by the producing companies were true and on examining the financial report of one company, this striking fact was brought out: In 1920, without advertising, about $115,000 was taken in and in 1930 when $7,000,000 was taken in, $5,000,000 was the cost of advertising.

Abernethy, accosting a rich and famous quack, said: "Sir, you are no surgeon. You swindle the public. You deceive your patients. You are totally ignorant and utterly unscrupulous, and yet, you live in a palace, ride in a chariot, and actually smell of wealth. I, John Abernethy, surgeon of London, an operator, a student, an author, I, who strive to be an honest and conscientious man, must live in a humble abode, must walk my rounds, and only by the hardest work do I make a bare living. Why are these things?" The quack said: "Mr. Abernethy, yonder is London Bridge, how many people think you, cross it in a day?" and the surgeon answered, "I do not know, perhaps a hundred thousand." The quack responded. "And how many of them are fools? You, Mr. Abernethy, attend the wise men; I attend the fools."

No man condemns any high type of commercial advertising when properly controlled and proper information is given to the public, but the practice of medicine, always willing to give helpful information in a general manner, must not yet attempt to encourage indiscriminate publicity.

RADIO

By means of the radio, the American Medical Association, many states and local organizations have given much information to the public in matters pertaining to disease and disease prevention. This seems to be an effort in the right direction, but inasmuch as this is an educational plan sponsored by organized medicine and given for the benefit and protection of the people, why could it not be conducted so as to eliminate the individual speaker's name.

A vast majority of the public of a community is not especially interested in who the speaker is; the subject matter is the important thing. This may not be true if the presentation is a national one, but here, too, care should be observed.

NEWSPAPER ARTICLES

Many medical organizations have articles prepared for publication in daily or weekly newspapers. There is a difference of opinion as to the effectiveness of these articles as regards public education.

ADDRESSES TO THE PUBLIC

Any effort that will cause the public to become more careful in preventing disease and in consulting a physician early, when something seems to be wrong physically or mentally, is a laudable attempt. But always care must be taken so that in these efforts there is not destroyed the harmonious functioning of the organization that should be responsible for this work.

I think that this work, too, should be done by someone who could in no way be interested in his own advancement economically.

PUBLIC HEALTH

Prevention of disease, of course, is recognized as a major activity and is one of the principles upon which is built the successful practice of medicine.

Every good doctor is very much concerned about serious epidemics and incurable diseases and is doing all he can to prevent these. He is also interested in the departments of health that have to do with educating the public and enforcing regulations in the control of communicable disease. Thus we find him exercising and applying his knowledge both in prevention and cure.

The above analysis will I think show us at least one thing and that is, that to be effective, there must be the closest cooperation between the practicing physician and health departments.

Lack of cooperation has made many a department of health practically useless and will continue to do so until the lesson is learned.

CULTS, SECTS AND ISMS

This problem is always before the profession and public for solution.

It seems as though no sooner than one such cult or so-called special practice is eliminated than one or more springs up to take its place.

A few years ago osteopathy called all medicinal agents poison, etc.; today, this same group is trying to get through the "back door" into the practice of medicine and desires to be allowed to use all the medicines and methods the regular practitioner of medicine uses. Of course, they want to establish schools of their own to teach these subjects.

In the last four years only 60 chiropractors were licensed in Ohio.

Christian Science has reached its peak and now dissention at the head threatens to weaken and destroy what sooner or later common sense would have done anyway.

OUR PROFESSIONAL CALLING

Does a professional life offer any inducement to a young man?

In this machine age when a man is through at forty-five, when after long years of toil and many times self denial, he finds himself not yet old but out of a job, not fitted for anything else, the question becomes important. This man perhaps has not accumulated sufficient funds to maintain himself, and he now becomes potentially at least a public charge. This brought about by an economic system, the single industry system under the control of one man. I can only answer that any training that will prepare an individual for a future that will give him a place in a competitive plan where his individuality and ability will count, he, at least, will have a chance.

It is the solemn and imperative duty of a physician to give to able and worthy young men a chance to become physicians. He should train them—weed out the unfit—stimulate and encourage the fit—stand by them till they can go it alone. Next to a good name there is no heritage I would so much like to leave as a group of fine young physicians to whom I had had the good fortune to open the doors of opportunity. Think of the benefit to humanity of such a heritage. Think of those men remembering the man who helped them with enduring affection. Could anything be finer? I venture to say that any physician is as proud of nothing in his career as that of having brilliant men he trained and started on the road to eminence.

We know that some economic readjustment is taking place, perhaps must take place, the results of which we cannot yet comprehend, but with this all going on about us, we find some changed attitudes in some of the men and women who for many years were taking for granted that they could save the nation by making one profession "pay the freight".

There is a change coming over some of these people and as the fear of a general alarm creeps upon them, they seem to sicken and try to blame the "other fellow".

Mr. Uplifter, Mr. Reformer, you have always been selfish and unreasonable, and in that way have made the mistakes of the world; it may not be too late for you now to eliminate yourself entirely.

Periods of economic depression come every now and then and with these depressions come the hysteria and mental tangents that work such havoc to our whole social system.

Someone has said:

"Hereafter I shall pay no attention to carloadings, bank clearings, crops or commodity prices, I shall concentrate on just one indicator—the rise and fall of fools.

"When I look about me and see young men, half my age, driving high-priced cars, leaving their offices at three o'clock in the afternoon, boasting that they made twenty-five thousand dollars last year, and exchanging tips good for a thousand dollars over the week-end; when I see boys rolling in money, boys whom I wouldn't hire to wash the rollers in my printing plant—when that day comes around again, I shall rush to my bank and sell every share of stock I own.

"Because, God never intended that fools should make a better living than honest workers. Whenever a situation arises in which they do, I know that it is contrary to the fundamental laws of the universe and cannot last."

At such times pensions, insurance plans and every conceivable kind of proposal is put before the public and legislative bodies for adoption.

Communities raise a large amount of money for purposes called charity, each year it being actually necessary to increase the amount of money raised, forgetting that charity is not charity, unless it tends to eliminate itself, and if it does not eliminate itself, it becomes a "dole".

The medical profession, always being first to help those in distress, does not criticise any activity that helps the deserving, but is striving, with the men and women who understand, to reduce to a minimum by sane methods a condition or dilemma that always has been with us and always will be, so-called charity.

In attending meetings and reading the public press, we are sometimes astounded by the importance that is given to certain men and women who have assumed the role of prophets and authority on all subjects. If we investigate, we many times find that such a man is the head of some factory and by his own work, but many times more by the work of the men he hired, he has become very wealthy and it seems that the more wealth the individual accumulates, the more he is given to adjust the world, not alone economic problems but science and religion are all within the domain of his comments and criticism.

These same precedents, I am sorry to say, have many times been assumed by well meaning but misguided persons other than those last mentioned. Groups or associations are formed to carry on a certain kind of work. In a few of these groups we find the most active members are not even familiar with the fundamental principles of the high scientific bodies with which they meddle, but it seems that they must do something to justify their existence and so they carry on.

I think that we are justified in the claim that if Organized Medicine had less destructive interference from the outside, greater progressive movements would be made.

Scientific medicine is being recognized more as time goes on as the greatest saving and stabilizing force in the world, and though it is assailed by all the elements of unrest, will survive.

Organized Medicine is for the prevention and cure of disease, as well as the economic protection of the people and the doctors.

It must be understood that Organized Medicine is fundamentally sound, is unselfish, humanitarian, altruistic and scientifically progressive.

There must be no compromise with any force, for in compromise there is defeat.

We need leadership of the kind that leads fearlessly.

Leadership—political, economical, and scientific, that has had the experience and has the tempered judgment of age, but still retains the enthusiasm and courage of youth.

"As we meet and touch each day,
The many travelers on our way,
Let every such brief contact be
A glorious helpful ministry."

Individual, Co-operative and Group Medicine

Inaugural Address of the Incoming President

D. C. HOUSER, M.D., Urbana

It is not an easy matter to choose a subject as a basis for an address, on an occasion like this, as about all phases of organized medicine have been extensively discussed in the last decade.

It is not my thought that I will be able to bring to your attention anything new or original, but I hope to say some things in such a way that you will, at least, give them some consideration.

I have chosen as my subject: "Individual, Co-operative and Group Medicine".

Individual practice of medicine of an earlier age was largely the service rendered by the individual practitioner without the aid or assistance of other physicians. At the present time, even the most individualistic practice includes and requires consultation with other physicians and the reference of patients to specialists.

Co-operative practice may be defined as a modern development of professional relationship through which physicians, by the interchange of facilities, through the development of mutual assistance, such as those located in the same or neighboring buildings, or attached to the same hospital staffs, promote the same end, i.e., the alleviation of suffering and the cure of disease. Even in such co-operative practice, each physician works more or less independently, establishes his own fees, and makes his own collections for services rendered, not on a partnership or specialized clinic practice basis.

Group practice may be defined as that arrangement wherein several physicians, usually specializing in separate branches of medicine, are united in a partnership or clinic, usually with proportionate interests in property and with an arrangement for a proportionate distribution of income from services rendered.

Individuals have administered aid to the sick since the dawn of civilization; however, but little was known about disease in ancient times. In fact most people of that time believed that sickness or indisposition was due to some sin which had been committed by the one afflicted or by some relative. The sick person possessed of an evil spirit, visited some healer, who had the supposed power to relieve him. As time advanced individuals began treating the sick with various concoctions of crude drugs.

Time advanced and more and more was learned about drugs and other methods of treatment.

It is not my intention to trace the development of medicine from its beginning by naming the advances made in the perfection of drug and other modes of treatment down to the present era. Time would not permit, and it would be presumptuous for me to recite the history of the development of medicine to an audience like this. Medicine as you well know, was old in the days of Hippocrates.

Its beginnings were lost in the dim pre-historic period of the Greeks, but in that intellectual period of Grecian life when Phidias carved his magnificent sculptures; when Sophicles and Euripides wrote their immortal tragedies and Aristophanes his comedies; when Socrates and Plato represented philosophy and Herodotus and Thucydides recorded history, medicine could hardly have remained at a standstill.

Delivered at the 85th Annual Meeting of the Ohio State Medical Asociation, Toledo, at the annual banquet, Commodore Perry Hotel, Tuesday evening, May 12, 1931.

However, it is my intention to call to your mind the tremendous developments and progress which medicine has made, and remind you that individualistic practice of medicine is being replaced more and more by co-operation in practice, and incidentally to prophesy that if co-operative medicine does not remedy the economic conditions confronting physicians today, then we may expect complete State Medicine to be developed.

The health of a people is one of the prime objectives of civilization, and some system whereby the best medical and surgical attention can be given *to all who are ill* probably will come eventually. Salus populi suprema est lex. (The welfare of the people is the supreme law.) The nation may shape its health problems if the medical profession does not do so.

The discovery of antisepsis and anesthesia has enabled the surgeon to make rapid advances until almost every part of the body can now be safely approached. Clinical medicine, by more accurate diagnosis is able to prevent disease, and reduce morbidity and mortality.

Virchow, Cohnheim, Ludwig and many others, by the aid of the microscope, placed physiology and pathology on a rational basis.

The discovery of the specific cause of tuberculosis led no doubt, to the study of serology and the first great contribution in this field was diphtheria anti-toxin in 1895. The discovery of the Roentgen Ray in 1896 made possible the study of anatomy, and today, when we think of the numerous fields in which the *X*-ray can be used, we are made to wonder how we ever practiced without it.

The nineteenth century gave to us the birth of public health and preventive medicine naturally followed. Today millions of dollars are expended each year on public health and preventive medicine. Numerous diseases have been almost entirely abolished and scores of others rendered less severe.

Volumes have been written on the developments, discoveries, and inventions pertaining to medicine. It is a far reach of the imagination from the present physician, with his modernly equipped office, containing all the necessary means for diagnosis and treatment, to the physician of even a quarter of a century ago, whose office consisted of one or two rooms, poorly furnished, dimly lighted, perhaps none too clean, containing a few chairs and a table, on which might be found a magazine or two, which had seen better days. He drove over the country with a horse and rig, and was able to carry with him about all that was provided by medicine in his day. He attended the rich and the poor, no call was left unanswered; he was very proficient in clinical symptoms and was able to make diagnoses that seemed almost uncanny.

But the time has passed when the physician can live an isolated life, take no part in medical societies, buy no new text books, take no medical journals, do no post-graduate work or visit none of the clinics in the larger cities. In fact, the successful physician of today is thoroughly awake to all the problems confronting the medical profession.

The numerous inventions and discoveries in medicine have naturally led to specialties, until at the present time one or more specialists may be found in any city of any size in Ohio. This in my opinion is as it should be. The honest, conscientious specialist of today is one of the great advances in medical science. No physician can be proficient in all lines of medical science and art. "Non omnia possumus." (We cannot do all things.)

A fable that comes to us out of an unknown antiquity, states that in the beginning the Gods divided man into men, in order that man might be more helpful to himself. Just as the hand was divided into fingers, the better to answer its ends. Emerson in his American Scholar says: "This old fable covers a doctrine ever new and sublime; that there is one man, present to all particular men only partially or through one faculty; and that you must take the whole society to find the whole man. Man is not a farmer, or a professor, or an engineer, but he is all. Man is minister and scholar, and statesman, and producer, and soldier and physician. In the divided or social state these functions are parcelled out to individuals, each of whom aims to do his part of the joint work, whilst each other performs his. The fable implies that the individual to possess himself, must sometimes return from his own labor to embrace all the other laborers."

Not so many years ago, each individual physician was qualified to render to his patients about all that was known in the way of treatment and diagnosis. I need scarcely remind you that such is not the case today. The physician of today is divided into many physicians in order that he may better serve mankind. He is not surgeon or internist, or roentgenologist, or bacteriologist, or gynecologist, but he is all, and in the divided state he must do his part of the joint work. It is imperative then that we return from our own labors to embrace all the other laborers, in order to learn what our part is.

We are forced to remember that any profession is as strong and outstanding, as a profession, as its weakest members and not as its strongest members. It behooves us then, in the coming years to pay particular attention to the weaker members in the medical profession and endeavor to correct them or at least render them less weak.

The doctors of the State of Ohio have passed through two periods in the State's development, viz: horseback period and buggy period, and we are now in the automobile period.

In the horseback period the roads were bad, in most places, mud roads only, some places the roads were mere trails. Every hamlet and village had



D. C. HOUSER, M.D., URBANA

President of the Ohio State Medical Association for the year 1931-1932

one or more stores, which were trading centers. These stores kept for sale everything needed in the community, hence were known as general stores. In each of these hamlets and villages, a doctor was located, sometimes more than one. The doctor was the big man in the community for he did all that was to be done, and all that was known at that time. These community stores and doctors are practically all gone.

The buggy period saw most of the mud roads, improved by grading and graveling. Stores began to specialize. Some general stores remained, but there were added other stores, viz: hardware, grocery, dry goods, drug stores, etc. As the roads became better, the people were able to extend their horizon.

The automobile period or present time is experiencing a great change in roads. Hard surface roads are seen almost everywhere now, and millions of dollars are being expended each year on new roads and upkeep of the old roads. All class of trade is being centralized, i.e., the people are going to the cities to buy. What has happened to the physicians in hamlets, villages and small towns? Many people are going to larger cities for medical services, especially those who have money. This leaves a greater per cent of those who can not pay in the rural sections.

The rural physician's income has greatly decreased until it has become difficult for him to make a living, and in many instances he has moved to a larger city. Likewise the people are going where they think they can secure the best services. Tempora mutantur, et *nos mutamur* in illis. (The times are changed and we are changed with them.)

Is there any remedy for these conditions? During the horseback period, buggy period, and up to the present time, (the automobile period) in the rural sections the practice of medicine has been mostly individual.

Imagine a town of fifteen hundred people, having a rural radius of about six miles, good roads in every direction, excellent farming community, up to date stores, all streets paved, water works, sewerage system, electric lights, four doctors. Let me tell you about the doctors. Each doctor maintains a separate office, has an *X*-ray machine, diathermy, violet ray and other up to date appliances. They are all splendid physicians, attend society meetings, take several medical journals, buy new text books, do post-graduate work.

Do they hold the medical work in their community? I would say that they do about 80 per cent of the work in their community, and receive about 50 per cent of the money expended for medical care. They are barely making a living. What is the remedy for the physicians of this town?

I would suggest as the answer—co-operative instead of exclusively individual practice; all located in the same building, central waiting room with attendant, one *X*-ray, one diathermy, one violet ray and one of all other up to date appliances instead of four. Let each doctor subscribe for two or three medical journals which treat different subjects; each buy a different medical book. Have a library in the building; hire a technician to take care of all *X*-ray work and other physical appliances, also do simple laboratory work, such as blood count, urine analysis, etc. Country calls may often be attended to by one physician, when in the same direction from town They should consult together freely, forget all petty jealousies and remember that the people, your people, are demanding the best from you at all times.

Co-operative practice, as described in this town of fifteen hundred, may be applied to all other towns and cities of the state. I have purposely avoided, up to this time, mentioning practice in the larger cities, because much of the medical work is now co-operative or group practice of some sort.

Most specialists of the cities do co-operative practice, and most of the general practitioners do co-operative practice. Why should the doctors of rural sections and smaller cities continue to do strictly individual practice, instead of co-operative?

The clinics of the larger cities are forms of group practice concerning which type of business or commercial organization much has been said in the past few years. There seems to be considerable difference of opinion among members of the profession, as well as among the public, on the development of clinic practice, especially the clinics which are organized frankly for profit. New questions have developed for which the medical profession may be required to find answers in the near future. Among these questions may be listed: What effect are such clinics having on medical practice? How do the people value them? Are they an asset to the profession or the public? Are they increasing in numbers and influence? What good, if any may be expected from them? What are the objections to them and how are they to be overcome?

Of course difficult and serious cases must have the advantage of specialized knowledge.

I am of the opinion that if the rural communities were well organized in co-operative practice, a great many of the younger men would locate in smaller cities.

Complete State Medicine which destroys healthy and friendly competition and pauperizes a people will stand less chance of being adopted, if co-operative practice is more largely instituted throughout the state.

It is true that a large per cent of the practice of medicine will always be individual, but co-

operative organization would certainly be a great help, especially economically.

"Aristotle was right when he said that 'Incredulity is the source of all wisdom.' We should think for ourselves closely, carefully, patiently and independently upon everything that may come under our notice, that may be at all cognate to our profession, and never be satisfied that we know enough about anything so long as anything about it remains unknown. Take nothing for granted that may seem inconsistent with correct reason or established facts, simply because someone of acknowledged authority may have said it, and reject nothing as unworthy of our investigation on account of its apparent insignificance, or because it does not seem to square precisely with the preconceived theories of the faculty. In short, the man who makes himself truly great in any calling is the one who has sense enough to know a good thing when he sees it, and decision of character enough to make it useful whenever he may find it.

"Whatever we may accomplish, however, in our professional career, we should make up our minds not to be surprised to find ourselves deprived of much of the credit that may be justly due us. In our profession as in all others,

" 'Full many a flower is born to blush unseen,
And waste its sweetness on the desert air;'

while on the other hand, full many a name shines upon the envied page of history, with a borrowed light to which it is not entitled, and which its owner himself would not pretend to claim."

(J. A. M. A., J. Proctor Knott, Governor of Kentucky, October 4th, 1890.)

Appendicitis In Children Under Thirteen Years of Age

R. M. WATKINS, M.D., Cleveland

INTRODUCTION

According to Gerstley[1] appendicitis is the commonest surgical disease of young children. It is with this thought in mind, that we are presenting a somewhat detailed analysis of 111 cases of all types of appendicitis which are recorded in the files of Woman's Hospital, and which date back to include the year 1924. Since it was necessary to choose an upper limit of age arbitrarily and from the pediatric point of view, the series includes all patients up to thirteen years of age. Several of these patients the writer has had an opportunity to study.

These patients had to be grouped with regard to the type of pathological change present. It was necessary to choose a classification which would fit properly the appendiceal picture both from a clinical and a pathological viewpoint. These groups are therefore called "acute simple", "chronic", and "acute suppurative".

Definition. The term "acute simple" refers to that group known clinically as acute appendicitis, in which the attack is of short duration. "Chronic" in this nomenclature is used with reference to those cases commonly examined and operated upon between attacks. "Acute suppurative" designates that type often referred to as gangrenous, necrotic, or suppurative appendicitis in which perforation and abscess formation were or were not present. There was present mild to marked peritonitis in all cases.

According to Dr. B. S. Kline, hospital pathologist, acute simple appendicitis presents microscopically a picture of varying degrees of inflammation and edema of the organ with serum, fibrin and leucocytes present. The chronic type is that with some increase in connective tissue, the cell infiltration being of predominately mononuclear character, all of varying degree. Acute suppurative changes show an intense infiltration by pus cells of one or more coats of the organ with destruction of fixed tissue. If gangrene is present not only is the inflammation more severe, but also there is necrosis of fixed tissue and exudate. Some of these show rupture, and some do not. There is always more or less periappendicitis present.

Our series comprises 38 cases of the acute simple, 54 of the chronic, and 19 of the acute suppurative types.

ANATOMICAL DEVELOPMENT

During fetal life the appendix and cecum descend to occupy the normal position in the abdomen. Occasionally there is some failure to descend completely and the appendix lies relatively higher in the child than in the adult. Variation of its position is great, but the base almost always lies near that area known as McBurney's point. The organ may lie behind or in the wall of the cecum or in the pelvis; it may touch the bladder or ovary, or extend up towards the renal fossa. It is usually relatively larger than that of the adult with thinner coats and ordinarily has a funnel shaped mouth which drains easily.

The nerve supply is from the abdominal sympathetic system which transmits stimuli to the spinal roots of the same segment.

(From the Medical Department, Woman's Hospital).

ANALYSIS OF CASES

There has been made no effort to consider our series of 111 case records with regard to the finer details of symptoms, signs and laboratory findings. Occasional records contained these more unusual details but they were so inconstantly found that it was not worth while to summarize them. Therefore, we have analyzed this series with regard to its major features in which we could get nearly complete information. These considerations are grouped under the headings of age incidence, sex incidence, etiology, symptoms including pain, vomiting, constipation, and physical signs including temperature, pulse, rigidity, distention and tenderness, together with laboratory findings such as leucocyte counts, urinalyses, and finally, complications, type of operations, and results.

	Acute Simple	Chronic	Acute Suppurative
Measles	20	22	1
Pertussis	7	13	3
Bronchopneumonia	5	3	1
Tonsilitis	0	4	0
Influenza	3	1	0
Scarlet fever	2	3	0
Diphtheria	0	2	0
Typhoid fever	0	1	0
No record	4	1	1
Negative past history	14	23	13

Fischer[4] recognizes measles and appendicitis on the basis of general inflammation of all the mucous membranes. He mentions three cases in which the similarity to measles was marked, and which afterward, at operation, were proved to be examples of acute appendicitis. Cummings[2] speaks of the relationship between appendicitis and the acute exanthems and acute infections of the nasopharynx. He thinks that the infections are carried by the blood stream and the digestive tract. Rosenow[5] studied the relationship between appendicitis and nasopharyngeal infections and also focal infection, and demonstrated that he could produce appendicitis by injection of the products of such foci. Suzuki[6] noted the relationship to dietary indiscretion and oxyuris vermicularis infestation as did Gerstley[1] and Flusser[7]. Several appendices in our series contained pin worms, but the general consensus of opinion seems to be that they are of little importance. They have been demonstrated frequently in the appendix which has undergone no inflammation microscopically.

Age (years)	2	3	4	5	6	7	8	9	10	11	12	Total
Acute simple	0	1	1	0	2	4	3	8	4	6	9	38
Chronic	1	2	1	4	6	3	5	9	7	11	5	54
Ac. Suppurative	0	0	2	2	3	2	2	0	1	6	1	19
Total	1	3	4	6	11	9	10	17	12	23	15	111

AGE

It will be noted that the greatest number of acute simple cases occurred at age nine, of chronic at age eleven, and of acute suppurative at age eleven. Fifty-nine per cent of the cases were of the five to ten year group inclusive. This is in accord with Cummings[2] who found 58 per cent, and Swartzwelder[3], who found 62 per cent, and Gerstley[1] who also found 62 per cent in this age group. It is seen that our youngest patient, a chronic case was two years old. Appendicitis is unusual earlier than that, although there are perhaps 100 cases in the literature of the disease in infants and children of one and two years; of these, Abt (1917) published 80 cases which he had collected. Rare, but unquestionable prenatal cases have been reported.

SEX

Our series was divided as follows:

	Male	Female
Acute simple	16	22
Chronic	18	36
Acute suppurative	8	11
Total	42	69

This series shows some predominance of females. In this respect it agrees with some writers e.g. Cummings[2]; however, many reports are to the effect that the proportion of males and females is about equal.

ETIOLOGY

This subject is considered from the viewpoint of the previous history of major illnesses both childhood and otherwise, as recorded on the charts. In the following chart, it will be noted that measles stood out greatly in incidence:

The bacteriology of our specimens was not often reported, so this subject is not considered in our case analysis. Various authors place most of the blame for the infection on members of the colon, staphylococcus, streptococcus, pyocyaneus and pneumococcus families. Other types are unusual.

SYMPTOMS

Information regarding the common symptoms of abdominal pain, nausea and vomiting, and constipation was so well recorded that we can draw conclusions:

Abdominal Pain. The acute simple and acute suppurative cases all suffered with pain at the time of admission to the hospital. The chronic cases without exception, gave a history of pain either at the time of admission or at some previous time when their illness had been a more severe form of appendicitis. Most writers have reported that 90 per cent or more of their patients have suffered abdominal pain.

Vomiting. This symptom was present in our cases as follows:

	Acute simple	Chronic	Acute suppurative
Present	30	31	17
Absent	7	23	1
No record	1	0	1

Vomiting as reported present in 31 chronic cases does not mean that it necessarily was present at time of admission, but in some cases had occurred with their acute attacks. It may be noted that of all types, 71 per cent were reported as having suffered with vomiting whereas 84 per cent of the acute simple and acute suppurative types taken alone had so suffered. Swartzwelder[3] reported 48 per cent, Richter[8] 79 per cent, Neff[9] more than 90 per cent, and Cummings[2] 70 per cent in their series vomited. In addition, Cummings[2] has some interesting figures regarding the number of vomiting attacks. In his series he found that 52 per cent of his patients vomited once, 11 per cent twice, and 4 per cent three times, etc.

Constipation. This symptom occurred as follows:

	Acute simple	Chronic	Acute suppurative
Present	8	7	6
Absent	17	37	7
Diarrhea	5	3	2
Laxative	4	6	3
No record	4	1	1

A few cases (9 per cent) were reported as suffering with diarrhea at the time of admission. It is entirely possible that some of these had had laxatives in addition to the 13 cases which were reported as having had them. The figures regarding the presence of constipation are very important. We found this symptom present in only 20 per cent of all our cases and in only 25 per cent of the acute simple and the acute suppurative groups. Constipation was absent in 58 per cent. Only Swartzwelder[3] who reports 21 per cent constipated is in accord with our findings. Cummings[2] reports constipation in 55 per cent and Richter[8] in 41 per cent and 40 per cent of the patients with normal elimination. All text books emphasize the importance of constipation as a symptom. Diarrhea was present in 10 of our cases as noted above, which is in accord with the usual reports of the literature.

Temperature.

Type of disease		Age groups (years) 1-3	4-6	7-9	10-12
Acute simple	No. of cases	1	3	15	19
" "	Highest		101.4	102.4	102.0
" "	Lowest		99.4	98.8	97.0
" "	Average	101.0	100.1	100.9	100.1
Chronic	No. of cases	3	11	17	23
"	Highest	100.2	103.0	104.0	103.5
"	Lowest	99.0	98.0	97.8	97.0
"	Average	99.7	100.8	99.9	99.4
Ac. Suppurative	No. of cases	0	7	4	8
" "	Highest		104.0	102.4	102.0
" "	Lowest		99.2	96.2	99.2
" "	Average		102.3	101.7	100.6

These are all rectal temperatures and they coincide almost exactly with the reports of Richter[8]. Farr[10] notes an average of 99.5 degrees in 47 chronic cases. Cummings[2] found 99.8 degrees in unruptured, and 100.8 degrees in ruptured appendices. In our series may be noted decreasing amounts of fever with increasing age, as would be expected.

Pulse.

Type of disease		Age groups (years) 1-3	4-6	7-9	10-12
Acute simple	No. of cases	1	3	15	19
" "	Highest		112	140	134
" "	Lowest		110	82	80
" "	Average	148	111	116	110
Chronic	No. of cases	3	11	17	23
"	Highest	140	136	136	144
"	Lowest	110	80	78	70
"	Average	123	117	101	94
Ac. Suppurative	No. of cases	0	7	4	8
" "	Highest		172	132	126
" "	Lowest		110	94	102
" "	Average		138	115	113

These results of pulse estimations need no comment. They are similar to those frequently reported before, and are included merely to make this report complete.

PHYSICAL FINDINGS

Rigidity. This evidence of inflammation was present in the right lower quadrant of the abdomen in our cases as follows:

	Present	Absent	No record
Acute simple	28	9	1
Chronic	24	30	0
Acute suppurative	18	1	0

Rigidity was present in 63 per cent of all types of cases, and in the acute suppurative group in 94 per cent, in accordance with general reports. It is interesting to note that Swartzwelder[3] found only 13 per cent of all types of cases showing evidence of rigidity.

Distension. This characteristic was present as follows:

	Present	Absent	No record
Acute simple	6	31	1
Chronic	8	46	0
Acute suppurative	6	13	0

This evidence of appendicitis is mentioned in all text books and is usually emphasized in them. Our general average for all types of cases in which distension was present is 18 per cent. However, it will be noted that this feature existed in about one-sixth of the acute simple, and in about one-third of the acute suppurative cases.

Tenderness. Case reports of this series show that no tenderness was found in one acute simple, and in one chronic case. Tenderness in the umbilical region was found once, as was general tenderness. One case was not reported. The remaining are classified according to the point of greatest tenderness, whether at McBurney's area, or the right lower quadrant as follows:

	McBurney's	Right lower quadrant
Acute simple	20	15
Chronic	27	25
Acute suppurative	9	10

Therefore, definitely greatest tenderness was found in McBurney's area in only 53 per cent of the cases of all types. We must infer that tenderness in the McBurney area and in the right lower quadrant may be indicative of appendicitis of any type. The above figures demonstrate that tenderness was shared about equally between the two areas in all types.

The importance of rectal examination must be emphasized. It helps greatly in the localization of tenderness, induration, or a mass. This examination was not consistently enough recorded in our records for us to draw conclusions. This is unfortunate because the results of the examination are often very informatory.

LABORATORY FINDINGS

Leucocyte counts. White blood cell estimations on a large majority of our patients were carried out. We are not including here counts on patients who suffered with complications of their appendiceal disease, inasmuch as in several instances the complication unquestionably affected the blood count. Our results:

Type of disease		Age groups (years) 1-3	4-6	7-9	10-12
Acute simple	No. of cases	1	8	15	19
	No. reported	1	1	8	15
" "	Highest			24600	28200
" "	Lowest			11280	8300
" "	Average	31800	23850	17810	15360
Chronic	No. of cases	3	11	17	23
	No. reported	2	4	8	17
"	Highest	10800	16600	20400	27300
"	Lowest	9800	8200	8300	7400
"	Average	10300	10660	12750	12140
Ac. Suppurative	No. of cases	0	7	4	8
	No. reported		7	3	6
" "	Highest		36000	28500	24600
" "	Lowest		12900	18000	13400
" "	Average		24100	21630	21050

The general average of our acute simple group is about 17,000, and for the acute suppurative group about 22,000. These correspond almost exactly with the reports of Neff[9] and Richter[8]. Farr[10] found an average of 11,200 for his series of chronic cases, which also is almost the same as ours.

Urinalyses. Acute Simple Group. In this group we found four abnormal specimens of 38 examined. All of these contained pus, and one patient, a girl of seven with a leucocyte count of 37,750 had pyelitis as a complication.

Chronic Group. Urine examinations of nine of this group of 54 were abnormal; six of these contained pus, and of this number two were found to be suffering with pyelitis in addition to chronic appendicitis. Of the remainder, two specimens contained albumin with occasional hyaline casts, and sugar was found in one. All of these cleared on later examinations.

Acute Suppurative Group. Of 19 cases, there were nine abnormal. Six contained more or less pus, but none of these were complicated with pyelitis. Of the remainder, one contained albumin with a few granular casts, and one sugar, both of which disappeared later. The final patient had a large amount of albumin with many granular casts in the urine, and died later of acute nephritis and general peritonitis. A few of our patients complained of dysuria, but this was usually a symptom of the appendicitis, and not of definite urinary infection. Our figures above for abnormal urinary findings, correspond closely to those we find in text book descriptions.

COMPLICATIONS

In addition to appendicitis, the following cases had these diseases as complications:

Type of disease	*No.*	*Complication*
Acute Simple	7	Pyelitis
		Bronchitis
		Pyelitis, ureteritis, psoasitis
Chronic	2	Pyelitis
		Bronchitis
Acute Suppurative	4	General peritonitis
		Vincent's angina
		Bronchopneumonia
Total	13 or 12% of the complete series	

Our 12 per cent complications compares well with the numbers found in the literature. For example, Farr[10] found 23 per cent complications in his series of cases of chronic appendicitis, whereas our figure includes all types.

TYPES OF OPERATION

Mention is made of this subject only because of its possible general interest. Our figures are as follows:

	No drainage	Drainage
Acute simple	31	7
Chronic	51	3
Acute suppurative	1	18

RESULTS

In our series, the numbers of patients reported cured, improved or died, are as follows:

	No. of cases	Cured	Improved	Died
Acute simple	38	37	1	0
Chronic	54	54	0	0
Acute suppurative	19	18	0	1

The mortality of the acute suppurative type was 5.2 per cent. The mortality of all types taken together is the extremely gratifying figure of 0.9 per cent. This is most interesting inasmuch as the usual figures reported are much higher. Farr[10] reports 5.2 per cent deaths in 1459 cases of acute appendicitis, and notes that the mortality of children over five years is 3.2 per cent, whereas under five years, the death rate is 13 per cent. Neff[9] reports the mortality of 38 per cent in in-

fants and very young children. He states that at an age greater than seven, the death rate of children is less than that of adults. We had only one patient of the very young group, and were fortunate in not losing any children of five years or less.

DIFFERENTIAL DIAGNOSIS

It may not be out of place to mention here that appendicitis must be differentiated from many other diseases. In the establishment of the diagnosis at different times in our patients, some of the diseases listed below were considered. This list includes the illnesses, usual and unusual, which must be differentiated from time to time: Pneumonia, pleurisy, pyelitis, ureteritis, cystitis, urinary calculus, perinephritic abscess, tuberculosis of kidney, spine, peritoneum, intestines or glands, cholecystitis, intussusception, colic, constipation, colitis, enteritis, simple lymphadentitis, Meckel's diverticulum, ulcer of stomach, duodenum or intestines, foreign bodies, cysts of ovary or mesentery, renal or adrenal tumors, herpes zoster, intestinal obstruction, acute nasopharyngitis, typhoid fever, psoasitis, hernia, torsion of undescended testis and angioneurotic edema. However, it is not within the scope of this paper to discuss the details of differential diagnosis.

Perhaps it is not irrelevant to note that Wolf[11] emphasizes the importance of the psoas sign, viz: the child, if urged to walk, will start out normally, but soon limps noticeably, protecting the right side by limiting the swing of the right leg. He also favors the right leg in kicking out. Flusser[7] states that early in appendicitis, the child desires to go to the toilet to urinate frequently but will not strain. Soon after this, vomiting begins.

SUMMARY

1. An analysis of 111 cases of appendicitis in children of from two to twelve years inclusive, from the files of Woman's Hospital, is presented. These patients are considered as of acute simple, chronic, or acute suppurative type, in the effort to correlate the clinical picture with that of the pathological, as defined by Dr. B. S. Kline.

2. The number of patients in these groups are: acute simple 38, chronic 54, acute suppurative 19.

3. Fifty-nine per cent of our patients were of the five to ten year group, this corresponding with the findings of other investigators.

4. A small majority of our patients were girls (62 per cent).

5. Of previous illnesses of the children, measles predominated, 43 having had it. No other disease occurred frequently. It is interesting to note that 50 of the children had never had any major disease or exanthem.

6. All our patients had abdominal pain, either at the time of admission or previous to it.

7. Seventy-one per cent of the children vomited, a fair average according to the literature.

8. Only 20 per cent were constipated, a smaller proportion than that usually reported.

9. Our temperature and pulse findings were in accordance with the text book picture of the disease.

10. Rigidity of the abdomen was present in 63 per cent of the cases. This accords with the literature.

11. Distension was present in 18 per cent. This sign is usually emphasized in text books.

12. Tenderness was present in McBurney's area and in the right lower quadrant, with maximum intensity, in about an equal number of cases.

13. Leucocyte counts in the various types accorded with those reported in the literature.

14. A moderate number of patients had abnormal urinalyses as would be expected.

15. Only 12 per cent developed complications, a low incidence.

16. The mortality rate was comparatively low (5.2 per cent) for the acute suppurative type, and unusually low for all types together (0.9 per cent).

CONCLUSION

The important contribution of this article is the conclusion, from the study of the Woman's Hospital series of 111 records of all types of childhood appendicitis, that whereas abdominal pain, vomiting, fever of moderate degree, rapid pulse, rigidity, abdominal tenderness and leucocytosis are very valuable symptoms and findings in the diagnosis of the disease, the absence of distension and constipation are not so important as has been considered previously. Normal bowel elimination and the lack of distension need not influence us against the diagnosis of appendicitis in children.

REFERENCES

1. Gerstley: Appendicitis in Children, Med. Clin. N. Am. 13: 1175-85, Mch., '30.
2. Cummings: Appendicitis in Children under 15 years of Age, Ill. M. J. 57: 348-52, May, '30.
3. Swartzwelder, W. R.: Appendicitis in Children, Arch. Ped. 47: 263-66, Apr., '30.
4. Fischer: Appendicitis and Measles, Zentr. für Chir., P. 1546, June 23, '28.
5. Rosenow, E. C.: Jr. Inf. Dis. 16: 240, '15.
6. Suzuki, K.: Surg. Gyn. Obst. 21: 702-21, '15.
7. Flusser: Early Diagnosis of Appendicitis, Med. Klinik, P. 1566, Oct. 8, '26.
8. Richter, H. M.: Abts Pediatrics 3: 552-73, '24.
9. Neff: Appendicitis in Children, Clin. Ped. 8: 249-55, '27.
10. Farr, C. E.: Appendicitis in Children, Arch. Ped. 46: 335-45, June, '29, and Farr and Brakley: Appendicitis in Children, Surg. Clin. N. Am. 8: 1193-1222, Oct., '28.
11. Wolf: Munch. Med. Woch. 72: 304, '25.

The Diagnosis and Treatment of Brain Tumors. By Ernest Sachs, A.B., M.D., Professor of Clinical Neurological Surgery, Washington University School of Medicine, St. Louis. Two hundred, twenty-four illustrations, including ten in colors. The C. V. Mosby Company, St. Louis.

Undulant Fever in Ohio

*A Report of a Clinical and Serological Investigation of One Hundred Cases**

By Leo F. Ey, Chief, Division of Laboratories and Finley VanOrsdall, M.D., Chief, Division of Communicable Diseases, Ohio Department of Health.

JUST a year ago (November, 1930) we presented before the conference of Ohio Health Commissioners a preliminary report of thirty-five cases of undulant fever which had been discovered as the result of serological tests in the Departmental Laboratories. When this investigation was first instituted in the late Fall of 1927 we endeavored to correlate the positive laboratory findings with clinical histories by means of a questionnaire. In the majority of instances, however, these questionnaires were returned with such incomplete data that a personal investigation of these cases was deemed necessary.

Dr. T. W. Mahoney, of the Division of Communicable Diseases, procured this data in 1929, and the results of his investigative work during the summer of this year have been added to that previously obtained. This correlation of the clinical and laboratory findings gives a rather clear picture of undulant fever as it exists in our State today.

During the past year many articles have appeared on this subject and because of its widespread incidence, great and growing interest is manifest in regard to this disease not only among the medical profession but also among the laity.

In this paper we will not touch upon historical aspects or upon some of the phases that have appeared repeatedly in the recent literature; instead, we propose to record our findings with a few additional facts that may be of assistance in handling this endemic infection and to combine the series of 1929 with this year's group, thus basing our statements on a total of one hundred personally investigated cases.

Beside these we have another group of 86 cases to be commented upon later.

A total of 273 officially reported cases have been recorded by our Division of Communicable Diseases and among these there were eight deaths. To date, Dr. Walter M. Simpson, of Dayton, has personally investigated 110 additional cases. In view of the ever increasing number of cases coming to our attention we feel fully justified in asserting that the peak of incidence has not been reached in this State by any means.

That the disease is of national importance may be shown by the fact that Simpson has reported a total of 2365 cases, occurring in the United States. During 1929, 1301 cases were recorded by state health departments.

The etiology of undulant fever has been the subject of much fiery discussion during the past year, especially since the appearance of an article by Dr. Frederic Damrau in *Good Housekeeping* of February, 1930, which an editorial in the *Journal* of the American Medical Association appropriately termed "a masterpiece of misinformation".

The Damrau article sought to divert attention from the fact that raw cow's milk may contain the organisms of contagious abortion by stressing the disease-producing power of the porcine strain and by many statements wholly without scientific foundation. In answer to one of these statements, Dr. H. A. Harding writes "Your article seems to lay considerable stress upon the porcine strain angle of this problem. There are some interesting problems of nomenclature involved, but so long as it is agreed that not infrequently the organism found in the milk of cows is quite pathogenic, what good purpose is served by dubbing it a porcine strain? Does this nomenclature have any influence upon the probability of the drinker of the raw milk acquiring disease from the same? It is well to remember that there is little which can be dignified as proof to justify the assumption that such strains have ever had anything to do with pigs". The editorial in the *Journal* of the American Medical Association refers to the matter thus: "The statement that the majority of cases of undulant fever not due to infection with organisms contained in goat's milk are due to infetcion with the porcine strain of *Brucella abortus* has little justification in the light of present knowledge. There is at present no uniformly reliable method for distinguishing between the porcine and the bovine strains of *Brucella abortus*. Furthemore, many of the strains that have been designated as porcine have been recovered from cow's milk."

Our direct concern, however, is not one of type of organism but deals with the fact that evidence strikingly reveals that 84 per cent of this series of patients were users of raw or unpasteurized milk.

In a group of seven occupations, taking into consideration only those having any association with livestock, we find 24 farmers, one farmer's daughter, one veterinarian, one cattle buyer, one butcher, two dairymen and one student of veterinary medicine. All of these persons, with two exceptions, gave definite information of having used raw milk. The cattle buyer is the case singled out in our 1929 report as a typical ex-

*Presented before the Eleventh Annual Conference of Ohio Health Commissioners, Columbus, November 18-21, 1930.

ample of the disease contracted by direct personal contact, this individual having treated an infected heifer that had discharged a large amount of after-birth material.

Bacteriologists and laboratory workers are interested in the differentiation of the varieties of *Brucella* as the probable source of infection. Hardy and his co-workers contend that they can accurately accomplish this, and that they have found an occasional case in which the infection seems to have passed from hogs to cattle and thence to man. While this may be possible, the epidemiological facts as they relate to the cases we have investigated certainly point directly to the bovine source of infection in the great majority of cases; this opinion is corroborated by Simpson's investigations.

CLINICAL MANIFESTATIONS

The original classification by Hughes was based upon differences in temperature curves, and while he recognized an ambulatory form and mentioned irregular and mixed types, he described only the malignant, the undulatory and the intermittent varieties. Our classification of last year: typical, ambulatory, intermittent and malignant types, with the possible addition of "mild type" will, we think, fully cover all cases.

The typical case may be described as follows: The temperature rises, step-like, just a little higher on each successive night—falling in the morning—until it reaches about 103 to 105 degrees Fahrenheit. Profuse night sweats are characteristic. These generally occur between two and four A. M. There is little change for one to eight weeks, then the temperature gradually declines, and by another fortnight may have reached normal, or even subnormal; in a minority of cases the temperature will rise again after a remission lasting several days. In the interval between attacks of fever, the patient may feel a little weakened, but otherwise normal. As these recurrences continue—they may last for a year or more—there is a marked anemia, functional cardiac murmurs develop, and various skin lesions may appear. There is loss of weight, prostration may be extreme, and the patient becomes greatly depressed.

Seventy-eight of our cases were of the typical variety while Hardy reports that most of the Iowa cases were of the intermittent type which is gradual in onset and mild in its course.

We encountered no cases of the *malignant* type but found eight of the *ambulatory* and fourteen of the *intermittent* type.

Our five ambulatory cases manifested a temperature of from 102° to 104° as the one striking clinical feature and this without being incapacitated or feeling ill enough to become bedfast. Simpson reports a similar condition with a relatively short and mild illness in one-fourth of his cases, twelve per cent of them remaining at work.

The following are the chief symptoms in our series in order of frequency: Ninety-nine complained of fever, 96 of weakness, 88 of chilliness, 87 of sweats, 86 of general aching, 80 of backache, 61 of joint pains, 57 of rigors, 56 of dizziness, 54 of abdominal pains, 44 of nausea, 33 of vomiting, 16 of cardio-vascular disturbances and six of swelling of the joints. Thus it is evident that any number of symptoms may be present in this disease no one of which, however, may be considered wholly characteristic. Yet it can be seen that a majority of the symptoms in each case are fairly constant in the series as a whole, so that a combination of these symptoms may be regarded as those highly characteristic of the disease.

Character of Onset: Very few cases in our series had a sudden onset although 16 give a history of becoming confined to bed in less than one week after the appearance of decided symptoms. The largest number of patients were incapacitated between the first and second weeks; 55 per cent were rendered bedfast by the third week, and 71 per cent by the fourth week. As we stated before, five of the cases were so mild that they were able to continue their usual work with only occasional rest periods.

Diagnosis: Up to this point we have avoided repeating any statements that were made in our preliminary report of 1929, since it was based on only thirty-five cases, but the attention which was called to the seriousness of delay in making an early diagnosis still holds good. Not only is much valuable time lost at the expense of the patient but occasionally this delay has subjected the patient to unnecessary surgery.

Hughes' advice of more than 35 years ago can be emphasized today: "It is well to take the temperature of a case reporting sick with symptoms of dyspepsia, debility, etc., as a precautionary measure and if there is any doubt, take it during the afternoon or evening. Fever is often overlooked for want of such precaution and cases are treated for slight symptoms before the real condition is discovered to the detriment of the patient's health and the doctor's reputation."

Last year we mentioned a patient with undulant fever who was operated upon for appendicitis, with the removal of a normal appendix, another who was needlessly operated upon for gall-stones, and another patient who was being prepared for a similar operation when the discovery was made that he was suffering with undulant fever. This year we can add another appendectomy and one tonsillectomy.

In January, 1930, we examined a specimen of blood from Mr. C. M. S., a farmer, who first complained of an illness that was called influenza, in May, 1929. About three weeks later his condition not having improved, he consulted a second phy-

sician who suspected "stomach infection." At intervals the patient felt slightly better and strong enough to assist with the harvesting until the latter part of July, when he had a relapse. He again consulted his physician and the possibility of appendicitis was mentioned because of pains in the abdominal region. Early in August he visited an osteopath who made a tentative diagnosis of tuberculosis, and later in the month the osteopath advised, and made arrangements for, consultation with a tuberculosis specialist. Later in December the patient visited a so-called "specialist on diseases of men", since at that time he experienced a condition which he believed could be relieved by such a "specialist's" treatment. Early in January, 1930, he discussed his condition with a man who had had undulant fever, who advised him to have his blood examined. On January 15, 1930, the blood of Mr. C. M. S. was examined in this laboratory and it was found to agglutinate *Brucella abortus* in dilution of 1:640. Further investigation revealed that the patient drank three pints of raw milk daily. In February and March, 1928, he sold two cows, both having previously aborted.

One of our patients, a woman aged 34 took sick late in 1929 but the diagnosis was not established until February, 1930, when her blood gave a positive reaction in dilution of 1:1280. Twelve years previously she was treated for tuberculosis and was placed in a sanatorium for observation. Her tuberculous condition was considered inactive so that she was soon discharged. During last year she was somewhat under weight and upon her own initiative she began, in August, to drink large quantities of raw milk daily. As soon as the laboratory test revealed the nature of her last attack, investigation was made of the herd supplying the milk, and 50 per cent of the 22 cows comprising the herd were found to give a positive reaction for *Brucella abortus* infection.

The agglutination test of the patient's serum remains the one dependable diagnostic procedure in suspicious cases of *Brucella abortus* infection, and in our own laboratory we apply the test for this disease on all negative Widal tests. In fact, diagnosis for undulant fever was established on 38 per cent of the 100 cases only after a negative Widal was found. This fact indicates the frequent confusion of undulant fever with typhoid fever. Some laboratories examine for undulant fever all blood submitted for the Wassermann and Kahn test but we could not attempt this policy because of the large number of Wassermann specimens handled daily. However, the test is made on such sera whenever the physician gives a clinical diagnosis of any febrile disease, abortion or miscarriage. Of the latter class, we have examined 170 specimens, with the following results:

RESULT OF AGGLUTINATION TEST.		PHYSICIAN'S CLINICAL DIAGNOSIS
1:20	Positive	Two miscarriages
1:40	"	Miscarriage
1:20	"	Three successive miscarriages
1:20	"	Had two miscarriages during married life
1:80	"	Miscarriage
1:80	"	Repeated miscarriages
1:160	"	History of many miscarriages

Five of these cases gave negative Wassermann and Kahn reactions, and in two this information was not recorded.

The fact that these seven women showed serological evidence of previous *Brucella abortus* infection presents strong circumstantial evidence that *Brucella* infection may be a factor in human abortions. Carpenter has recovered *Brucella abortus* from the tissues of a human fetus which was aborted at the end of the fourth month of gestation.

At least 5 c.c. of the patient's blood is required and we repeat that only fresh blood is satisfactory for conclusive results; dried specimens yield unsatisfactory results.

As regards the significance to be attached to *Brucella* agglutinins in human sera, we find that the consensus of opinion is that whenever such sera show agglutination in dilutions of 1:80 or more, they may be considered as positive. In rare instances agglutinins have been entirely absent or present in dilutions below 1:80 in cases in which the organism has been recovered from blood cultures.

Earlier in this report reference was made to a group of cases, numbering 86 on our records, which had not been investigated. It is desired to briefly touch upon these. Twenty-two of these must be omitted because no opportunity was given by the attending physician to examine a second or fresh specimen, the first being a dry specimen and resulting in a positive agglutination in approximately 1:40 dilution. Of the remaining 64, we feel that they can be included as undulant fever patients because their sera gave agglutination in titres of 1:80 or above. Seven of these gave a reaction of 1:2560; 12, 1:1280; 7, 1:620; and so on down to six, giving a 1:80.

DISTRIBUTION OF CASES

Simpson's intensive investigation showed that contagious abortion is widely prevalent in the southwestern part of the State; this section and the northeastern section furnished the majority of the cases in our series, although cases were found in practically every section of the State. Forty-six counties were visited during the course of the investigation. In one instance, three members of the same family were infected, and a few patients volunteered the information that one or two other members of the family experienced a similar illness six months or a year previously,

but the cases were not identified as undulant fever.

DISTRIBUTION OF OCCUPATION

Housewives furnished the largest number of cases, 26; farmers totaled 24; students 8; and salesmen 4. The medical profession is represented by two victims and lo! and behold! we can list one bootlegger, who, strange to relate, drank raw milk.

AGE AND SEX

Our records show 65 males and 35 females. In the group of cases not officially investigated, 21 were males and 19 were females. The sex was not indicated in one case. The greatest number of cases in any age group was 28 in the decade from 30 to 39 years; sixteen of these were males and 12 females. The decades 20 to 29, 40 to 49, 50 to 59, supplied 20, 19, and 16, respectively. The decade 1 to 9, which gives three cases, includes one aged 19 months and another two years of age. In the family of the 19 months old child, three members were affected. The oldest patient was a 77 year old woman.

SOURCES OF INFECTION

Of the total number of our cases, 84 gave a definite history of having used raw milk or unpasteurized dairy products; eight denied using any but pasteurized milk. One of these was a butcher, another handled and cared for aborting cattle, and a third was a patient in an insane institution where cream was commonly used which was not pasteurized and came from a herd with a history of abortion among the cattle. In another group of four, the individuals were uncertain as to the pasteurization of the milk used. Four other patients could not be interviewed.

It is interesting to note that a total of 20 gave a history of having come in contact with aborting cattle in addition to drinking raw milk. In two instances while the patients deny drinking any but pasteurized milk, a history of contact with livestock was obtained; one assisted with aborting cattle, and the other was a butcher.

A considerable advance has been made during the past few years as regards the pasteurization of milk in the smaller cities and villages. This movement has not always been wholeheartedly supported but in one instance during the past summer, pressure was brought to bear by one of our southern health commissioners, Dr. Ruble of Clinton County, when he placed the following notice in a local newspaper:

"At a meeting of the Clinton County Board of Health, July 7, the following resolution was adopted: Owing to the prevalence of undulant fever in Ohio generally, and in Clinton County specifically, the County Board of Health of Clinton County deems it wise to prohibit the retailing of raw milk within the confines of Clinton County by any individual unless such individual has had his cow or cows tested by a competent veterinarian for contagious abortion and can furnish a clean bill of health for each and every cow from which he sells milk. This test must be made within 30 days following the date of this resolution and must be reported at least once a year."

TREATMENT

This naturally is of paramount importance, and unfortunately no specific treatment other than vaccine therapy has been proposed. Among our cases five had been treated with Simpson's abortus vaccine and good results were noted; three had used the Jensen-Salisbery abortus vaccine with similar results; mercurochrome and acriflavine had each been used in two cases. Practically all others were treated symptomatically.

SUMMARY AND CONCLUSIONS

1. This report is based upon a clinical and serological study of 100 cases of undulant fever. (To date, however, this number has been increased to 141.) The cases studied by Simpson, of Dayton, are not included, even though Simpson's findings have been repeatedly confirmed in this laboratory.

2. The greatly increased number of requests made by Ohio physicians for the agglutination test for undulant fever is noteworthy.

3. Our survey reveals that persons living on farms and in the small towns have been particularly affected, and, in the great majority of cases, the etiological factor in this infection can be attributed to the ingestion of raw milk or unpasteurized dairy products.

4. The study does, however, reveal a small percentage of cases in which the possibility exists that the infection was contracted as the result of the handling of infectious animal material.

DISCUSSION

WALTER M. SIMPSON, M.D., Dayton: Largely due to the stimulus provided by the Ohio Department of Health, the physicians of Ohio have become acutely conscious of the widespread distribution of undulant fever in this state. The existence of undulant fever was presumably unknown until 1926, when the first confirmed case of undulant fever occurring in Ohio was reported; during 1927, two cases were reported; during 1928, 41 cases were reported. During 1929 and the first ten months of the present year, 227 cases have been officially reported to the Division of Communicable Diseases. To these should be added 110 cases encountered by the writer in and about Dayton, making a total of 383 cases in this state.

Over 2000 cases of undulant fever have been recorded by the Health Departments of all the states in the Union during the past two years. The largest number of cases have been recognized in Ohio, Iowa, New York, Michigan, Tennessee, Missouri, Indiana and Kansas. There can be no doubt but that these states lead in the number of recognized cases because of the activity of one or two investigators in each of these states. One is probably justified in assuming that the disease is much more prevalent in all parts of the country than these figures indicate.

The discovery of Alice Evans, that the organism of contagious abortion (*Bacillus abortus* of Bang) and the organism of Malta fever (*Micrococcus melitensis* of Bruce) were identical as regards their morphological, cultural and biochemi-

cal characteristics, focused attention upon the matter of revising the terminology for these organisms. Meyer and Shaw proposed that the *abortus-melitensis* group of organisms should be designated by the generic name *Brucella*, thus honoring Bruce who discovered the Malta fever organism in 1887. This suggestion has met with universal approval. In the present light of our knowledge there appears to be no method for distinguishing with certainty between the so-called porcine and bovine varieties of the organism. In view of their close serological relationship, it seems logical to refer to all of the organisms of this group, whether of caprine, porcine or bovine origin, as "the *Brucella*." Furthermore, the names which have been used to designate the disease in animals and man (contagious or infectious abortion, Malta fever, undulant fever, etc.) appear to be inadequate. The name *brucelliasis* has been proposed to designate the disease produced by the *Brucella* in animals and man. The universal adoption of this proposed name would do much to overcome the conflict which arises from the use of many confusing synonyms. Hardy has recently conducted animal experiments which have demonstrated that the skin may be a portal of entry for the organisms of the *Brucella* group. There is little evidence that this mode of infection plays an important rôle in the cases of undulant fever which have been encountered in this state. Among farmers whose occupation brings them in direct contact with infected animal tissues, the fact that these persons are almost invariably consumers of raw milk from their infected cattle must not be lost sight of. Most veterinarians agree with Fitch, who states that "the chief if not the only important channel of infection (among cattle), is through the digestive tract." Furthermore, the recognition of the large number of cases of brucelliasis occurring in cities among raw milk drinkers who have had no direct contact with infected animals provides convincing epidemiological evidence as to the source of infection among urban populations.

The clinical manifestations of the disease have been presented to you at each conference for the past three years. There is little to add at this time except possibly to emphasize the fact that approximately one-fourth of the Dayton patients with brucelliasis have experienced a relatively short and mild illness. Eleven of these patients remained at their work throughout the febrile period, more because of economic pressure, however, than through choice. In practically every one of these cases the original clinical diagnosis was influenza, which leads the writer to suspect that many of the mild cases of undulant fever are regarded as cases of influenza. Because of the recurring night sweats, loss of weight and strength, the disease is frequently mistaken for tuberculosis. Because of the recurring chills, a few cases of brucelliasis are confused with malaria. The prominence of the joint symptoms in about ten per cent of cases has led to a mistaken diagnosis of acute rheumatic fever.

Amoss has recently reported the isolation of *Brucella* organisms from 78 specimens of stools from six patients, one of whom was in the sixteenth month of his infection. Some of these patients continued to eliminate *Brucella abortus* in the stools long after cultures from the blood and other body fluids had become negative. Furthermore, the organisms were recovered in large numbers from the stools of patients whose blood serum showed positive agglutination against *Brucella abortus* in low titers. The organism has been repeatedly recovered from the urine. There is little evidence thus far that the disease has been transmitted from man to man as the result of direct or indirect contact with the organisms contained in the alvine discharges. There is convincing evidence that this mode of infection plays an important rôle in the dissemination of the disease among cattle and other lower animals. It would seem logical to conclude, therefore, that the same precautions should be exercised in the disposal of the discharges of brucelliasis patients as are employed in the case of patients with typhoid fever.

Anti*abortus* agglutinins may appear in the serum as early as the fifth day of the disease, but in most instances they appear sometime during the second week of illness. It is, therefore, unwise to collect the blood specimen for the agglutination test until a week or ten days have elapsed following the onset of illness. In seven of the Dayton cases agglutinins did not appear until the third or fourth week of illness. Consequently it is wise to submit a second and third specimen at intervals of one week in cases in which the first test has been negative. Five to ten c.c. of the whole blood or the clear serum, without the addition of anticoagulants, should be sent to the laboratory. About 5 per cent of patients who present a well-defined clinical picture of brucelliasis and from whose blood the organism can be recovered, will fail to develop anti*abortus* serum agglutinins. Then, too, occasional patients who present clinical and bacteriological evidence of brucelliasis will show serum agglutinins in titers below 1:80. While it is true that the great majority of patients with brucelliasis will show agglutination in titers of 1:80 or above, it must be borne in mind that a small percentage of patients will show no agglutination on repeated examinations or will show agglutination in titers below 1:80. In such cases further bacteriological and serological studies shuold be carried out. We have found the skin test to be of value in differentiating such cases.

Carpenter, Boak and Chapman have recently presented convincing evidence that the presence of *Brucella* serum agglutinins is the result of actual invasion of the tissues by living organisms; they were unable to demonstrate anti*abortus* agglutinins in the serums of adults who had been drinking pasteurized milk containing such antibodies.

During the past few months one or two individuals have stated that ordinary pasteurization might not result in the destruction of the *Brucella*. Zwick and Wedeman found that *Brucella abortus* was killed in ten to fifteen minutes at 60° C. (140° F.) and in five to ten minutes at 65° C. (149° F.) Park mixed several strains of *Brucella abortus* isolated from cattle and swine with cultures of *Brucella melitensis* and made a milk suspension containing 5000 million organisms per cubic centimeter; these organisms were killed when exposed to 140° F. for 10 minutes, to 142° F. for seventeen minutes, and to 145° F. for five minutes. Boak and Carpenter found that while eight strains of *Brucella abortus* of porcine, bovine and human origin, grown in milk, varied in their termal death point, an exposure of fifteen minutes at 140° F. destroyed the human and bovine cultures, while the porcine organisms were destroyed in twenty minutes at 140°F. The evidence thus adduced by several competent investigators indicates that complete, carefully supervised, pasteurization (143°-145° F. for thirty minutes) will destroy the *Brucella*. The need for strict supervision of the pasteurization process is apparent.

The House of Delegates Proceedings, Ohio State Medical Association, Toledo, May 12 and 13, 1931

MINUTES

The Eighty-Fifth Annual Meeting of the Ohio State Medical Association convened officially in the Hotel Secor, Toledo, at 9:30 A. M., Tuesday, May 12, 1931. On behalf of the local profession and the city of Toledo, Dr. B. G. Chollett, President of the Toledo Academy of Medicine, extended official welcome.

The President, Dr. Waggoner, was then presented by Dr. Chollett and the House of Delegates was called into official session.

Under the first order of business announced by the President, the roll call of officers and delegates showed ninety-one delegates and officers present, this being the majority of those registered and constituting a quorum under the Constitution (See tabulation for roll call attendance on page 484).

On motion by Dr. Blair, seconded by Dr. Keenan and carried, the minutes of the House of Delegates of the 84th Annual Meeting held in Columbus, May 13, 14 and 15, 1930, were approved as published on pages 517 to 532, inclusive, of the June 1930, issue of *The Journal*.

Attention was called by the President to the requirement that all resolutions to be introduced later in this session must be referred to the Committee on Resolutions for consideration by the committee and transmission to the House of Delegates at the Wednesday afternoon session, thus requiring that all resolutions to be considered at this Annual Meeting must be introduced at the present session. He also announced that all resolutions must be introduced in typewritten form, in duplicate, and signed by the author.

THE ANNUAL REPORTS

In the order of procedure, President Waggoner then called for the annual reports of officers, standing committees and special committees. These reports were published in full in the May, 1931, issue of *The Journal* and were submitted, as published, for the consideration of the House of Delegates, these reports being:

Reports of Officers:

(a) Report of the Councilors as to the condition of the societies in their respective districts, pages 407 and 408.

Reports of Standing Committees:

(a) Public Policy—John B. Alcorn, Columbus, Chairman, pages 377 to 383.

(b) Medical Economics—J. Craig Bowman, Upper Sandusky, Chairman, pages 383 to 389.

(c) Publication—Andrews Rogers, Columbus, Chairman, pages 389 and 390.

(d) Medical Defense—J. E. Tuckerman, Cleveland, Chairman, pages 391 to 393.

(e) Medical Education and Hospitals—Ben R. McClellan, Xenia, Chairman, pages 395 to 397.

(f) Auditing and Appropriations—S. J. Goodman, Columbus, Chairman, pages 400 to 402.

Reports of Special Committees:

Mental Hygiene—C. W. Stone, Cleveland, Chairman, pages 402 to 405.

Periodic Health Examinations—B. J. Hein, Toledo, Chairman, pages 397 to 399.

Military—H. H. Snively, Columbus, Chairman, pages 405 and 406.

President Waggoner announced that all the foregoing reports were referred at this time without discussion to the Reference Committee on Annual Reports to be announced later at this session, and for consideration and report by the Reference Committee at the Wednesday (May 13) afternoon session of the House of Delegates.

Appointment of Reference and Active Committees

President Waggoner announced the appointment of reference and active committees as follows:

Annual Addresses of the President and President-Elect—Charles Lukens, Toledo, Chairman; J. P. DeWitt, Canton; E. H. Porter, Tiffin; Ralph Smith, Lancaster; C. I. Stephens, Ansonia.

Resolutions—C. W. Stone, Cleveland, Chairman; C. W. Kirkland, Bellaire; John D. Knox, Warren; C. K. Startzman, Bellefontaine; O. P. Tatman, Chillicothe.

Annual Reports of Standing and Special Committees—Louis Feid, Jr., Cincinnati, Chairman; I. B. Harris, Columbus; J. S. Hattery, Mansfield; Harold Heffron, Metamora; Lee Humphrey, Malta.

Credentials of Delegates—J. A. Weitz, Montpelier, Chairman; S. V. Burley, Lorain; G. B. Fuller, Loudonville; C. S. McDougall, Athens; L. L. Taylor, Yellow Springs.

Tellers and Judges of Election—R. B. Wynkoop, Ashtabula, Chairman; S. L. Bossard, Gallipolis; Chester Egger, Woodville; C. E. Newbold, Eaton; and S. J. Goodman, Columbus, Secretary of Council.

Election of Nominating Committee

In compliance with the constitutional provisions in selecting members of the Nominating Committee, one from each of the ten councilor districts, the following personnel of such committee was nominated and duly elected:

First District—E. O. Smith, Cincinnati, nominated by Dr. Kiely.

Second District—A. W. Carley, Dayton, nominated by Dr. Huston.

Third District—J. C. Tritch, Findlay, nominated by Dr. Klotz.

Fourth District—J. A. Weitz, Montpelier, nominated by Dr. Slosser.

Fifth District—Geo. Edw. Follansbee, Cleveland, nominated by Dr. Burley.

Sixth District—F. C. Potter, Akron, nominated by Dr. Stevenson.

Seventh District—Harry Bookwalter, Columbiana, nominated by Dr. Alcorn.

Eighth District—E. A. Moore, Newark, nominated by Dr. Brush.

Ninth District—M. H. Cherrington, Logan, nominated by Dr. Seiler.

Tenth District—John B. Alcorn, Columbus, nominated by Dr. Upham.

On motions duly seconded and carried, the House of Delegates elected by acclamation each of the above members nominated for the Nominating Committee.

President Waggoner then announced the official personnel of the Nominating Committee as elected by the House of Delegates, as follows:

First District—E. O. Smith.
Second District—A. W. Carley.
Third District—J. C. Tritch.
Fourth District—J. A. Weitz.
Fifth District—Geo. Edw. Follansbee.
Sixth District—F. C. Potter.
Seventh District—Harry Bookwalter.
Eighth District—E. A. Moore.
Ninth District—M. H. Cherrington.
Tenth District—John B. Alcorn.

Nominations to Be Made

The President issued instructions to the Nominating Committee, under the constitutional provisions, and requested them to meet and decide upon one nominee for each of the offices to be filled at this Annual Meeting, except for the office of president-elect, which latter office is to be upon nomination on the floor of the House of Delegates at the Wednesday afternoon session.

Introduction of Resolutions

In the next order of business, the President called for the introduction of resolutions. The following resolutions were then introduced and on motion duly seconded and carried, were each referred to the Committee on Resolutions for consideration and report at the second session of the House of Delegates.

RESOLUTION A. INTRODUCED BY DR. UPHAM:

WHEREAS, Efforts are being made constantly by cultists to secure special privilege through destruction of Ohio's present adequate, responsible licensing system as administered by the State Medical Board, and

WHEREAS, A group of Ohio chiropractors have announced their intention to circulate petitions for for the initiation of legislation to establish a separate state board of chiropractic, and which if similar to the many proposals which have repeatedly and properly been defeated in the past, would permit unqualified persons to extend their field of practice and to treat all kinds of diseases and injuries including infectious, contagious and venereal diseases, and

WHEREAS, The enactment of such a proposal would be dangerous and detrimental to public health; would interfere with the State's enforcement of vaccination, antitoxin requirements and with preventive medicine; would practically destroy the statutes and regulations concerning mortality and morbidity and permit untrained persons to sign death certificates; would raise innumerable legal and constitutional questions concerning sanitation, public health administration and control of diseases, and

WHEREAS, Under present adequate laws chiropractors may now be licensed for "limited practice" consistent with their limited scientific education, and

WHEREAS, The interest and activity of medical organization in opposition to such destructive proposals have frequently been misrepresented and misunderstood, although its purpose has been entirely one of public protection and the maintenance of adequate educational requirements for those who attempt to treat the sick and injured, therefore be it

Resolved, That, in as much as this question is of concern to all the people and especially those official and voluntary agencies organized and supported for protection of public health, that it is hereby expressed as the sentiment of the House of Delegates of the Ohio State Medical Association, at the annual meeting in Toledo, May 12 and 13, 1931, that the chiropractic issue is entirely a public health question and not a "medical question", and that public health agencies, voluntary as well as official, should promptly take the initiative and the responsibility in a campaign of public information and education in opposition to such a proposed initiated chiropractic bill; and that the earnestness and effectiveness of such public health organizations be gauged by their efforts and activity in this matter.

RESOLUTION B. INTRODUCED BY DR. BOYLAN:

WHEREAS, The possession of common understanding of basic problems is an essential factor in the maintenance of harmony and co-operation between members of the medical profession, and

WHEREAS, The propaganda of numerous commercial organizations exploiting late discoveries and scientific developments presents a definite menace to the unity of the profession through the publication of cleverly disguised pseudo-scientific literature designed to have an appeal and misleading effect on the busy practitioner of medicine, and

WHEREAS, The meetings and the *Journal* of the Ohio State Medical Association provide favorable opportunities for the dissemination of sound information and the review of progress made by members of the profession within the state, therefore be it

Resolved by the House of Delegates of the Ohio State Medical Association at its annual meeting in Toledo, Ohio, May 12th and 13th, that the officers of the Association shall be and are, hereby, requested to consider the following recommendations designed to assist in the preservation of unity and the encouragement of scientific progress in the medical profession of Ohio:

(1) It is recommended that General Sessions at Annual Meetings of the Ohio State Medical Asso-

ciation be given increased time and attention, and that Section Meetings be discontinued or limited to a single period during the Annual Meeting.

(2) It is suggested that the program of each Section Meeting and each half-day period of every General Session should include at least one address outlining the current progress in some field of medicine and providing a discussion of the value of methods and devices proposed as aids in diagnosis and treatment.

(3) It is recommended that provision be made for the display of special Scientific Exhibits during each Annual Meeting, and that the privilege of presenting such exhibits should be restricted and reserved for Recognized Medical Schools, Approved Institutions Caring for the Sick, and Members of this Association who may be willing to present acceptable exhibits without hope or attempt to gain personal advertisement through presentation of such evidences of their skill and accomplishment.

RESOLUTION C. INTRODUCED BY DR. TALLEY:

WHEREAS, The rapid and remarkable advancement of medical science during the past few decades has resulted in an increasing tendency on the part of large numbers of physicians to confine their professional activities to limited and special fields of medical practice, and

WHEREAS, The tremendous growth of specialization has led to mal-adjustments in medical practice, chief of which is that some physicians who are not properly qualified are holding themselves out as specialists, a practice which obviously is not to the best interest of the public or the medical profession generally, and

WHEREAS, There is at the present time considerable discussion in various parts of the country concerning legislation requiring the certification or licensing of specialists by the different states; be it

Resolved, That the House of Delegates of the Ohio State Medical Association in annual meeting, May 12 and 13, 1931, at Toledo, Ohio, believing that the proper way to regulate specialization is through adequate medical education and through the medical profession itself and not through the establishment of an additional cumbersome state licensing system recommends:

That the individual members and component county medical societies and academies of medicine of the State Association devote serious and thorough consideration to this important question, involving as it does the definite demand for improvement and expansion of present facilities for post-graduate medical education and for the stimulation of a desire among individual physicians for graduate training;

That medical organization and individual members of the medical profession actively cooperate with the various organized groups composed of specialists in medicine who are undertaking to correct this situation by establishing voluntary and scientific standards and qualifications for those engaged in specialized fields of medicine and who hold themselves out to the public as possessing a specialized training and experience.

RESOLUTION D. INTRODUCED BY DR. MURPHY:

In the United States there are numerous forces at work, whose aims are to stress the economic side of medicine, to place the profession in a false light before the public and to make it seem as though the economic aspect were the only thing to be considered. If this continue, they will destroy the ethics of medicine, which are its guiding spirit. While medicine has an economic side, it never has been and never will be paramount to the public health. Medicine is an art and its ideals are essential to its existence. Therefore be it

"*Resolved*, That the Delegates of the Ohio State Medical Association be instructed to present to the House of Delegates of the American Medical Association at its next meeting to be held in Philadelphia the following motion:

"That the Board of Trustees of the American Medical Association raise a fund of one million dollars to be spent for an advertising campaign in the lay press to acquaint the people about the following:

1. The true economic status of the profession.
2. The ideals which govern the medical profession and the necessity of these ideals, if the profession is to continue.
3. The part played by the medical profession in the progress and the preservation of public health in the past and the necessity to maintain the profession for future progress.

RESOLUTION E. INTRODUCED BY DR. CALDWELL:

WHEREAS, The question of newspaper advertising and publicity by individual physicians and groups of physicians and other related problems involving the principles of medical ethics are at the present time topics for considerable debate and discussion, and

WHEREAS, Recent and pronounced lapses or deviations from the spirit and intent of the principles of ethics applying to publicity and advertising have been noted in some parts of Ohio, and

WHEREAS, A comprehensive report on the various angles of this problem of professional advertising and publicity was submitted to the Council of the Ohio State Medical Association at a regular meeting held Sunday, December 14, 1930, by a special Council committee on advertising ethics, and approved and adopted by the Council, as recorded in the minutes of said Council meeting, published in the January, 1931, issue of the *Ohio State Medical Journal*, pages 60-61, therefore, be it

Resolved, That the House of Delegates of the Ohio State Medical Association in 85th annual meeting, May 12 and 13, 1931, at Toledo, Ohio, approve and commend the action of the Council in officially endorsing the suggestions, recommendations and policies set forth in said report, which in effect were:

(1). The spirit and intent of the Principles of Medical Ethics of the American Medical Association (Chapter 2, Section 4), relative to professional advertising and publicity are perfectly clear, reasonable and sound, and should be observed faithfully by every member of the medical profession.

(2). The public would be less well served if physicians as individuals or groups began to advertise in a competitive, commercial way.

(3). The intelligent reader can at the present time be adequately informed regarding health, sanitation, and advances in medical science, through accredited health journals and public information given out by authoritative public health agencies.

(4). Professional propriety in advertising and publicity, as in all other phases of professional and public contacts, should be determined on the basis of the greatest public good, medical ethics, scientific judgment, modesty and good taste.

Be It Further Resolved, That each component county medical society and academy of medicine

be urged to give this question serious consideration and make every possible effort to warn their members against the use of the same tools which quackery has so misused and which are contrary to the high ideals, lofty principles and sacred traditions of the medical profession.

RESOLUTION F. INTRODUCED BY DR. LIND:

WHEREAS, The medical profession of Cleveland has not entertained the American Medical Association for many years, and

WHEREAS, In the meantime, many large hospital and medical center developments have taken place in Cleveland, and

WHEREAS, The Academy of Medicine of Cleveland believes that these developments make Cleveland a logical center for the convention of the American Medical Association, be it hereby

Resolved, That the Delegates of the Ohio State Medical Association to the American Medical Association Convention in Philadelphia be instructed to present on behalf of the Academy of Medicine of Cleveland its most cordial and earnest invitation that the American Medical Association hold its 1932 Convention in Cleveland, and be it further

Resolved, That should conditions make it impossible for the American Medical Association to accept the invitation for 1932, a similar cordial invitation is extended for 1933.

RESOLUTION G. INTRODUCED BY DR. PORTER:

WHEREAS, Private laboratory practice and diagnosis is an indispensable and important specialty in medical practice, and

WHEREAS, It has been charged that the enormous increase in the amount of laboratory work done by the state and municipal public health laboratories has had a tendency to destroy the incentive for physicians to specialize in this branch of medicine; is working a financial hardship on private laboratories and physicians specializing in private laboratory practice; is widening an activity tending toward state medicine, and has a tendency to eliminate the close relationship which should exist between physicians and their patients, therefore, be it

Resolved, That the House of Delegates of the Ohio State Medical Association at its annual meeting, May 12 and 13, 1931, in Toledo, approve and endorse the opinions and conclusions expressed in the annual report of the Committee on Medical Economics of the State Association on this question and re-emphasize the recommendation of that committee that the medical profession of Ohio generally aid in solving the problems confronting practitioners in laboratory practice and diagnosis by referring work to private laboratories instead of to the state or municipal laboratories, except that which is done for really indigent cases or cases which properly should be cared for at public expense.

RESOLUTION H. INTRODUCED BY DR. KING:

WHEREAS, The Ohio State Medical Association, by constitutional provision, will not accept for membership, through its county societies, physicians who are not citizens of the United States, and

WHEREAS, Large medical centers are continually attracting physicians from other countries who desire to remain for study or research and who desire to affiliate themselves with the representative group in their profession, and

WHEREAS, Their confreres in the profession welcome such contacts as may be afforded by full membership in county medical societies, and

WHEREAS, Such affiliation is now denied them by the State Association, be it hereby

Resolved, That the constitution of the Ohio State Medical Association be amended by deletion of any clauses or phrases setting forth citizenship as a requirement for membership.

RESOLUTION I. INTRODUCED BY DR. EMERICK:

WHEREAS, The social, economic, governmental and legislative problems affecting scientific medicine, medical practice and public health are constantly increasing, and

WHEREAS, The growing interest of the medical profession in all questions involving the welfare of the public, the protection of public health, the safeguarding of scientific medicine, and the continued advancement of the science and art of medicine as a scientific, competitive vocation has multiplied many fold the responsibilities of medical organization in seeing that the consistent, sound, conservative, and concerted medical viewpoint on health-medical-welfare, as well as social and economic, questions is expressed and emphasized, and

WHEREAS, The activities of medical organization in the fields above enumerated and in the maintenance of friendly and cooperative contacts with individuals, groups, agencies and organizations interested in mutual problems have made heavy demands during the past year upon its officers, committees and headquarters staff, therefore, be it

Resolved, By the House of Delegates of the Ohio State Medical Association in 85th annual meeting, Toledo, Ohio, May 12 and 13, 1931, that appreciation and approval be expressed to the officers and committees of the State Association for their meritorious and conscientious services during the past 12 months and to the members of our Association headquarters staff for the efficient and faithful manner in which they have discharged their duties, and be it further

Resolved, In view of the numerous, vital, complicated and difficult problems encountered during the present session of the State Legislature, that special approval and commendation be expressed to the members of the Committee on Public Policy and the legislative committeemen of the various component county medical societies and academies of medicine for their splendid and successful service in behalf of the public and in the interests of scientific medicine and public health; also that special appreciation be expressed to those earnest and high-minded members of the Legislature who cooperated with our efforts in the interest of the public and who gave serious and thoughtful consideration to our viewpoint on health and medical questions.

Miscellaneous Business

Dr. Murphy read and presented to the House of Delegates for action, a communication signed by Dr. Wm. H. Fisher, Chairman of the Executive Council of St. Vincent's Hospital, Toledo, calling attention to several communications recently issued over the signature of Dr. D. J. Slosser, Councilor from the Fourth District. In his communication, Dr. Fisher requested from the House of Delegates an official apology for reference to that hospital in the correspondence which accompanied his letter. Dr. Murphy requested action by the House of Delegates on this correspondence at

this time. Dr. Waggoner, the President, ruled that under Chapter VIII, Section 4, of the By-Laws of the State Association, that questions of an ethical nature brought before the House of Delegates must be referred to the Council without discussion. He announced that the Council would meet promptly on this matter and report to the House of Delegates at its second session.

Announcements were made by the chairmen of the various reference committees of the time and meeting places for their respective committees, in order that members of the House of Delegates, and other members interested in matters referred to such committees, might appear at such meetings.

Additional business was called for and there being none presented, the House of Delegates adjourned to meet in the same room, Hotel Secor, at 1:30 P. M., on the following day, May 13, 1931.

SECOND SESSION

The second and final session of the House of Delegates during the Eighty-Fifth Annual Meeting was called to order by President Waggoner at 1:30 P. M., Wednesday, May 13, 1931, in the Hotel Secor.

Responses to the roll call showed ninety-nine delegates and officers present (for tabulation see page 484).

Special Report From The Council

Dr. Cummer submitted in writing the following Council minutes and report to the House of Delegates:

Report

Pursuant to the action of the House of Delegates in referring to it ethical questions, the Council of the Ohio State Medical Association met at the call of the President at the Hotel Secor at 10:45 A. M., Tuesday, May 12, 1931.

Those present were: Drs. C. W. Waggoner, D. C. Houser, A. H. Freiberg, John A. Caldwell, E. M. Huston, O. P. Klotz, D. J. Slosser, C. L. Cummer, D. W. Stevenson, E. B. Shanley, E. R. Brush and I. P. Seiler. Dr. Geo. Edw. Follansbee, the Chairman of the Judicial Council of the American Medical Association, was present by invitation. In the absence of Dr. S. J. Goodman, Dr. C. L. Cummer was appointed Secretary Pro Tempore of Council.

The President stated that the meeting was called in accordance with Chapter VIII, Section 4 of the By-Laws, reading in part as follows:

> "The Council shall be the board of censors of this Association. It shall consider all questions involving the right and standing of members, whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates or the general meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or of a county society."

The issue developed from a communication from Dr. Wm. H. Fisher, Chairman of the Executive Council of St. Vincent's Hospital, Toledo, together with certain correspondence (over the signature of Dr. D. J. Slosser, Councilor of the Fourth District), in which it was stated that an aspersion had been cast upon their institution by this official.

Examination of the letters emanating from Dr. D. J. Slosser showed the following:

1. An attack on the professional attitude of the President of this Association.

2. Aspersions on the conduct of this Association, including the efforts, motives, services and affiliations of present and former officers.

3. An attempt to create an impression of a division of interest between the rural and the urban members of the profession.

The President stated that inasmuch as he himself was involved in the situation, he would request the President-elect, Dr. D. C. Houser, to take the chair, which was done.

In regard to the reference to the professional attitude of the President, Dr. Slosser immediately disavowed any intent to impugn the motives or activities of Dr. Waggoner. He offered his apology, as to this feature, which was accepted by Council.

Dr. Caldwell moved that the Council disavow any responsibility for statements or allegations by one of its members, which expressions, not having been authorized, did not represent the expressed opinion of the Council itself. This was seconded by Dr. Huston and carried.

Dr. Freiberg moved that the Council disapprove the manner in which Dr. Slosser has made his campaign for re-election, feeling that his statements with regard to the democratic spirit of our Association are unwarranted by the facts.

The Council feels that this declaration on its part is necessary in the interest of the solidarity and the effectiveness of future action of the Ohio State Medical Association.

In the discussion it was pointed out that the apportionment of delegates in this Association is essentially democratic, resting not upon numerical preponderance but giving a proportionately greater voice to the less populous districts.

There was then an informal discussion between Dr. Slosser and the other members of the Council as to his conduct in the entire episode. It was the consensus of opinion that his conduct was wrong and in this opinion Dr. Slosser concurred, offering his apology, which the Council voted to accept.

The Council adjourned at 12 noon.

Respectfully submitted,
C. L. CUMMER,
Secretary Pro Tem.

Following the reading of the foregoing report and Council minutes, Dr. Cummer moved that it be accepted by the House of Delegates. This motion was seconded by Dr. Alcorn. In the discussion, Dr. Murphy stated that Dr. Slosser had apologized to St. Vincent's Hospital and that they considered it a closed incident. On being put to a vote, the motion by Dr. Cummer was carried.

Annual Election

President Waggoner then announced the proceedings on the annual election. He called for nominations from the floor for the office of president-elect.

Dr. Smith nominated for the office of president-elect, Dr. H. M. Platter, Columbus, and called at-

tention to his many years of faithful and effective service as treasurer, and otherwise, in the affairs of the State Association. This nomination was seconded by Dr. Cummer. Further nominations were called for and there being none, upon motion by Dr. Seiler, seconded by Dr. Egger and carried, the nominations were closed and the secretary was instructed to cast the unanimous ballot of the House of Delegates for Dr. H. M. Platter, of Columbus, as president-elect of the Ohio State Medical Association. So recorded and announced.

Dr. Platter was introduced, expressed appreciation, and pledged his best efforts to be worthy of and to emulate the service rendered by the illustrious line of preceding presidents.

Election of Treasurer

Dr. Smith, Chairman of the Nominating Committee, called attention to the fact that his committee had selected no nominee for treasurer to take the place of Dr. Platter, who had served in that capacity for fourteen years and who, by the election now held, had been elevated to the office of president-elect.

President Waggoner called for nominations from the floor. Dr. Alcorn placed in nomination Dr. James A. Beer, of Columbus, for treasurer for the constitutional term of three years. This nomination was seconded by Dr. Follansbee. Upon motion by Dr. Cherrington, seconded by Dr. Blair and carried, the nominations were closed and the secretary was instructed to cast the unanimous ballot of the House of Delegates for Dr. James A. Beer as treasurer for a term of three years. So recorded and announced.

Election of Councilors

Under the next order of business, the Nominating Committee was requested to report, and through Dr. Smith, the Chairman, nominees for the office of Councilor from the Second, Fourth, Sixth, Eighth and Tenth Councilor Districts, were submitted.

Second District Councilor Election

The Nominating Committee announced the following nomination for Councilor from the Second District:—E. M. Huston, Dayton.

There being no further nominations from the floor, on motion by Dr. Alcorn, seconded by Dr. Seiler and carried, the secretary was instructed to cast the unanimous ballot of the House of Delegates for E. M. Huston, Dayton, for Councilor of the Second District for the constitutional term of two years. So recorded and announced.

Fourth District Councilor Election

The Nominating Committee announced the following nomination for Councilor from the Fourth District:—B. J. Hein, Toledo.

Dr. DeMuth placed in nomination for Councilor of the Fourth District, D. J. Slosser, Defiance.

Ballots were distributed, collected, tabulated and announced as follows:

B. J. Hein—48 votes.

D. J. Slosser—38 votes.

The President announced the election of B. J. Hein as Councilor from the Fourth District for the constitutional term of two years.

Sixth District Councilor Election

The Nominating Committee announced the following nomination for Councilor from the Sixth District:—H. S. Davidson, Akron.

Dr. Buchman placed in nomination for Councilor of the Sixth District, Carl R. Steinke, Akron.

Ballots were distributed, collected, tabulated and announced as follows:

H. S. Davidson—40 votes.

Carl R. Steinke—38 votes.

The President announced the election of H. S. Davidson as Councilor from the Sixth District for the constitutional term of two years.

Eighth District Councilor Election

The Nominating Committee announced the following nomination for Councilor from the Eighth District:—E. R. Brush, Zanesville.

There being no further nominations from the floor, on motion by Dr. Loebell, seconded by Dr. Moore and carried, the secretary was instructed to cast the unanimous ballot of the House of Delegates for E. R. Brush, Zanesville, for Councilor of the Eighth District for the constitutional term of two years. So recorded and announced.

Tenth District Councilor Election

The Nominating Committee announced the following nomination for Councilor from the Tenth District:—S. J. Goodman, Columbus.

There being no further nominations from the floor, on motion by Dr. Upham, seconded by Dr. Lukens and carried, the secretary was instructed to cast the unanimous ballot of the House of Delegates for S. J. Goodman, Columbus, for Councilor of the Tenth District for the constitutional term of two years. So recorded and announced.

Election of A. M. A. Delegates

The Nominating Committee, through Dr. Smith, chairman, announced the nomination of the following delegates and alternates to the American Medical Association for a term of two years:

J. P. DeWitt, Canton, Delegate
G. F. Zinninger, Canton, Alternate
C. E. Kiely, Cincinnati, Delegate
L. H. Schriver, Cincinnati, Alternate
C. W. Waggoner, Toledo, Delegate
John Sprague, Athens, Alternate.

There being no nominations from the floor, on motion by Dr. Humphrey, seconded by Dr. Morgan and carried, the secretary was instructed to cast the unanimous ballot of the House of Delegates for the nominations as made by the Nominating Committee. So recorded and announced.

Report of Reference Committee

The next order of business being the reports of the various committees appointed by the President at the first session of the House of Delegates, Dr. Lukens presented the report of the Committee on Addresses of the President and President-Elect.

Annual Addresses

The Address of the President-Elect is a classical gem, tracing the progress of medicine from pre Hippocratic Greece down to the present. It is a plea for cooperative medicine as giving the best future for continued development and progress, this being least vulnerable to the menace of state medicine.

The reasoning is good, and a careful perusal of the printed page will repay the reader, and give added pleasure to those who heard the address from the speakers lips.

The President's address is an oration, largely made up of Waggonerian epigrams, discussing public health, economics, charity, dole, state medicine, publicity, ethics, etc., which must be read by the membership to be properly appreciated. He recommends "the uplifters and reformers to eliminate themselves". This is a good idea but he does not say how they shall do it. He justly compliments the standing committees and appreciates fully *The Journal* and the Executive Secretary.

He closes with a brilliant panegyric to organized medicine. "If organized medicine had less destructive interference from the outside, greater progress would be made. It must not compromise with selfish, opposing forces", and he wants "fearless leaders, with political, economic and scientific acumen, with tempered judgment of age, but with all the fire and enthusiasm of youth", a rather difficult composite to obtain.

The address as a whole is orthodox and will be profitable for instruction and inspiration of the members as well as the laity.

CHARLES LUKENS, *Chairman*,
J. P. DEWITT,
E. H. PORTER,
RALPH SMITH.

On motion by Dr. Paryzek, seconded by Dr. Thomas and carried, the above report was accepted, approved and adopted.

Annual Reports

To the House of Delegates of the Ohio State Medical Association:

Your Committee on Annual Reports of Standing and Special Committees has the honor to report the following:

Your Committee has carefully reviewed the reports of the various Committees and has discussed at length the matters therein contained, and herewith submits its conclusions in regard to the several reports.

One. Report of the *Committee on Public Policy.*

In dealing with the questions of public policy, the committee has endeavored to gauge its attitude with the idea always in mind that what is detrimental to the medical profession and to scientific medicine, is certain to be detrimental to the health and welfare of the public. The Committee has this year as during previous sessions of the Legislature, followed closely the many bills in which the medical profession was interested, appeared at committee hearings to present the medical viewpoint on these issues, kept the membership promptly informed as to the progress of these bills, and the attitude of their respective representatives on public health and medical questions. Despite the fact that a record number of measures were introduced during this session of the Legislature, there were fewer bills passed by the 89th General Assembly than by the 88th. None of the bills that were passed had any deleterious effect on the medical profession as a whole. In conclusion, your committee presented a summary of the bills having health-welfare-medical angles which it studied during the present legislative session. It is to be highly commended for its activity in this direction in the prevention of harmful legislation.

Two. Annual Report of the *Committee on Medical Economics.*

The report shows that there is a constant increase in its responsibility, due to the serious economic and social questions involved. It strikes a firm note of confidence and the committee is secure in its knowledge that the medical profession will come through this uncertain period with its "professional ideals unshattered and continue as a united and efficient organization".

The sub-committee appointed to study the relation of the State Workmen's Compensation Law to the private practice of medicine has, by the maintenance of a friendly liaison, accomplished advances in the economic aspects which are of supreme importance to the medical profession, and this without any alteration in its policy of opposition to changes in the workmen's compensation law.

The complex situation involved in the "free choice of physician" and "self-insurer problem" shows evidence of much deliberation. There is still left with your committee the idea that the final answer has not been achieved and further thought can be devoted to this important matter. The subject matter of this comprehensive report touches on so many problems that it is of vital importance that the report be read in its entirety by each member of our Association.

Three. Annual Report of the *Publication Committee.*

In reviewing the annual report of the Publication Committee, only the highest commendation can be given to the work done by the Publication Committee.

Assembling, editing and publishing *The Journal*, represents a great amount of time sacrificed from private practice.

In reading the issues, published last year, we can realize the high standards set for admission of the scientific papers and the patrons of our advertising columns.

The information brought to the profession involving public health, medical economics and social welfare has been of great value to the individual physician and surgeon. It has provided all of us with material to counteract all interests hostile to public health and medical practice.

Cooperation of every member of the Association is the key note to a successful Journal. Let us continue to help make *The Journal* a powerful mouthpiece of the medical profession.

In conclusion let us thank the Publication Committee, Andrews Rogers, Gilbert Micklethwaite, A. B. Denison and Don K. Martin.

Four. Annual Report of the *Committee on Medical Defense.*

The Annual Report of the Committee on Medical Defense disclosed data of the utmost importance. As in the past, the Committee on Medical Defense has endeavored to prevent malicious attacks on the reputation of honest physicians. The record for the past year proves that practically all

malpractice suits are unjustified and that comparatively few suits alleging malpractice are sustained in the courts. Fully seventy-five per cent of all malpractice suits are due to the indiscreet remarks of fellow practitioners.

The entire report is important and the following excerpts are emphasized because of this:

Legally, a physician is not required to take a case. If he accepts the employment, he contracts to bring to it the average degree of skill, care and diligence exercised by the members of his profession in the same and similar localities. He cannot abandon the case without cause or proper notice to the patient. A member in arrears or not in good standing is not eligible to the medical defense plan of the Ohio State Medical Association. The State Association will not defend any member who fails to forward a medical defense application blank properly filled out to the State Association within ten days after the service of summons. Refer to page 392, May *Journal*, 1931.

When in doubt as to diagnosis, treatment or probable outcome, consultation should be not only welcomed, but requested.

This committee wishes to thank and commend the Medical Defense Committee, J. E. Tuckerman, F. P. Anzinger, W. H. Snyder and Don K. Martin, for the good work done in the past year.

Five. Report of the *Committee on Medical Education and Hospitals.*

The report of this committee has been studied and the following short summary submitted: The report shows the importance of keeping medical service apace with the growing needs of both the individual and the community, and that resultant service depends on medical education and hospitals. The hospitals and medical schools of Ohio are of the very best, being recognized as leaders in the medical world. It also shows that the supply of physicians being graduated meets the demands of the state, and that public confidence in them is increasing. Medical education only recently has been classed in the division of higher education. The additions of new requirements and new subjects have been so rapid that the curriculum is over-crowded. Attempts toward correction of this is being made by the Federation of State Medical Boards. Schools are advocating less of rigid class work and more of individual instruction. Teaching is becoming simplified and consolidated, and specialization is being left for post graduate study.

The committee recommends that more emphasis be placed on preventive medicine.

The report also shows that the most important and still the most defective part of medical training is the internship. The hospital staff should realize its responsibility to the interns, and by teaching, make the intern year an intensive course of post-graduate instruction.

Post-graduate study should be encouraged and more attention given it by the medical societies and hospitals. Over-specialization has led to abuses and has resulted in the entrance of in-efficient so-called specialists in the various fields. Your committee believes that the suggested special license would not be successful.

The report shows a rapid growth in the number of hospitals, from 2000 in 1900, to 7000 in 1930, throughout the entire United States, and gives a very complete summary as to the capital invested. In Ohio, we have 353 hospitals, 34 approved for internship training, 23 for residencies, and 71 for nurses training schools. This report also shows that many hospitals are having financial troubles and a suggestion is made that physicians cooperate in every way possible to help them solve their difficulties. Some readjustments are necessary, but hospital heads are warned to make haste slowly and not adopt impractical and unsound theories. The committee points out that the medical profession should play an important part in the readjustment program and that co-operation and mutual interest between hospitals and physicians are the best safeguards to the interest of both, as well as the public.

Six. Report of the *Committee on Periodic Health Examinations.*

The report of this committee has been studied and the following short summary is submitted:

Until recently public health meant prevention of contagious and infectious disease by the use of vaccines, serums and quarantine regulations, and education of the public relative to healthful conditions in the home, school, workshop and factory. During the last ten years considerable attention has been paid to the individual problems of disease. Extensive campaigns have been promoted to educate the public in the control and elimination of the preventive diseases which are causing an unusually high death rate. Periodic health examinations aided to a great extent in the reduction of these disabilities. The three most important objectives of periodic health examinations are: 1. The education of the public, 2, education of the family physicians and 3, stimulation of interest throughout the medical profession as a whole. The committee feels that the last two are most important. The general practitioner should be encouraged to give more careful time and study to this question. The suggestion that each county devote at least one meeting to the study of periodic health examinations is a very good one. A demonstration on an individual patient at such a meeting would be an excellent procedure. The State Board of Health could easily arrange, (especially throughout the rural counties,) such a program. It is suggested that a standard examination form be prepared and adopted by the State Association.

Seven. Report of the *Committee on Auditing and Appropriations.*

Through judicious management of the State Association's funds, careful supervision, and conservation of resources, the Committee has been able to provide the means for expansion of the Association's activities, and, at the same time, has made possible the accumulation of a substantial accrued unexpended balance in the general funds during the past twelve months, as shown in the accountant's report.

With the funds available, the income derived and the amount expended, medical organization in Ohio has accomplished more and been of greater service to its membership on nominal dues than any similar organization anywhere.

Eight. The *Mental Hygiene Committee* has made important progress during the past year. The stimulus furnished by this committee is responsible for the following important steps which have been taken by the State: A new institution for feeble-minded at Apple Creek, Wayne County, has been partially completed. Plans are under way for the development of a tract of land in Warren County as a site for another institution for feeble-minded to serve the southwestern portion of Ohio. Financial programs have been initiated for the enlargement of existing mental hygiene institutions and for the construction of new institutions when needed. Much remains to be accomplished and the Association should do all in its power and cooperate fully with the work of this very important committee.

Nine. Report of the *Special Committee on Military Affairs.*

A carefully prepared report showing in figures the distribution of the Ohioans enrolled with medical units and groups of the Officers Reserve Corps.

The importance of the relationship of the medical officer to the other arms of the service is emphasized. Your reference committee calls attention to the invitation extended by Adjutant General, Frank D. Henderson, Commanding Officer of the Ohio National Guard, to the medical profession of Ohio, to visit Camp Perry during the training period for the medical regiment.

Ten. Annual *Report of the Councilors.*

A brief report which merely outlines the work of the officers and council of this organization. It modestly sets forth the aims and ideals which have guided these men in the administration of our affairs. Your reference Committee wishes to felicitate the officers and Council and assure them the support of the Association.

The committee also desires to go on record as being firmly convinced that the reports of the standing and special committees demonstrate a deep grasp of the problems of medical organization in this State, and believes that it is proper, in this connection, to mention and commend our Executive Secretary, Don K. Martin, for his ability, experience, judgment and service to the officers, council, committeemen, component societies and members.

In conclusion, we recommend that the House of Delegates officially express appreciation to the Council, and to the standing and special committees of our Association for their earnest, faithful and successful efforts during the past year.

Respectfully submitted,
Committee on Reports of Standing and Special Committees.
LOUIS FEID, JR., *Chairman.*
I. B. HARRIS,
J. S. HATTERY,
HAROLD HEFFRON,
LEE HUMPHREY.

On motion by Dr. Feid, seconded by Dr. McDougall and carried, the above report, by sections and in its entirety, was accepted, approved and adopted.

Report of Committee on Resolutions

Dr. Stone, the Chairman, on behalf of the Committee on Resolutions, presented the following:

To the House of Delegates,
Ohio State Medical Association, at the
85th Annual Meeting,
Toledo, Ohio:

Your Committee on Resolutions, comprising C. W. Kirkland, Bellaire; C. K. Startzman, Bellefontaine; O. P. Tatman, Chillicothe, and C. W. Stone, Cleveland, desires to submit the following unanimous report concerning the nine resolutions introduced at the First Session of the House of Delegates, May 12, 1931.

RESOLUTION A

Introduced by J. H. J. Upham (Franklin County) reiterates the long established attitude of the Ohio State Medical Association that the chiropractice issue is a public health problem, and that public health agencies, voluntary and official, should assume the responsibility for initiating a campaign of public education in opposition to a proposed chiropractic bill. Accordingly, your committee approves of this resolution, and recommends its adoption by the House of Delegates. It reads as follows:

WHEREAS, Efforts are being made constantly by cultists to secure special privilege through destruction of Ohio's present adequate, responsible licensing system as administered by the State Medical Board, and

WHEREAS, A group of Ohio chiropractors has announced the intention to circulate petitions for the initiation of legislation to establish a separate state board of chiropractic, which if similar to the many proposals that have repeatedly and properly been defeated in the past, would permit unqualified persons to extend their field of practice and to treat all kinds of diseases and injuries including infectious, contagious and venereal diseases, and

WHEREAS, The enactment of such a proposal would be dangerous and detrimental to public health; would interfere with the State's enforcement of vaccination, with antitoxin requirements and with preventive medicine; would practically destroy the statutes and regulations concerning mortality and morbidity and permit untrained persons to sign death certificates; would raise innumerable legal and constitutional questions concerning sanitation, public health administration and control of diseases, and

WHEREAS, Under present adequate laws chiropractors may now be licensed for "limited practice" consistent with their limited scientific education, and

WHEREAS, The interest and activity of medical organization in opposition to such destructive proposals have frequently been misrepresented and misunderstood, although its purpose has been entirely one of public protection and the maintenance of adequate educational requirements for those who attempt to treat the sick and injured, therefore be it

Resolved, That, in as much as this question is of concern to all the people and especially those official and voluntary agencies organized and supported for protection of public health, that it is hereby expressed as the sentiment of the House of Delegates of the Ohio State Medical Association, at the annual meeting in Toledo, May 12 and 13, 1931, that the chiropractic issue is entirely a public health question and not a "medical question", and that public health agencies, voluntary as well as official, should promptly take the initiative and the responsibility in a campaign of public information and education in opposition to such a proposed initiated chiropractic bill; and that the earnestness and effectiveness of such public health organizations be gauged by their efforts and activity in this matter.

On motion by Dr. Stone, seconded by Dr. Blair and carried, Resolution A was accepted, approved and adopted.

RESOLUTION B

Introduced by J. D. Boylan (Union County) requests consideration by the officers of the Ohio State Medical Association in effecting changes in the program of the annual meeting which may

tend to increased interest in the meetings and to added benefit to be derived from the meetings. The author of this resolution appeared before the Committee, as did also E. R. Hiatt, R. H. Markwith, and H. G. Southard from the Section on Public Health and Industrial Medicine. Numerous other interested delegates and members likewise were interviewed. The concensus of opinion was that changes in the program should be tried. Your committee is sympathetic with the desire to effect improvement in the program of the annual meeting. However, in the limited time permitted to consider this matter, the committee does not feel itself in a position to propose specific changes. Accordingly, it is recommended that the House of Delegates direct the President to appoint a special committee to carefully study and investigate the feasibility of changes in the program of the annual meeting, as contemplated in this resolution, and that such special committee be instructed to present its report to the Council in such time as to permit the Program Committee to be guided by their recommendations for the coming year.

On motion by Dr. Stone, seconded by Dr. Upham and carried, the foregoing recommendation of the Resolution Committee was adopted.

RESOLUTION C

Introduced by C. F. Talley (Delaware County) indicates that the proper method to regulate medical specialization lies in the various special national medical societies qualifying their membership as specialists in some particular branch of medical practice rather than having this done by additional state licensing boards. Your committee is in agreement with the viewpoint that specialization in medicine should not involve the establishment of special licensing boards in the various states. Furthermore, the committee approves of the suggestion of the desirability of encouraging the expansion of present facilities for post graduate medical education. However, since the Association of American Medical Colleges is now engaged in a study of medical specialization, its necessary preparation and the requirements for qualification as specialists, it is the opinion of your committee that action on this resolution might well be deferred to a later date.

On motion by Dr. Stone, seconded by Dr. Hattery and carried, the foregoing recommendation of the Resolutions Committee was adopted.

RESOLUTION D

Introduced by John T. Murphy (Lucas County) would request the Board of Trustees of the American Medical Association to raise a fund of one million dollars to be spent on an advertising campaign in the lay press to acquaint the public with the economic status and the ideals of the medical profession, and with the part played by the medical profession in the preservation of the public health. The American Medical Association is already engaged in a systematic program of education among the laity, and it is to be hoped that this work may be extended. The American Medical Association is now collecting data concerning the economic status of the medical profession with a special bureau (Bureau of Medical Economics) established for this purpose. In the opinion of your committee, this resolution seems at this time to be premature. Furthermore, the committee does not feel that the medical profession should be obliged to defend its position through the lay press by the expenditure of any such large sum of money as is contemplated in the resolution. Accordingly, your committee recommends that this resolution should not be adopted.

On motion by Dr. Stone, seconded by Dr. Seiler and carried, the foregoing recommendations of the Resolutions Committee disapproving Resolution D were adopted.

RESOLUTION E

Introduced by John A. Caldwell (Hamilton County) records the report of a special committee on the subject of advertising ethics—which report was approved and adopted by the Council of this Association. Your committee considers that this resolution is a timely and important guide to the attitude of the Ohio State Medical Association concerning professional advertising and publicity, and, therefore, the committee heartily recommends its approval by the House of Delegates. This resolution reads as follows:

WHEREAS, The question of newspaper advertising and publicity by individual physicians and groups of physicians and other related problems involving the principles of medical ethics are at the present time topics for considerable debate and discussion, and

WHEREAS, Recent and pronounced lapses or deviations from the spirit and intent of the principles of ethics applying to publicity and advertising have been noted in some parts of Ohio, and

WHEREAS A comprehensive report on the various angles of this problem of professional advertising and publicity was submitted to the Council of the Ohio State Medical Association at a regular meeting held Sunday, December 14, 1930, by a special Council committee on advertising ethics, and approved and adopted by the Council, as recorded in the minutes of said Council meeting, published in the January, 1931, issue of the Ohio State Medical Journal, pages 60-61, therefore, be it

Resolved, That the House of Delegates of the Ohio State Medical Association in 85th annual meeting, May 12 and 13, at Toledo, Ohio, approve of and commend the action of the Council in officially endorsing the suggestions, recommendations and policies set forth in said report, which in effect were:

(1). The spirit and intent of the Principles of Medical Ethics of the American Medical Association (Chapter 2, Section 4) relative to professional advertising and publicity are perfectly clear, reasonable and sound, and should be observed faithfully by every member of the medical profession.

OHIO STATE MEDICAL ASSOCIATION

Officers 1931-1932

PRESIDENT

D. C. Houser, M.D. — Urbana

PRESIDENT-ELECT

H. M. Platter, M.D. — Columbus

TREASURER

James A. Beer, M.D. — Columbus

EXECUTIVE SECRETARY

Don K. Martin — Columbus

State Council

FIRST DISTRICT

John A. Caldwell, M.D. — Cincinnati

SECOND DISTRICT

E. M. Huston, M.D. — Dayton

THIRD DISTRICT

O. P. Klotz, M.D. — Findlay

FOURTH DISTRICT

B. J. Hein, M.D. — Toledo

FIFTH DISTRICT

C. L. Cummer, M.D. — Cleveland

SIXTH DISTRICT

H. S. Davidson, M.D. — Akron

SEVENTH DISTRICT

E. B. Shanley, M.D. — New Philadelphia

EIGHTH DISTRICT

E. R. Brush, M.D. — Zanesville

NINTH DISTRICT

I. P. Seiler, M.D. — Piketon

TENTH DISTRICT

S. J. Goodman, M.D. — Columbus

EX-OFFICIO, THE EX-PRESIDENT

C. W. Waggoner, M.D. — Toledo

STANDING COMMITTEES (Constitutional)

PUBLIC POLICY

John B. Alcorn, Chairman, (1933) — Columbus
H. S. Davidson, (1932) — Akron
J. H. J. Upham, (1934) — Columbus
D. C. Houser, (ex-officio) — Urbana
H. M. Platter, (ex-officio) — Columbus

PUBLICATION

Andrews Rogers, Chairman, (1934) — Columbus
Gilbert Micklethwaite, (1932) — Portsmouth
A. B. Denison, (1933) — Cleveland

MEDICAL DEFENSE

J. E. Tuckerman, Chairman, (1934) — Cleveland
F. P. Anzinger, (1932) — Springfield
W. H. Snyder, (1933) — Toledo

MEDICAL EDUCATION AND HOSPITALS

Ben R. McClellan, Chairman, (1934) — Xenia
R. H. Birge, (1932) — Cleveland
John F. Wright, (1933) — Toledo

MEDICAL ECONOMICS

J. Craig Bowman, Chairman, (1933) — Upper Sandusky
E. O. Smith, (1932) — Cincinnati
A. B. Brower, (1934) — Dayton

Council Committee

AUDITING AND APPROPRIATIONS

S. J. Goodman, Chairman — Columbus
C. L. Cummer — Cleveland
E. M. Huston — Dayton

SECTION OFFICERS FOR 1931-1932

MEDICINE

Leo C. Bean — Chairman
Gallipolis
C. S. Mundy — Secretary
125 15th Street, Toledo

SURGERY

M. E. Blahd — Chairman
1420 Medical Arts Bldg., Cleveland
C. R. Steinke — Secretary
1027 Second National Bldg., Akron

OBSTETRICS AND PEDIATRICS

E. G. Horton — Chairman
350 E. State Street, Columbus
B. H. Carroll — Secretary
240 Michigan Street, Toledo

EYE, EAR, NOSE AND THROAT

Albert L. Brown — Chairman
2700 Union Central Bldg., Cincinnati
Ivor G. Clark — Secretary
188 E. State St., Columbus

NERVOUS AND MENTAL DISEASES

John D. O'Brien — Chairman
332 Market Ave. N., Canton
J. Fremont Bateman — Secretary
Box 36, Elmwood Place

PUBLIC HEALTH AND INDUSTRIAL MEDICINE

R. C. Engel — Chairman
3102 Independence Rd., Cleveland
R. H. Markwith — Secretary
Court House Annex, Akron

Delegates and Alternates to American Medical Association

DELEGATES

Wells Teachnor, Sr., (1932) — Columbus
Ben R. McClellan, (1932) — Xenia
E. R. Brush, (1932) — Zanesville
C. W. Stone, (1932) — Cleveland
J. P. DeWitt, (1933) — Canton
C. E. Kiely, (1933) — Cincinnati
C. W. Waggoner, (1933) — Toledo

ALTERNATES

D. H. Morgan, (1932) — Akron
A. C. Messenger, (1932) — Xenia

C. L. Cummer, (1932) — Cleveland
G. F. Zinninger, (1933) — Canton
L. H. Schriver, (1933) — Cincinnati
John Sprague, (1933) — Athens

Annual Meeting, A.M.A., Philadelphia, June 8 to 12, 1931

(2). The public would be less well served if physicians as individuals or groups began to advertise in a competitive commercial way.

(3). The intelligent reader can at the present time be adequately informed regarding health, sanitation, and advances in medical science, through accredited health journals and public information given out by authoritative public health agencies.

(4). Professional propriety in advertising and publicity, as in all other phases of professional and public contacts, should be determined on the basis of the greatest public good, medical ethics, scientific judgment, modesty and good taste.

Be It Further Resolved, That each component county medical society and academy of medicine be urged to give this question their serious consideration and make every possible effort to warn their members against the use of the same tools which quackery has so misused and which are contrary to the high ideals, lofty principles and sacred traditions of the medical profession.

On motion by Dr. Stone, seconded by Dr. Jennings, and carried, Resolution E was accepted, approved and adopted.

RESOLUTION F

Introduced by S. C. Lind (Cuyahoga County) is an invitation, extended by the Academy of Medicine of Cleveland, for the American Medical Association to hold its annual meeting in Cleveland in either 1932 or 1933. Your committee welcomes the commendable spirit which prompts the Academy of Medicine of Cleveland to desire to bring to Ohio a meeting of our national organization. Accordingly, the committee recommends the approval of this resolution by the House of Delegates, reading as follows:

WHEREAS, The medical profession of Cleveland has not entertained the American Medical Association for many years, and

WHEREAS, In the meantime, many large hosppital and medical center developments have taken place in Cleveland, and

WHEREAS, The Academy of Medicine of Cleveland believes that these developments make Cleveland a logical center for the convention of the American Medical Association; be it hereby

Resolved, That the Delegates of the Ohio State Medical Association to the American Medical Association Convention in Philadelphia be instructed to present on behalf of the Academy of Medicine of Cleveland its most cordial and earnest invitation that the American Medical Association hold its 1932 Convention in Cleveland, and be it further

Resolved, That should conditions make it impossible for the American Medical Association to accept the invitation for 1932, a similar cordial invitation is extended for 1933.

On motion by Dr. Stone, seconded by Dr. DeWitt and carried, Resolution F was accepted, approved and adopted.

RESOLUTION G

Introduced by E. H. Porter (Seneca County) deals with private laboratory practice and diagnosis as emphasized in the annual (1931) report of the Committee on Medical Economics of the Ohio State Medical Association. The Committee on Medical Economics has suggested that physicians engaged in private laboratory practice, in cooperation with the various county medical societies of the state, should arrange to present some of their problems to the medical profession at large. This is done in a conservative manner in the resolution under consideration. Your committee recommends its approval by the House of Delegates, as follows:

WHEREAS, Private laboratory practice and diagnosis is an indispensable and important specialty in medical practice, and

WHEREAS, It has been charged that the enormous increase in the amount of laboratory work done by the state and municipal public health laboratories has had a tendency to destroy the incentive for physicians to specialize in this branch of medicine; is working a financial hardship on private laboratories and physicians specializing in private laboratory practice; is widening an activity tending toward state medicine, and has a tendency to eliminate the close relationship which should exist between physicians and their patients, therefore be it

Resolved, That the House of Delegates of the Ohio State Medical Association at its annual meeting, May 12 and 13, 1931, in Toledo, approve and endorse the opinions and conclusions expressed in the annual report of the Committee on Medical Economics of the State Association on this question and re-emphasize the recommendation of that committee that the medical profession of Ohio generally aid in solving the problems confronting practitioners in laboratory practice and diagnosis by referring work to private laboratories instead of to the state or municipal laboratories, except that which is done for really indigent cases or cases which properly should be cared for at public expense.

On motion by Dr. Stone, seconded by Dr. Seibert and carried, Resolution G was accepted, approved and adopted.

RESOLUTION H

Introduced by H. C. King (Cuyahoga County) calls attention to the fact that large medical centers attract physicians from other countries who desire to affiliate themselves with organized medicine. The resolution proposes an amendment to the constitution of the Ohio State Medical Association whereby citizenship would be no longer a requirement for membership. Since applicants for membership would still be required to be licensed to practice medicine and surgery by licensing authority constituted by the State of Ohio, and since the situation seems sufficiently guarded by the State Medical Board, this amended provision can be recommended. Your committee recommends that, in compliance with Section 1 of Article XI of the constitution of the Ohio State Medical Association, this proposed amendment be ordered published in *The Journal* and that a copy be sent to each component county society.

Dr. Stone read Resolution H, as introduced at the first session of the House of Delegates, and moved that the foregoing recommendation of the

Resolutions Committee be accepted, approved and adopted. This motion was seconded by Dr. Feid. Dr. Waggoner, the President, called attention to the fact that the resolution as such could not be effective is as far as a proposed amendment to the Constitution is concerned, and would merely mean an expression of opinion at this time. He pointed out that the adoption of the resolution might be misleading as to its effect. He also pointed out that the resolution itself is not in proper form, not referring to definite articles and sections of the Constitution and By-Laws, to be effective as a proposed amendment, and that the House of Delegates cannot vote upon an amendment until after it has been proposed in proper form and published in the *Ohio State Medical Journal* two months before the Annual Meeting and sent officially to each component county society. It was therefore suggested that the proponents of such proposed amendment should submit it in proper form for publication, circulation and action at the next annual meeting.

RESOLUTION I

Introduced by E. J. Emerick (Franklin County) is an expression of appreciation and approval for the efficient manner in which the officers and committees and members of the headquarters staff have discharged their duties during the past year. Your committee heartily approves of the commendation herein contained, and recommends that this resolution be adopted by the House of Delegates, as follows:

WHEREAS, The social, economic, governmental and legislative problems affecting scientific medicine, medical practice and public health are constantly increasing, and

WHEREAS, The growing interest of the medical profession in all questions involving the welfare of the public, the protection of public health, the safeguarding of scientific medicine, and the continued advancement of the science and art of medicine as a scientific, competitive vocation has multiplied many fold the responsibilities of medical organization in seeing that the consistent, sound, conservative, and concerted medical viewpoint on health-medical-welfare, as well as social and economic, questions is expressed and emphasized, and

WHEREAS, The activities of medical organization in the fields above enumerated and in the maintenance of friendly and cooperative contacts with individuals, groups, agencies and organizations interested in mutual problems have made heavy demands during the past year upon its officers, committees and headquarters staff, therefore, be it

Resolved, By the House of Delegates of the Ohio State Medical Association in 85th annual meeting, Toledo, Ohio, May 12 and 13, 1931, that appreciation and approval be expressed to the officers and committees of the State Association for their meritorious and conscientious services during the past 12 months and to the members of our Association headquarters staff for the efficient and faithful manner in which they have discharged their duties, and be it further

Resolved, In view of the numerous, vital, complicated and difficult problems encountered during the present session of the State Legislature, that special approval and commendation be expressed to the members of the Committee on Public Policy and the legislative committeemen of the various component county medical societies and academies of medicine for their splendid and successful service in behalf of the public and in the interests of scientific medicine and public health; also that special appreciation be expressed to those earnest and high-minded members of the Legislature who cooperated with our efforts in the interest of the public and who gave serious and thoughtful consideration to our viewpoint on health and medical questions.

On motion by Dr. Stone, seconded by Dr. DeWitt and carried, Resolution I was accepted, approved and adopted.

On motion by Dr. Stone, seconded by Dr. Huston and carried, the foregoing action by the House of Delegates on the various matters submitted by the Resolutions Committee was adopted as a whole.

Selection of the Meeting Place for 1932

On behalf of the Montgomery County Medical Society and the City of Dayton, Dr. Huston extended an invitation for the 1932 Annual Meeting to be held in that city, and moved that the House of Delegates accept this invitation. Upon being seconded by Dr. Upham, and carried, the House of Delegates approved Dayton as the place for the next Annual meeting.

Installation of Officers

As his last official act before retiring as President and inaugurating Dr. Houser to the Presidency from the office of President-Elect, Dr. Waggoner expressed appreciation for the splendid and constructive spirit of support and cooperation by the House of Delegates, the officers, Council, county societies and membership generally during his term. Dr. Waggoner then called attention to the experience and qualifications of Dr. Houser and, in appropriate words, officially installed him as the President for the ensuing year by presenting to him the official gavel of the State Association.

On being installed, Dr. Houser expressed his gratitude and pledged his earnest efforts on behalf of the State Association and the membership.

Appointment and Confirmation of Standing Committees

Under the next order of business, as his first official act, President Houser, in conformity to Chapter IX, Section 1, of the By-Laws, announced the appointment of one member each on the standing committees for a term of three years as follows:

Public Policy:

J. H. J. Upham, Columbus.

Publication:

Andrews Rogers, Columbus.

Medical Defense:

J. E. Tuckerman, Cleveland.

Medical Education and Hospitals:

Ben R. McClellan, Xenia.

Medical Economics:

A. B. Brower, Dayton.

Upon motion by Dr. DeMuth, seconded by Dr. Tritch and carried, the House of Delegates concurred in the foregoing appointments.

Dr. Houser then announced the complete personnel of the standing committees under the constitution, including the hold-over members, the year in which the terms of members expire, and the chairman designation, as follows:

Committee on Public Policy:

John B. Alcorn, Chairman, (1933), Columbus; H. S. Davidson, (1932), Akron; J. H. J. Upham, (1934), Columbus; D. C. Houser, (Ex-officio), Urbana; H. M. Platter, (Ex-officio), Columbus.

Publication Committee:

Andrews Rogers, Chairman, (1934), Columbus; Gilbert Micklethwaite, (1932), Portsmouth; A. B. Denison, (1933), Cleveland.

Medical Defense:

J. E. Tuckerman, Chairman, (1934), Cleveland; F. P. Anzinger, (1932), Springfield; W. H. Snyder (1933), Toledo.

Medical Education and Hospitals:

Ben R. McClellan, Chairman, (1934), Xenia; R. H. Birge, (1932), Cleveland; John F. Wright, (1933), Toledo.

Medical Economics:

J. Craig Bowman Chairman, (1933), Upper Sandusky; E. O. Smith, (1932), Cincinnati; A. B. Brower, (1934), Dayton.

Words of Appreciation

On motion of Dr. Goodman, carried by a rising vote, the House of Delegates, on behalf of the members of the State Association, officially expressed appreciation to the Academy of Medicine of Toledo and Lucas County, its local committees on arrangements, the Toledo newspapers and all others who contributed toward the success and pleasure of the 1931 annual meeting.

Further business being called for and there being none presented, the House of Delegates, upon motion, adjourned to the Eighty-Sixth Annual Meeting to be held in Dayton, in 1932, the dates to be set by the Council as authorized under the Constitution.

Attest: DON K. MARTIN,
Executive Secretary.

House of Delegates Roll Call

County	Delegate	First Session	Second Session	County	Delegate	First Session	Second Session
Adams	Hazel Sproull	present	present	Hamilton	Henry B. Freiberg	present	present
Allen	Ezra Burnett	present	present	Hamilton	J. V. Greenebaum	present	present
Ashland	G. B. Fuller	present	present	Hamilton	Otto J. Seibert	present	present
Ashtabula	R. B. Wynkoop	present	present	Hancock	J. C. Tritch	present	present
Athens	C. S. McDougall	present	present	Hardin	R. G. Schutte	———	present
Auglaize	I. E. Williams	present	———	Harrison	R. P. Rusk	———	present
Auglaize	C. C. Berlin	———	present	Henry	J. H. Fiser	present	present
Belmont	C. W. Kirkland	present	present	Highland	H. W. Chaney	———	present
Brown	Geo. P. Tyler, Jr.	———	———	Hocking	M. H. Cherrington	present	present
Butler	C. J. Baldridge	———	———	Holmes	———	———	———
Champaign	J. C. Hathaway	———	———	Huron	B. C. Pilkey	———	present
Clarke	J. A. Link	present	present	Jackson	J. J. McClung	present	present
Clermont	H. E. Cover	———	———	Jefferson	Carl Goehring	———	present
Clinton	V. E. Hutchens	present	present	Knox	F. C. Anderson	present	present
Columbiana	Harry Bookwalter	present	present	Lake	V. N. Marsh	———	———
Coshocton	W. H. Keenan	present	———	Lawrence	George Hunter	present	present
Crawford	W. G. Carlisle	———	———	Licking	E. A. Moore	present	present
Cuyahoga	H. V. Paryzek	present	present	Logan	C. K. Startzman	present	present
Cuyahoga	S. C. Lind	present	present	Lorain	S. V. Burley	present	present
Cuyahoga	Geo. Edw. Follansbee	present	present	Lucas	E. J. McCormick	present	present
Cuyahoga	H. C. King	present	present	Lucas	E. G. Galbraith	present	present
Cuyahoga	C. W. Stone	present	present	Lucas	J. T. Murphy	present	present
Cuyahoga	A. G. Cranch	———	present	Lucas	Chas. Lukens	present	present
Cuyahoga	J. E. Tuckerman	present	present	Madison	———	———	———
Cuyahoga	V. C. Rowland	present	present	Mahoning	Wendell H. Bennett	———	———
Cuyahoga	C. H. Heyman	present	———	Mahoning	R. G. Mossman	———	———
Cuyahoga	A. Strauss	———	present	Marion	R. T. Morgan	present	present
Cuyahoga	D. M. Glover	present	———	Medina	E. L. Crum	———	———
Cuyahoga	H. C. Rosenberger	present	present	Meigs	John R. Philson	———	———
Darke	C. I. Stephens	———	———	Mercer	R. L. Downing	———	present
Defiance	Geo. DeMuth	present	present	Miami	Gainor Jennings	present	present
Delaware	C. F. Talley	present	present	Monroe	———	———	———
Erie	F. M. Houghtaling	present	present	Montgomery	C. C. McLean	present	present
Fairfield	Ralph H. Smith	present	present	Montgomery	A. O. Peters	present	present
Fayette	A. S. Stemler	present	present	Montgomery	A. W. Carley	present	present
Franklin	John B. Alcorn	present	present	Morgan	Lee Humphrey	———	present
Franklin	E. J. Emerick	present	present	Morrow	A. C. Richards	———	———
Franklin	I. B. Harris	present	present	Muskingum	M. A. Loebell	present	present
Franklin	John M. Thomas	present	present	Noble	———	———	———
Franklin	J. H. J. Upham	present	present	Ottawa	H. J. Pool	present	present
Fulton	Harold Heffron	present	present	Paulding	J. R. Heath	———	present
Gallia	S. L. Bossard	present	present	Perry	James Miller	———	———
Geauga	W. C. Cory	present	present	Pickaway	D. V. Courtright	present	present
Greene	L. L. Taylor	———	———	Pike	R. M. Andre	———	———
Guernsey	B. A. Souders	present	present	Portage	A. O. DeWeese	———	———
Hamilton	Louis Feid, Jr.	present	present	Preble	C. E. Newbold	present	present
Hamilton	Chas. E. Kiely	present	present	Putnam	Frank Light	———	———
Hamilton	E. O. Smith	present	present	Richland	John S. Hattery	present	present

County	Delegate	First Session	Second Session
Ross	O. P. Tatman	present	present
Sandusky	Chester Egger	present	present
Scioto	Gilbert Micklethwaite	present	.....
Seneca	Edwards H. Porter	present	present
Shelby	R. E. Paul	.....	.....
Stark	J. P. DeWitt	present	present
Stark	L. A. Buchman	present	present
Summit	F. C. Potter	present	present
Summit	H. S. Davidson	present	present
Summit	R. E. Amos	present	present
Trumbull	John D. Knox	.....	present
Tuscarawas	W. W. H. Curtiss	present	present
Union	J. D. Boylan	present	present
Van Wert	F. W. Conley	present	present
Vinton	H. S. James	.....	.....
Warren	B. H. Blair	present	present
Washington	J. A. McCowan	.....	.....
Wayne	R. C. Paul	present	present
Williams	J. A. Weitz	present	present
Wood	Earl D. Foltz	present	present
Wyandot	J. Craig Bowman	.....	.....

OFFICERS			
President	C. W. Waggoner	present	present
President-Elect	D. C. Houser	present	present
Ex-President	Albert H. Freiberg	present	.....
Treasurer	H. M. Platter	present	present
COUNCILORS			
First District	John A. Caldwell	present	present
Second District	E. M. Huston	present	present
Third District	O. P. Klotz	present	present
Fourth District	D. J. Slosser	present	present
Fifth District	C. L. Cummer	present	present
Sixth District	D. W. Stevenson	.....	present
Seventh District	E. B. Shanley	.....	present
Eighth District	E. R. Brush	present	present
Ninth District	I. P. Seiler	present	present
Tenth District	S. J. Goodman	.....	present
	Total	91	99

Council Meetings Held During The Eighty-Fifth Annual Meeting of The Ohio State Medical Association

MINUTES

The Council convened at dinner at the Commodore Perry Hotel, at 6:30 P. M., Monday, May 11, 1931, on the eve of the opening of the Eighty-fifth Annual Meeting of the State Association, and as the guests of the President, Dr. Waggoner.

The officers, councilors and other guests of the President at this dinner were: Drs. Houser, Platter, Freiberg, Caldwell, Huston, Klotz, Slosser, Cummer, Stevenson, Shanley, Brush, Seiler, Goodman, Upham, Alcorn, Stone, Follansbee, Tuckerman, Bigelow, Selby, McCormick, Wright, Chollett, Gillette, Mr. Martin, Mr. Nelson, and the host, Dr. Waggoner.

Following the dinner and upon the convening of the business session the minutes of the last meeting held on March 1, 1931, (published on pages 311 to 313, inclusive, of the April, 1931, issue of *The Journal*) were read, and on motion seconded and carried, were approved.

Dr. McCormick, Chairman of the Entertainment Committee for the Annual Meeting, was introduced and announced the preparation and completion of the numerous details in connection with the meeting places and other arrangements.

ACTION ON CONSTITUTIONS

Dr. Freiberg, Chairman of the Council Committee on Constitutional Conformity, reported in detail on the action of this committee at a meeting held on the afternoon of this day, and submitted detailed recommendations to the Council for consideration. He recommended official approval of the constitutions and by-laws of the following component county medical societies which had been submitted, or re-submitted for final action, since the last Council meeting:

Ashtabula County Medical Society
Athens County Medical Society
Auglaize County Medical Society
Cincinnati Academy of Medicine
Crawford County Medical Society
Geauga County Medical Society
Huron County Medical Society
Knox County Medical Society
Medina County Medical Society
Trumbull County Medical Society
Warren County Medical Society.

Upon motion by Dr. Cummer, seconded by Dr. Caldwell and carried, the Council approved as official, the constitutions and by-laws of the foregoing societies.

The Committee, through Dr. Freiberg, then submitted the constitutions and by-laws of the following component societies with recommendation for approval, contingent on local adoption of certain final changes which had been recommended by the committee to those societies, and upon official signature and proper certification:

Columbus Academy of Medicine
Erie County Medical Society
Lorain County Medical Society
Richland County Medical Society.
Summit County Medical Society.

Dr. Freiberg also reported on the constitutions and by-laws of the following county medical societies which have already been tentatively approved, subject to a few additional amendments or on which there has been considerable correspondence looking toward submission of complete constitutions and by-laws:

Butler County Medical Society
Cleveland Academy of Medicine
Columbiana County Medical Society
Columbus Academy of Medicine
Fulton County Medical Society
Highland County Medical Society
Lake County Medical Society
Mahoning County Medical Society
Mercer County Medical Society
Pike County Medical Society
Tuscarawas County Medical Society
Washington County Medical Society.
Wayne County Medical Society.

Upon recommendation by Dr. Freiberg, and upon motion by Dr. Brush, seconded by Dr. Seiler and carried, the Council authorized the re-issuance of a charter to the Perry County Medical

Society, the officers of that society having reported that the original charter could not be found.

For the information of the Council, Dr. Freiberg called attention to the fact that at previous Council sessions the constitutions and by-laws of the following component societies had already been approved:

Academy of Medicine of Lima and Allen County
Belmont County Medical Society
Champaign County Medical Society
Clinton County Medical Society
Coshocton County Medical Society
Darke County Medical Society
Defiance County Medical Society
Delaware County Medical Society
Fayette County Medical Society
Hancock County Medical Society
Harrison County Medical Society
Hocking County Medical Society
Jefferson County Medical Society
Marion County Medical Society
Meigs County Medical Society
Miami County Medical Society
Muskingum County Medical Society
Perry County Medical Society
Portage County Medical Society
Preble County Medical Society
Stark County Medical Society
Van Wert County Medical Society
Wood County Medical Society.

The Council Committee on Constitutional Conformity called attention to the fact that constitutions and by-laws, in conformity with the Constitution and By-Laws of the State Association, had not yet been submitted by the following thirty-four component societies:

Adams County Medical Society
Ashland County Medical Society
Brown County Medical Society
Clarke County Medical Society
Clermont County Medical Society
Fairfield County Medical Society
Gallia County Medical Society
Greene County Medical Society
Guernsey County Medical Society
Hardin County Medical Society
Henry County Medical Society
Holmes County Medical Society
Jackson County Medical Society
Lawrence County Medical Society
Licking County Medical Society
Logan County Medical Society
Toledo Academy of Medicine (Lucas County)
Madison County Medical Society
Monroe County Medical Society
Morgan County Medical Society
Morrow County Medical Society
Noble County Medical Society
Ottawa County Medical Society
Paulding County Medical Society
Pickaway County Medical Society
Putnam County Medical Society
Ross County Medical Society
Sandusky County Medical Society
Seneca County Medical Society
Scioto County (Hempstead Academy of Medicine)
Shelby County Medical Society
Union County Medical Society
Vinton County Medical Society
Williams County Medical Society
Wyandot County Medical Society.

On behalf of the Council Committee on Constitutional Conformity, Dr. Freiberg submitted the following summarized report and recommendations:

> After the expenditure of much time and effort on the part of the Committee on Conformity, revisions of the constitution and by-laws looking towards this end were adopted by the House of Delegates at the 1930 meeting. They are now a part of its organic law and it is absolutely necessary that they be put into effect. Notwithstanding earnest endeavor on the part of the committee, a number of component societies have failed to submit their constitutions and by-laws to the Council for the approval of such portions as are necessary to be in conformity with those of the State Association.
>
> The respective Councilors in whose districts these shortcomings are found are hereby directed by Council to call the attention of the delinquent bodies to the serious nature of the situation. Particularly in respect to disciplinary matters which might be required to be brought before the Council of the Ohio State Medical Association, a most unfortunate condition may arise in which adjudication may become exceedingly difficult, or even impossible. The Councilors are therefore earnestly requested to secure the active cooperation of their component units for the reason that otherwise the good standing of the societies might at any time be brought into question.

On motion by Dr. Cummer, seconded by Dr. Goodman and carried, the foregoing report was adopted, and which report applies especially to the list of component societies immediately preceding this report.

MISCELLANEOUS ACTION

Correspondence was submitted pertaining to problems of professional relations in Logan County, and including a letter to the Council signed by twenty-three members of the Logan County Medical Society. Upon motion by Dr. Platter, seconded by Dr. Houser and carried, the various questions involved in this correspondence were referred to the Policy Committee for recommendations.

For the information of the members of Council, correspondence was submitted on the hospital situation in Fostoria.

The Secretary of Council read a communication which had recently been received by each member of the Council from Dr. Paul Cassidy, President of the Cincinnati Anti-Tuberculosis League. Replies to Dr. Cassidy from several officers and members of Council were read. In the discussion, there was a general consensus of opinion that the replies to Dr. Cassidy's letter and inquiry fully and completely expressed the opinion and sentiment of the Council as a whole. These letters to Dr. Cassidy which were approved by Council were written by Dr. Waggoner, the President; Dr. Houser, the President-Elect; Dr. Freiberg, the last Retiring President; Dr. Goodman,

Secretary of Council; Dr. Cummer and Dr. Platter.

Dr. Alcorn, Chairman of the Policy Committee, briefly summarized legislative developments since the last Council meeting. Upon motion by Dr. Shanley, seconded by Dr. Brush and carried, the Council extended a vote of thanks to the Policy Committee, to the legislative committeemen of the component county medical societies, and to the members of the Legislature who have been earnest and faithful in their adherence to sound principles of public health, public protection and scientific medicine.

A number of questions in connection with the administration of the Workmen's Compensation Law were discussed, including problems of liability for the reporting by physicians of medical findings adverse to the claimant, and which become a part of the public records. As incidental to this problem, several members of Council discussed the possible liability for reporting certain physical conditions to health departments, insurance companies, industries, etc. Upon motion by Dr. Goodman, seconded by Dr. Shanley and carried, the Council requested the Medical Defense Committee to study this general problem of physicians' responsibility to patients in disclosing physical findings and diagnoses to third parties, as a complicated factor in connection with privileged communications, and to define, if possible, the character of liability and the proper safeguards to be employed. By this action, and incorporated in this motion, was provision that reasonable and necessary funds be appropriated to the Medical Defense Committee for legal consultations.

The Council considered the question submitted by Dr. Rogers, Chairman of the Publication Committee, as to the policy to be pursued by *The Journal* on the acceptance or rejection of advertisements of any character on a contingent or percentage basis.

On motion by Dr. Cummer, seconded by Dr. Brush and carried, the Council instructed the Publication Committee not to accept advertisements in the Ohio State Medical Journal except on the regular advertising rates.

A summarized membership report showed that the membership to date for 1931 is 5,222, which figures are exactly the same as on the same date last year, and as compared with 5,514 at the end of 1930.

Dr. Follansbee submitted a resolution of appreciation to Dr. Waggoner for his hospitality on this occasion and complimenting and commending him for his splendid service as President during the term now coming to an end. This resolution was unanimously and enthusiastically adopted.

Dr. Waggoner graciously responded by expressing to the Council, committees, component societies and membership, appreciation for support and cooperation.

There being no further business, the Council adjourned to meet with the House of Delegates at the Hotel Secor, at 9:30 on the following morning, May 12.

WITH THE HOUSE OF DELEGATES

Council of the Ohio State Medical Association met officially with and as a part of the House of Delegates at the Hotel Secor, Toledo, on Tuesday, May 12, at 9:30 A. M., and also at the second and last session of the House of Delegates at 1:30 P. M. on Wednesday, May 14, and participated officially in both sessions. Minutes of the Council meetings with the House of Delegates are included as a part of the proceedings of the latter in this issue of *The Journal.*

SPECIAL COUNCIL MEETINGS

Immediately following adjournment of the session of the House of Delegates on Tuesday morning, May 12, the Council met at 10:45 A. M., to consider problems submitted to it by the House of Delegates involving ethical questions.

The Council met on call of the President, in special session at 11:30 A. M., on Wednesday, May 13, in a committee room of the Chamber of Commerce, at which there was a complete attendance. This meeting was devoted to the reading and official approval of the minutes of the special Council meeting held at 10:45 A. M., on the preceding day, and which, at this latter meeting, were authorized for transmission as a report to the House of Delegates at its final session on Wednesday afternoon, May 13. Those minutes and detailed report, as published as a part of the proceedings of the House of Delegates, also constitute a record of the Council session.

The Council met at 4:15 P. M., immediately following the final adjournment of the House of Delegates on Wednesday afternoon, May 13. Those present were: Drs. Houser, Waggoner, Caldwell, Huston, Klotz, Hein, Cummer, Davidson, Shanley, Brush, Seiler, Goodman and Executive Secretary Martin.

By acclamation Dr. Goodman was re-elected for his sixth consecutive term as Secretary of Council.

Dr. Waggoner presented in writing, a communication from Dr. Geo. Edw. Follansbee, resigning as a delegate from the Ohio State Medical Association in the House of Delegates of the A. M. A. In his communication, Dr. Follansbee pointed out that as Chairman of the Judicial Council of the A. M. A., he has a voice in the House of Delegates, and that by the selection of someone else as a delegate in his place, the numerical strength and influence of Ohio would be increased in the legislative body of the national organization.

Upon motion by Dr. Waggoner, seconded by Dr. Caldwell and carried, Dr. Follansbee's resignation was accepted.

The name of Dr. C. W. Stone was then placed in nomination by Dr. Waggoner to fill the unexpired term of Dr. Follansbee, resigned, as a delegate to the A. M. A.

A question was raised as to the procedure in electing a successor to Dr. Follansbee in view of the fact that there is a regularly elected alternate. The President ruled that it was regular procedure for the vacancy, caused by the resignation, to be filled at this time. Dr. Huston then placed Dr. C. L. Cummer in nomination for the delegate to the A. M. A., in place of Dr. Follansbee. Following further discussion, Dr. Cummer withdrew as a candidate for delegate. No further nominations were made and Dr. Stone was elected as delegate to the A. M. A. succeeding Dr. Follansbee, resigned.

There being no further business at this time, the Council adjourned to meet at the call of the President some time in July.

S. J. GOODMAN, M.D.,
Secretary of Council.

The Attendance Record at 85th Annual Meeting in Toledo

Attendance at the 85th Annual Meeting of the State Association, held at Toledo, May 12 and 13, was unusually good, considering the location of Toledo in the northwest corner of the state and the fact that the economic depression has caused a decline in registration at similar professional and business conventions throughout the state and nation generally.

Total registration at Toledo, including members of the State Association, visitors, guests and exhibitors was 1087, a slightly larger figure than that recorded at the 1920 Toledo meeting, when the total registration was 1062, and somewhat below the number—1125—registered at the 1926 Toledo gathering.

The attendance and registration of members of the State Association totaled 826, compared to a membership registration of 810 at the 1920 Toledo meeting and 903 at the 1926 Toledo gathering.

Registration of out-of-state physicians — 13 — was somewhat below the average for the past 13 years. A total of 198 guests were registered which number exceeded the guest registration of at least five annual meetings during the past 13 years.

The number of exhibitors registered—50—was the smallest at any annual gathering held in the past 13 years, probably another reflection from business conditions generally.

The following tabulation for the past succeeding 13 annual meetings shows by comparison the members registered in attendance, the out-of-state physicians, the number of guests, exhibitors and respective totals:

Year and Meeting place	Members	Out of state Physician	Guests	Exhibitors	Total
1919 Columbus	1173	10	264	92	1529
1920 Toledo	810	17	105	80	1062
1921 Columbus	1275	28	204	96	1503
1922 Cincinnati	1066	21	184	70	1341
1923 Dayton	1117	19	202	76	1414
1924 Cleveland	1301	13	180	109	1603
1925 Columbus	1204	17	361	107	1689
1926 Toledo	903	19	120	83	1125
1927 Columbus	1320	17	286	82	1705
1928 Cincinnati	916	27	92	80	1116
1929 Cleveland	1231	15	249	124	1619
1930 Columbus	1241	13	435	86	1775
1931 Toledo	826	13	198	50	1087

* * *

Registration
Out-of-State Medical Guests

Joseph C. Aub, Boston, Mass.; Temple Fay, Philadelphia, Penna.; Harry M. Hall, Wheeling, West Virginia; E. Starr Judd, Rochester, Minn.; Eugene P. Pendergrass, Philadelphia, Penna.; R. G. Leland and George J. Mohr, Chicago, Ill.; Meyer Wiener, St. Louis, Mo.; N. W. Winkelman, Philadelphia, Penna.; Charles T. Bower, Hillsdale, Mich.; E. O. Leahy, Jackson, Mich.; W. L. Peters and E. C. Raabe, Morenci, Mich.

The list of members registered, by counties, follows:

Adams—Hazel Sproull, O. T. Sproull, Ray Vaughen. *Allen*—H. L. Basinger, W. W. Beauchamp, M. R. Bixel, Ezra Burnett, V. H. Hay, Burt Hibbard, J. R. Johnson, G. E. Jones, Walter A. Noble, W. H. Parent, Edward B. Pedlow, O. S. Robuck, Wm. Roush, A. S. Rudy, T. T. Sidener, M. D. Soash, O. S. Steiner, H. L. Stelzer, F. G. Stueber, Paul J. Stueber, John J. Sutter, T. R. Terwilliger, T. R. Thomas, J. R. Tillotson, W. H. Vorbau, A. N. Wiseley. *Ashland*—G. B. Fuller. *Ashtabula*—S. H. Burroughs, C. E. Case, P. J. Collander, S. M. Lynn, R. B. Wynkoop. *Athens*—J. L. Henry, Nathan Hill, C. S. McDougall, A. L. Pritchard. *Auglaize*—Charles C. Berlin, R. C. Hunter, Guy E. Noble, H. S. Noble, J. H. Schaeffer, I. E. Williams.

Belmont—F. R. Dew, H. G. Harris, C. W. Kirkland, L. L. Liggett. *Butler*—H. L. Burdsall, Wilmer E. Griffith, G. D. Lummis. *Champaign*—E. R. Earle, D. C. Houser. *Clark*—A. W. Detrick, R. S. Fidler, D. W. Hogue, G. M. Lane, J. A. Link, C. L. Minor. *Clermont*—Allan B. Rapp. *Clinton*—Robert Conard, Kelley Hale, V. E. Hutchens, C. A. Tribbett. *Columbiana*—Harry Bookwalter, T. T. Church, P. C. Hartford, Stanton Heck, E. C. Louthan, R. E. Smucker. *Coshocton*—W. H. Keenan, J. G. Smailes. *Crawford*—D. G. Arnold, K. H. Barth.

Cuyahoga—Emil H. Adler, John B. Anderson, D. A. Baumgartner, N. S. Banker, Donald C. Bell, M. E. Blahd, C. W. Burhans, Webb P. Chamberlain, Milton B. Cohen, A. G. Chanch, Clyde L. Cummer, Fred W. Dixon, John Dickenson, I. H. Einsel, W. P. Edmunds,

R. C. Engel, Warren C. Fargo, Harold Feil, Joseph Fetterman, M. H. Fineberg, Geo. Edw. Follansbee, Wm. D. Fullerton, Donald M. Glover, Frank S. Gibson, William J. Gardner, H. J. Gertenberger, F. T. Gallagher, C. Lee Graber, John E. Hannibal, Glenn Hankinson, Russell L. Haden, C. H. Heyman, F. C. Herrick, Charles C. Higgins, Albert H. Herr, M. W. Jacoby, Henry J. John, Albert L. Jones, Thomas E. Jones, F. F. Jordan, Louis J. Karnosh, Delbert V. Kechele, Hubert C. King, James T. Ledman, Charles B. Lewis, S. C. Lind, S. C. Lindsay, Philip Robert Linsey, Albert Loveman, E. P. McCullagh, R. S. McGinnis, Herbert A. Mahrer, Theodore Miller, S. H. Monson, John B. Morgan, Paul G. Moore, W. V. Mullin, Charles F. Nelson, John H. Nichols, Conrad Ottelin, S. S. Quittner, Harry V. Paryzek, D. A. Prendergast, R. R. Renner, Albert D. Ruedemann, Harry C. Rosenberger, V. C. Rowland, Henry C. Schumacher, H. A. Schlink, R. W. Scott, J. J. Selman, Thomas P. Shupe, A. J. Skeel, Harry G. Sloan, Frederick A. Snyder, L. M. Starin, Robert M. Stecher, Herman C. Stevens, Clement E. Steyer, Charles S. Stone, Charles W. Stone, Willard C. Stoner, Abraham Strauss, G. F. Sykes, J. E. Tuckerman, Claude D. Waltz.

Darke—W. D. Bishop, W. T. Fitzgerald. *Defiance*—George W. DeMuth, Paul B. Newcomb, W. S. Powell, D. J. Slosser. *Delaware*—W. E. Borden, G. E. Cowles, C. F. Talley. *Erie*—Wm. T. Fenker, H. B. Frederick, R. E. Garnhart, J. T. Haynes, F. M. Houghtaling, F. E. Reed, George A. Stimson, H. L. Sowash, G. F. Thompson. *Fairfield*—Ralph H. Smith, O. M. Kramer, W. E. Wiyiarch. *Fayette*—James M. Harsha, W. D. Maag, A. S. Stemler, James F. Wilson.

Franklin—A. A. Ahn, John B. Alcorn, Kachig H. Armen, Hugh A. Baldwin, J. F. Baldwin, Casper H. Benson, L. L. Bigelow, G. H. Bonnell, H. E. Boucher, Wayne Brehm, John Earl Briggs, H. M. Brundage, John E. Brown, E. F. McCampbell, W. H. Cleveland, I. G. Clark, Charles A. Doan, H. H. Dorr, Robert B. Drury, John Dudley Dunham, S. D. Edelman, E. J. Emerick, Wm. A. Eshelman, Fred Fletcher, T. R. Fletcher, A. D. Frost, H. D. Giles, S. J. Goodman, Geo. T. Harding, III, Frank W. Harrah, I. B. Harris, Arthur M. Hauer, Emery R. Hayhurst, A. G. Helmick, E. G. Horton, G. Keil, Herman W. Koerper, Louis Mark, Frank McCafferty, A. B. McConagha, John E. Monger, Link M. Murphy, W. E. Obetz, Edith Offerman, H. M. Platter, Joseph Price, Wm. H. Pritchard, C. O. Probst, J. A. Riebel, J. M. Rector, Harry L. Reinhart, D. G. Sanor, E. R. Shaffer, Harry S. Shamansky, O. M. Shirey, H. H. Snively, C. H. Solomonides, C. L. Spohr, M. E. Swinehart, Wells Teachnor, John M. Thomas, E. W. Troutman, J. H. J. Upham, Thomas A. Vogel, F. C. Wagenhals, Fred H. Weber, Mary J. Weber, M. Grace Welch, J. W. Wilce, B. K. Wiseman, C. H. Wyker, Luke V. Zartman.

Fulton—P. S. Bishop, Harold Heffron, Wm. H. Maddox, George McGuffin, C. F. Murbach, C. E. Patterson, R. W. Reynolds, G. R. Salsberry, T. F. Smyth. *Gallia*—Mary L. Austin, Leo C. Bean, S. L. Bossard. *Geauga*—Walter C. Corey, G. R. French. *Greene*—W. C. Marshall. *Guernsey*—B. A. Souders.

Hamilton—J. F. Bateman, Julien E. Benjamin, Henry Wald Bettmann, Albert L. Brown, John A. Caldwell, Ralph G. Carothers, Robert Carothers, Louis Feid, Jr., Albert H. Freiberg, Henry B. Freiberg, Wesley L. Furste, J. Victor Greenebaum, R. E. Howard, Samuel Iglauer, D. A. Johnston, Charles E. Kiely, Allen T. King, Edward King, Donald J. Lyle, C. A. Mills, M. S. Muskat, Emerson A. North, Dudley W. Palmer, Horace W. Reid, Moses Salzer, L. Howard Schriver, Otto Seibert, Frank Seinsheimer, E. O. Smith, Louis Sommer, Joseph Stein, Cecil Striker, E. O. Swartz, Magnus A. Tate, E. A. Wagner, H. B. Weiss.

Hancock—Alfred W. Balsley, D. B. Biggs, H. O. Crosby, W. J. Fishell, John V. Hartman, O. P. Klotz, A. E. King, D. J. King, Frank M. Wiseley, T. A. Spitler, J. C. Tritch, R. D. Whisler. *Hardin*—W. A. Belt, C. R. Blosser, D. H. Bowman, J. S. Hedrick, R. C. McNeill, W. N. Mundy, E. S. Protzman, W. H. Rabberman, Norman C. Schroeder, R. G. Schutte, G. S. Wilcox. *Henry*—T. P. Delventhal, J. H. Fiser, C. M. Harrison, Frank M. Harrison, C. G. Hissong, Thomas Quinn. *Highland*—Hugh W. Chaney. *Hocking*—H. M. Boocks, M. H. Cherrington. *Huron*—G. G. Edwards, W. C. Martin, B. C. Pilkey, John A. Sipher.

Jackson—J. J. McClung, W. J. Ogier, W. R. Riddell, A. G. Ray. *Jefferson*—Carl Goehring, J. C. M. Floyd. *Knox*—F. C. Anderson, James F. Lee, J. M. Pumphrey, Julius Shamansky. *Lake*—R. E. Gardner. *Lawrence*—George F. Hunter, Miriam R. Marting, F. R. Stewart. *Licking*—E. A. Moore. *Logan*—O. C. Amstutz, W. H. Carey, C. K. Startzman. *Lorain*—R. M. Arnold, C. D. Barrett, Stanley J. Birkbeck, S. V. Burley, Benj. Carlson, M. Melvin Clark, Emil J. Heinig, A. S. McKitrick, Charles B. Weedman.

Lucas—W. W. Alderdyce, A. S. Avery, Paul R. Badger, Z. H. Ballmer, N. T. Barnes, Carl H. Bayha, W. W. Beck, H. K. Beckwith, Clarence A. Berger, Albert L. Bershon, R. L. Bidwell, Edward Binzer, Irwin Black, Malcolm G. Bourne, Galen Bowman, R. E. Boice, Wm. Bonser, George W. Bond, L. A. Brewer, Walter Brand, A. A. Brindley, N. Worth Brown, Henry D. Brown, P. Bruce Brockway, Charles A. Burritt, Ralph M. Burton, E. W. Campbell, B. H. Carroll, A. E. Canfield, Lewis R. Carr, Lawrence I. Clarke, Frank C. Clifford, Burt G. Chollett, C. B. Cole, E. M. Collier, I. R. Cohn, S. J. Coulter, Monroe Cronstine, Robert B. Curl, Berman S. Dunham, Ralph P. Daniells, B. E. DeMuth, John R. Davis, L. Marsh Dolloway, Leo P. Dolan, Fred M. Douglass, D. D. Delzell, M. W. Diethelm, G. W. Dunlap, Paul R. Ensign, F. B. Ficklin, Karl D. Figley, Norman E. Fisher, O. O. Fordyce, Hugh M. Foster, E. G. Galbraith, John Gardiner, Will Gardiner, Lloyd P. Gieringer, Stanley D. Giffen, E. B. Gillette, Norris W. Gillette, Robert S. Gillette, Louis Ginsburg, W. W. Green, M. D. Haag, L. H. Hauman, Herbert S. Hayford, George T. Hannah, Oscar Hasencamp, W. Gordon Hartnett, Robert F. Heatley, Thomas Heatley, B. J. Hein, A. W. Hemphill, Thomas F. Higgins, Christel A. Hiss, Paul M. Holmes, K. R. Howard, Paul Hohly, H. F. Howe, Howard Holmes, E. W. Huffer, C. E. Hufford, Jesse W. Hull, Philip Katz, B. A. Karwowski, Theodore C. Kiess, Charles R. King, Frank L. Klopfenstein, L. Lester Kobacker, A. J. G. Kuehn, I. Krishna, V. Langenderfer, M. J. Larkin, John Lavan, H. P. Lee, B. E. Leatherman, Henry R. Lesser, R. G. Leland, L. A. Levison, Martin R. Lorenzen, Charles Louy, Charles Lukens, John A. Lukens, Lewis K. Maxwell, W. F. Maxwell, K. C. McCarthy, Edward J. McCormick, M. B. McGonigle, E. I. McKesson, C. L. McKibben, Charles A. McNeil, F. B. McNierney, J. M. McWilliam, Donald C. Mebane, I. J. Mehlman, Louis A. Miller, Lawrence D. Miller, Edmund C. Mohr, Nelson Morris, V. J. Murawa, John T. Murphy, Norman B. Muhme, Otto K. Muhme, Howard J. Murphy, Foster Myers, F. N. Nagel, W. A. Neill, Leonard Nippe, C. S. Ordway, Josephine Orr, R. A. Palmer, Harry G. Pamment, S. H. Patter-

son, Louis E. Payne, Charles A. Phillips, Radford Potter, M. D. Rabenoyich, Walton W. Randolph, Jonas B. Rayman, Thomas L. Ramsey, Glenn H. Reams, George M. Reinhart, A. J. Rejent, Kinsley Renshaw, John A. Rombkowski, A. J. Richie, Samuel R. Salzman, A. H. Schade, M. Schaner, Harry M. Scott, W. M. Shapiro, C. D. Selby, N. J. Seybold, Byron G. Shaffer, Lamora Shuey, Thomas A. Simons, R. E. Sinkey, W. B. Sloan, Lewis F. Smead, H. E. Smead, J. H. Smith, W. H. Snyder, N. P. Stauffer, H. H. Stevens, R. W. Stewart, John L. Stifel, M. A. Strawbridge, W. C. Suter, P. G. Tait, Ernest B. Taylor, W. A. Taylor, Robert B. Tucker, E. C. Unckrich, H. K. Van Buren, A. D. Vogelsang, C. W. Waggoner, Philip D. Werum, A. W. Wheeler, Henry Lee Wenner, Jr., Dale Wilson, G. M. Wright, John F. Wright, Joseph W. Young, R. C. Young, Theo. Zbinden.

Mahoning—Edgar C. Baker, H. J. Beard, W. H. Bunn, C. H. Campbell, James F. Elder, Charles D. Hauser, Sidney McCurdy, B. B. McElhaney, Dean Nesbit. *Marion*—Eben L. Brady, D. W. Brickley, Maud L. Bull, J. W. Bull, F. E. Mahla, S. W. Mattox, J. G. McNamara, H. K. Mouser, S. H. Morgan, R. T. Morgan, B. D. Osborn, T. H. Sutherland, Kenneth D. Smith, C. G. Smith, B. H. Taylor. *Medina*—C. A. Bolich, J. K. Durling, R. L. Mansell, H. P. H. Robinson. *Mercer*—M. L. Downing, P. F. Weamer, J. O. Wickerham. *Miami*—C. L. Baker, M. M. Brubaker, E. R. Hiatt, John F. Hill, Gainor Jennings, H. R. Pearson, Ernest T. Pearson, John T. Quirk, Ralph D. Yates, E. A. Yates. *Monroe*—H. P. Gillespie.

Montgomery—S. H. Ashmun, Ray H. Bechtell, Roy S. Binkley, E. E. Bohlender, L. G. Bowers, A. B. Brower, R. A. Bunn, Orville B. Burke, C. E. Burgett, H. V. Dutrow, A. W. Carley, Homer D. Cassell, C. D. Fife, J. D. Fouts, Francis V. Guise, George D. Gohn, M. R. Haley, H. C. Haning, Harry B. Harris, Harry H. Hatcher, Charles T. Hunt, E. M. Huston, P. H. Kilbourne, Fred K. Kislig, Albert F. Kuhl, A. W. McCally, C. C. McLean, J. W. Millette, Benedict Olch, H. H. Pansing, Foy C. Payne, A. O. Peters, W. H. Riley, C. E. Shepard, Walter M. Simpson, Clifford R. Weis.

Morgan—A. H. Whitacre, Lee Humphrey. *Muskingum*—E. R. Brush, O. I. Dusthimer, A. H. Gorrell, Beatrice T. Hagen, M. A. Loebell, C. F. Sisk, R. E. Wells.

Ottawa—LeRoy C. Belt, George A. Boon, C. B. Finefrock, H. J. Pool, E. D. Schuiteman, Cyrus R. Wood, C. J. Yeisley. *Paulding*—L. R. Fast, J. R. Heath. *Perry*—G. C. Sheetz. *Pickaway*—D. V. Courtright, H. D. Jackson, E. S. Shane. *Pike*—I. P. Seiler. *Portage*—S. I. Sivon. *Preble*—C. E. Newbold, James I. Nisbet. *Putnam*—J. R. Echelbarger, Frank Light, H. A. Neiswander, Louis M. Piatt, H. B. Recker, B. E. Watterson. *Richland*—J. S. Hattery, D. C. Lavender, L. C. Nigh, O. H. Schettler, J. A. Spence, J. A. Yoder. *Ross*—O. P. Tatman.

Sandusky—E. A. Baker, E. W. Baker, J. Clifford Boyce, W. H. Booth, J. L. Curtin, H. R. Dewey, Chester G. Egger, C. L. Fox, F. Marion Kent, Cecil A. Kingman, B. O. Kreilick, F. L. Moore, D. W. Philo, C. R. Pontius, Clyde L. Smith, O. H. Thomas, O. C. Vermilya, Charles J. Wehr. *Scioto*—George W. Martin, Gilbert Micklethwaite. *Seneca*—J. H. Burnett, J. J. Heaton, R. R. Hendershott, R. E. Hershberger, John D. Howe, R. R. Kerchner, W. W. Lucas, E. H. Porter, Ellsworth Sheldon, George W. Williard.

Stark—J. E. Aten, A. R. Basinger, L. A. Buchman, J. P. DeWitt, Verl Z. Garster, I. B. Hamilton, C. B. King, Charles A. LaMont, E. J. March, E. I. Morrow, John D. O'Brien, C. A. Portz, C. J. Schirack, Ray Schirack, H. M. Schuffell, R. T. Shipley, L. D. Stoner, F. S. Van Dyke, Homer V. Weaver, George F. Zinninger. *Summit*—M. D. Ailes, R. E. Amos, Edw. C. Banker, James G. Blower, Daniel C. Brennan, G. M. Campbell, R. H. Cather, H. R. Conn, Harry S. Davidson, Paul A. Davis, C. H. Franks, Charles E. Held, R. F. Jolley, A. J. Knapp, J. G. Kramer, E. S. Lyon, W. D. Lyon, R. V. Luce, G. A. Lucas, R. H. Markwith, D. M. McDonald, D. H. Morgan, Charles C. Pinkerton, M. J. Pierson, F. C. Potter, F. B. Roberts, H. A. Searl, U. D. Seidel, John H. Selby, David W. Stevenson, J. E. Springer, Jay D. Smith, G. Dean Tipton, Joseph M. Ulrich, J. H. Weber, C. F. Wharton, L. A. Witzeman.

Trumbull—E. P. Adams, S. W. Boesel, R. D. Herlinger, John D. Knox, D. R. Williams. *Tuscarawas*—Fred A. Bower, Jay W. Calhoon, W. W. H. Curtiss, Roy D. Hildebrand, E. B. Shanley, R. E. Wolf. *Union*—John Dean Boylan, Fred Callaway, P. D. Longbrake, H. G. Southard. *Van Wert*—W. E. Beach, W. P. Clay, Frederic W. Conley, G. A. Edwards, Roland H. Good, B. L. Good, A. T. Rank, J. B. Sampsell. *Warren*—B. H. Blair, S. S. Stahl. *Washington*—W. W. Sauer. *Wayne*—John J. Kinney, E. H. McKinney, Wm. A. Morton, J. B. Patterson, R. C. Paul, Alonzo C. Smith, W. Blount Turner.

Williams—D. S. Burns, A. G. Goll, C. G. Goll, M. R. Kittredge, Howard J. Luxan, M. V. Replogle, J. A. Weitz. *Wood*—A. A. Babione, M. H. Bowers, F. V. Boyle, O. S. Canright, J. W. Chambers, E. D. Foltz, F. D. Halleck, J. C. Gallagher, E. A. Powell, H. J. Powell, James W. Rae, J. J. Stitt, J. M. Smith, Helen B. Todd, W. H. Tucker, H. E. Ward, J. C. Wetherill. *Wyandot*—Frederick Kenan.

Notice to A. M. A. Golfers

Seventeenth Annual Tournament of the American Medical Golfing Association, to be held in Philadelphia, Monday, June 8th, in connection with the annual meeting of the American Medical Association, June 8-12, will be played at the Aronimink Golf Club, instead of the Huntingdon Valley Country Club, as announced in a brochure sent out by the golfing association, according to a recent announcement by Dr. Frank A. Kelly, Detroit, second vice president and director of arrangements for the tournament.

Dr. Kelly's announcement states that the Aronimink course is modern, in splendid condition and is interesting and sporty. It also was announced that many attractive prizes will be awarded at the banquet which will follow the tournament.

The Philadelphia committee on arrangements consists of Dr. John W. Croskey, chairman, Dr. Willis F. Manges, Dr. Fred H. Leavitt, Dr. Francise J. Kelly and Dr. Damon B. Pfeiffer.

Membership in the golfing association is open to any male fellow of the American Medical Association in good standing.

The Successful Annual Meeting in Toledo Climaxed a Year of Splendid Organization Achievement

Another year replete with unselfish, devoted and united activity, outstanding and meritorious accomplishments on the part of organized medicine in Ohio for the promotion of scientific medicine, the protection of public health and the advancement of policies and principles for the best interest of the entire medical profession, individually and collectively, was officially brought to a close at the Eighty-fifth Annual Meeting of the Ohio State Medical Association, held in Toledo, May 12 and 13.

The 1931 gathering was significant not only because it offered an opportunity for review and discussion of the many activities and praiseworthy achievements of the State Association during the preceding twelve months, but also because it demonstrated to an extraordinary degree that medical organization in Ohio is keenly aware of the many important and confusing problems that must be faced during the coming year and that the physicians of the state are prepared to meet all issues in a fearless, efficient manner.

Despite the economic depression and despite the fact that the geographical location of Toledo made it inconvenient for some physicians in opposite parts of the state to attend, the registration at the Toledo meeting surpassed optimistic expectations, demonstrating again the loyalty of the majority of the medical profession to the ideals and principles of medical organization and the desire on the part of physicians to keep themselves abreast with new ideas and accomplishments in scientific medicine, as well as take an active interest in the social and economic questions affecting public health, scientific medicine and medical practice.

Credit for making this year's annual meeting the success it was should be divided among the hundreds of enthusiastic and interested physicians, many of whom traveled many miles to attend the meeting; those who worked efficiently, conscientiously and untiringly in arranging and handling the innumerable details in connection with the meeting; those who had charge of the important task of drafting the programs for the various sessions, and those who contributed to the high-class programs presented at the general and scientific sessions.

* * *

Eight speakers from other states and approximately 100 Ohio physicians took part in the program, either as essayists, lecturers or discussants.

The guest speakers were: Dr. E. Starr Judd, Rochester, Minnesota, president-elect of the American Medical Association, and Dr. Harry M. Hall, Wheeling, West Virginia, who addressed the general session on Wednesday evening, which concluded the meeting; Dr. Joseph C. Aub, Boston, and Dr. Temple Fay, Dr. Eugene Pendergrass and Dr. N. W. Winkelman, Philadelphia, essayists at the third general session on Wednesday afternoon; Dr. Meyer Weiner, St. Louis, who addressed the Tuesday afternoon session of the eye, ear, nose and throat section, and Dr. George J. Mohr, Chicago, associate of Dr. Julius Hess, Chicago, who presented Dr. Hess' paper before the Section on Obstetrics and Pediatrics in the unavoidable absence of Dr. Hess.

All sessions of the scientific sections, as well as the general sessions, were well attended and the general concensus of those who attended these sessions was that collectively the scientific phases of the meeting were of outstanding excellence and interest, attesting to the discriminating judgment exercised by the various section officers and others who had charge of selecting the scientific speakers and to the painstaking preparation made by all essayists and discussants.

* * *

As in the past, the House of Delegates transacted with efficiency and dispatch the important business matters coming before it, under the able chairmanship of the President, Dr. C. W. Waggoner, Toledo.

Each session of the House of Delegates was well attended and all delegates displayed keen and active interest in all the proceedings of that body. That practically every delegate had devoted considerable time and much serious study to many of the questions raised during the business transactions was quite evident.

At the opening session of the House of Delegates, Tuesday morning, Dr. B. G. Chollett, president of the Toledo Academy of Medicine, officially welcomed the visiting physicians and extended the hospitality of the Toledo Academy to them. Dr. Waggoner then called the House of Delegates to order to hear the reports of the officers and standing and special committees, which reports had been published in the May, 1931, issue of *The Journal*.

Preceding the election of a nominating committee and introduction of resolutions, Dr. Waggoner appointed the special committees on addresses of the President and President-elect; on resolutions; on the annual reports of committees; on credentials of delegates; and tellers and judges of election.

At the second and final session of the House of Delegates, Wednesday afternoon, Dr. D. C. Houser, Urbana, was installed as president, and Dr. H. M. Platter, Columbus, for the past fourteen years treasurer of the State Association

and for many years one of the leaders in medical organization, was elected president-elect for 1931-32.

Dr. James A. Beer, Columbus, secretary-treasurer of the Columbus Academy of Medicine, was elected treasurer of the State Association succeeding Dr. Platter, whose term expired at this year's annual meeting.

At the election of councilors to fill terms expiring in five of the ten Councilor districts, Dr. E. M. Huston was re-elected as Councilor of the Second District; Dr. B. J. Hein, Toledo, was elected Councilor of the Fourth District; Dr. Harry S. Davidson, Akron, was elected Councilor of the Sixth District, succeeding Dr. D. W. Stevenson, Akron, who retired from Council after a decade of earnest service, which climaxed his many years of devoted interest in medical organization; Dr. E. R. Brush, Zanesville, was re-elected Councilor of the Eighth District, and Dr. S. J. Goodman, Columbus, was re-elected Councilor of the Tenth District.

Dr. J. P. DeWitt, Canton, Dr. C. E. Kiely, Cincinnati, and Dr. C. W. Waggoner, Toledo, were re-elected delegates to the American Medical Association for terms of two years, with the following respective alternates: Dr. G. F. Zinninger, Canton, Dr. L. H. Schriver, Cincinnati, and Dr. John Sprague, Athens.

Following presentation of the thoughtful and well-prepared reports of the various reference committees and action on them by the House of Delegates, the invitation of the Montgomery County Medical Society to the State Association to hold its 1932 annual meeting in Dayton was accepted.

Climaxing the final session of the House of Delegates was the installation of the new president, Dr. Houser, and the other officers.

Following a brief expression of appreciation for the splendid support accorded him during his tenure of office, Dr. Waggoner presented the official gavel to Dr. Houser who announced appointments on the standing committees of the State Association, which appointments were confirmed by the House of Delegates. The appointments made were: Dr. J. H. J. Upham, Columbus, to succeed himself as a member of the Committee on Public Policy for a term of three years; Dr. Andrews Rogers, Columbus, to succeed himself as chairman of the Committee on Publication for a term of three years; Dr. J. E. Tuckerman, Cleveland, to succeed himself as chairman of the Committee on Medical Defense for a term of three years; Dr. Ben R. McClellan, Xenia, to succeed himself as chairman of the Committee on Medical Education and Hospitals for a term of three years, and Dr. A. B. Brower, Dayton, to the Committee on Medical Economics for a term of three years, succeeding Dr. Geo. Edw. Follansbee, Cleveland, for many years a member of that important committee and recognized as one of the outstanding national authorities on questions and problems of medical economics, who asked that he be relieved of further service on the committee due to the time and energy demanded of him by his chairmanship of the important Judicial Council of the American Medical Association, and by his other activities in national medical organization.

The official proceedings of the House of Delegates will be found elsewhere in this issue of *The Journal.*

* * *

The outstanding social function of the Toledo meeting was the annual banquet held in the ball room of the Commodore Perry Hotel on Tuesday evening at which the President, Dr. Waggoner, and the President-elect, Dr. Houser, presented their annual addresses, the complete texts of which are published elsewhere in this issue of *The Journal.*

This excellently-appointed function was attended by over 400 physicians and their ladies, most of whom remained for the ball which followed the two addresses of the evening.

Dr. E. J. McCormick, Toledo, chairman of the Committee on Entertainment of the Toledo Academy of Medicine, presided as toastmaster. Dr. B. G. Chollett, president of the Toledo Academy of Medicine, welcomed the guests in behalf of the Toledo Academy.

Following the addresses of Dr. Waggoner and Dr. Houser, a replica of the official gavel of the House of Delegates was presented to Dr. Waggoner by Dr. J. H. J. Upham as a token of appreciation from members of the State Association for the faithful and efficient services he rendered during his presidency and as an expression of the high esteem the physicians of the state have for him.

An interesting entertainment by a Toledo impersonator, an informal reception for the president and president-elect, and dancing to the music of a high-class orchestra concluded the evening's entertainment.

Dr. McCormick and his hard-working committee, consisting of Dr. W. W. Beck, Dr. Galen F. Bowman, Dr. E. W. Huffer, Dr. A. H. Schade and Dr. K. D. Figley, are to be congratulated on the success of the banquet which in the estimation of those fortunate enough to have been present, was unexcelled by such social functions held in connection with annual meetings of the State Association.

* * *

A large number of those who attended the meeting remained for the final general session on Wednesday evening to hear the excellent addresses presented by Dr. E. Starr Judd, Rochester, Minn., president-elect of the American Medical Association, and Dr. Harry M. Hall, Wheeling, West Virginia, former president of the West Virginia State Medical Association, an active

leader in medical organization and a devoted student of medical, social and economic problems.

Development of the practice of medicine to its present status has been so rapid that there are no doubt some features of it that will require change, but extreme caution should be exerted in order that whatever changes are brought about do not have a tendency to undo and destroy the remarkable and beneficial results that have been obtained through organized effort on the part of the medical profession, Dr. Judd told his audience.

To show in concrete form the progress and advancement which have taken place in scientific medicine and medical practice since the middle of the Nineteenth Century, Dr. Judd reviewed the history of medicine in the United States, dating from the origin of the American Medical Association in 1846 to the present time.

He emphasized particularly the achievements of the national medical organization in placing medical education on a sound and lofty plane; in establishing a code of ethics governing the medical practitioner and his relationship with the public; in producing a scientific journal—The Journal of the American Medical Association—recognized as second to none in its particular field; in promoting and sponsoring programs and enterprises for the improvement of public health, for the advancement of scientific medicine, and for improving the skill and technique of the individual physician so that he might better serve the public; and in endeavoring to find solutions for the many social and economic problems affecting public health, scientific medicine and medical practice.

"Since the completion of the organization of the medical men of this country into this democratic association," Dr. Judd declared, "the standards of medical practice have been brought to a much higher level. The personnel of the profession is of much better character, and has a better understanding of moral responsibility."

Commenting on a few of the current problems which the American Medical Association is studying and for which it is seeking solutions through special councils, bureaus and committees, Dr. Judd said:

"No class of public servants has received so much advice on how to handle its own affairs as has the medical profession. Within the last year, many of the popular magazines have presented articles, not only telling us how to practice our own profession, but furthermore offering threats that some form of state medicine will be instituted if our present plans are not changed."

Dr. Judd, in discussing the costs of medical care, quoted from a recent article by Dr. Wingate M. Johnson, published in the Atlantic Monthly, which article contended that while the average American family pays the physician each year $24, it annually pays $25 for drugs and patent medicines, chiefly the latter; $15 to non-government hospitals; $8 for nursing care; $150 for passenger automobiles; $67 for tobacco; $37 for candy; $37 for gasoline; $35 for theaters and similar entertainment, and $34 for soft drinks, ice cream and chewing gum.

"It seems almost incredible at first glance that the average American family spends so much more for these luxuries than it pays for a physician's care," Dr. Judd said. "Although it is possibly true that a wrong impression may be gained from these statistics, nevertheless they do show that the cost of medical care is a small item in the average family budget.

"It is not contended that the cost of medical care has not risen, but the increase certainly is not out of proportion to the increase in the expense of other necessities in life. No group is trying harder to keep down this expense than are the members of the medical profession themselves. Medical men are not benefited by this increase in costs. If a well-trained physician will devote his energy, enthusiasm and industry to the practice of the art and science of medicine, he will make a comfortable living, but he will not become wealthy."

In conclusion, Dr. Judd condemned compulsory health insurance, suggested by some as a solution of some of the economic problems confronting the sick public and the medical profession.

"One plan that has been suggested as a solution of these economic problems is that of health insurance," he said. "If the cost of this insurance could be brought within the means of everyone, it would be most helpful, but at present the expense is almost prohibitive.

"Compulsory health insurance as employed in Great Britain, Germany and the Scandinavian countries, it seems to me for many reasons, is out of consideration for America. If it is applicable at all it is to a very limited group of people. Compulsory health insurance must not be fostered in this country if we are to maintain our present social standards and relationships."

* * *

Deploring the world-wide trend toward extreme materialism which has affected all classes of society, all businesses, trades and professions, even the medical profession, to a considerable extent, Dr. Hall pleaded with the members of his profession to awaken to a realization that they must unite to play a prominent role in attempts to solve the riddle of immortality, a question that the medical profession has so far ignored and dismissed with the thought: "Leave that enigma to the clergy and the star gazers."

Speaking on the subject, "Immortality and the Doctor," Dr. Hall admitted that he approached this subject with "hesitancy and reproach," but declared that "from now on every practitioner in the country must sooner or later make up his mind how he stands on the matter—'Is my brain

housing an eternal element or is it but a servant in a material residence, subject to the laws of all the other help, and when I die, as die I must, will the ashes in the urn represent all I ever was or will be?' "

Dr. Hall explained in scientific terms how recent experiments and discoveries in the field of medicine itself have made this subject the most vital question confronting the profession, as well as all civilization, embracing as it does the important factors which govern the destiny of mankind.

"This new proposal places thought as material emotion in the category with infection and asks that faith be replaced by fact. It at once makes what you are the final evidence up to date of that which evolution, heredity and environmental stimuli all working together have chosen to select. It changes not only some of our previous pathology but goes quite beyond that and directly describes what has caused you to be what you are in your standing among your professional colleagues as well as in your community. Whether you are a credit to your profession depends upon the balance maintained by your internal secretions and their nervous connections.

"There is nothing flippant in all this. It is a serious matter. No one I know says this new theory of material stimuli is absolutely so, but they do insist now is the time to find out. It is not, I dare say, the ardent wish of these new investigators who take this new view that they want it to be so. Because, I do not think I ever saw a person who did not crave immortality and paradoxically there are no more deserving of it than these very men who pursue their work materialistically. But in the conflict, faith renews its fight with stark, unrelenting fact in a more intense battle than the world has so far seen. Cutting nerves and blocking segments of the human organism in an effort to control the kind of thoughts we have is no idle matter. The idea has unlimited possibilities."

Admonishing his audience that the medical profession must develop a fixed and united idea on this important question, and expressing the hope that scientific investigations now going on would eventually prove the present conception relative to the existence of a mind (soul and spirit) as a thing separate and distinct from the body, the greatest basis for belief in a future life, Dr. Hall continued:

"Personally it imbues me with a good deal of disrespect to feel all I do and think is mixed up for me by my internal organs who act like an apothecary behind a counter. Even if it were not so, I believe it would be best to still believe for the present in a future life. But I believe it so on grounds entirely divorced from religion. If the medical profession does not exact a fixed belief in the future then I think something approaching chaos is ahead of them in a variety of directions.

"And if the medical profession has no fixed belief on the mind and ethical conduct, then woe betide the rest of mankind. For it has the longest training and educational course in existence. Requires the most finished experience. So then taking it on the mean average, it is necessarily the most intelligent body the world over. If it cannot fix where the mind lies, no one else is going to do it. If the physician ever turns pure materialist, pure atheist, pure iconoclast and has no fixed values on conduct, no sense of something to live for except this somewhat hazardous life, and regards the whole show as futile, then it is certainly time for the rest of mankind to look out. And if we definitely give it out that we no longer hold out any hope for immortality the balance of the races who grossly outnumber us may get the cue from us and in their despair annihilate us. For it seems to me that what in the end will make the Russian experiment a failure is not so much the temporary banishment of religion as the subjugation of the doctors to a level almost beneath that of the worker. Civilization is known today by its acceptance of medicine and hospitalization. Where they are obscured by any force, disaster is ahead. Remember at this low ebb of everything that goes to make a happy country, medicine is what it has always been scientifically and technically. If doctors are at sea among themselves, the public has never suffered. You can say this about absolutely nothing else."

As his concluding theme, Dr. Hall voiced the warning that other agencies of civilization must have a care how they handle "the one profession that stands today as the only link there is of a substantial nature between order and chaos."

"This sounds rather pompous and somewhat vainglorious," he declared. "It is not. Every play, every drama has the doctor as the balance wheel, and so he is. The time has come for the public to regard the doctor extra-medically. The public simply has to get the vision of what it owes medicine ethically and then protect medicine from some disorders which if allowed to creep into it will be disastrous in many ways, some which have no relation to disease.

"First, industry. Whenever industry takes hold of any activity, materialism follows. Why should a man who needs every ounce of freedom of thought be caught; tie himself up to any contract. The future of medicine lies entirely in the hands of freedom of thought and action. No exceptions.

"The panel system of England has its advocates who have visited England and come back delighted. Ten per cent of any conclave will always accept anything which the other ninety decries. It is one way of becoming famous. The panel system is un-American and if we have reached the point where we can afford to turn our backs on what made us the most important country in the world, all right and good.

"We hear a lot from important business men about making wages and American life over to correspond to the rest of mankind. Why not bring them up to ours? It is a siren call and again a renunciation of the 'American Ideal.'

"State medicine is an unstable thing. Because in the last analysis very little government is stable anywhere. Our own government is nearest to stability but there is growing uneasiness about it. To place any profession like medicine into the hands of any agency which is variable 'as the shade by the light quivering aspen made' is to insure its mediocrity and ultimately its disintegration.

"But Russia has us all fearful. In that great experiment in the adoration of the worker the physician's station had best not be described. So the timid ones advise taking the best we can before we are made to take far less. Russia has no ideal of ethical values and so far nothing to take its place. The medical profession in its trend to materialism has nothing to take the place of what used to be called ideals. Materialism tends to lower the value of human life. It will be a disastrous day when medicine sets a lower valuation on human life. Death will not be fought with the old valor and when a doctor has followed out what he deems a reasonable struggle he will have little incentive to go on. Better for him an illusory ideal than none at all.

"It is therefore proposed since medicine is a thing in itself which cannot be touched in interference by any other human agency without surrendering its inherent goodness, its intrinsic something it has taken years to build up by tradition and experience, that it be governed by a hierarchy, so to speak.

"Medicine cannot be compared to a government. It cannot be altogether classified as a science because it has at once a vast and unlimited contact—the most intimate extant with humanity. It is like a religion in form but not in actual makeup. It is the most complete and universal result the Cosmic Urge has accomplished and while it deals with death it also conserves life. Religion is geography. Medicine knows no geography except that different zones have peculiar ailments. No language restricts it, no tongue excludes it. It is of all things the solvent of all differences—national, local, world-wide. It goes on the battle field for both sides. Ministers to the savage. Is accepted by mankind in its highest station. No one cares to live where medicine has not been—even if they profess to disbelieve in it.

"Medicine is beyond kingdoms, parliaments, legislatures and politics. It is the one thing on which all men can unite with peace and understanding. It is the hope of the weary world—and maybe immortality. The same yesterday, today and tomorrow, come what may, in principle and in fact.

"We are in a vast cosmic movement that has outgrown our present system of government from within. Medicine is the one thing in this machine age that stands for human progress. The one world hope for universal agreement. And one might go further and say if the human race is ever raised to a complete realization of immortality through direct proof physically, morally and intellectually, the profession of medicine will perform that service."

* * *

Praise and appreciation for the efficient manner in which every one of the innumerable details for the meeting was handled by the hard-working and conscientious members of the various committees of the Toledo Academy of Medicine were voiced time and again by the visiting physicians.

Under the able general chairmanship of Dr. Burt G. Chollett, president of the Toledo Academy of Medicine, the Toledo committees put every bit of energy they could muster into the task of seeing that the previous carefully-arranged details were carried out. As a result the entire two-days program was presented smoothly and in accordance with schedule.

Mention has already been made of the excellently-arranged and entertaining banquet and dance given under the direction of Dr. E. J. McCormick and his Committee on Entertainment, consisting of Drs. W. W. Beck, Galen F. Bowman, E. W. Huffer, A. H. Schade and K. D. Figley.

The Reception Committee, headed by Dr. H. E. Smead, was on the job at all times meeting and entertaining the guest speakers and mingling with their Ohio colleagues. Dr. Smead's committee was composed of Drs. H. L. Green, J. A. H. Magoun, L. F. Higgins, C. A. McNeil, J. T. Murphy and G. H. Reams.

With Dr. C. E. Hufford at the helm, the Stereopticon Committee performed an excellent piece of work. A carefully-prepared schedule for stereopticon service in the scientific and general sessions was carried out faithfully. The lanterns used were in first-class shape and were manned by competent operators. This always exasperating phase of annual meeting arrangements was accomplished with a minimum of trouble, thanks to Dr. Hufford and his fine committee, consisting of Drs. A. L. Bershon, H. D. Brown, M. E. Goodrich, A. J. Kuehn, C. L. McKibben, F. N. Nagel and R. H. Snyder.

The time schedule of all sessions was adhered to almost to the minute because of the splendid work of the Committee on Halls and Meetings Places, headed by Dr. L. A. Levison and in cooperation with Dr. Hufford's committee. Places of the various sessions were adequately marked with signs and set-ups for the different meeting places were in each case ready when time for the meeting to open arrived. The efficient officers of the various scientific sections were able to function in their customary manner due to the

fine cooperation they received from Dr. Levison's committee, composed of Drs. L. R. Carr, F. L. Eyestone, B. J. Hein, R. F. Heatley, J. A. Lukens and C. A. McNeil.

Those who had the good fortune to attend one or more of the clinical demonstrations given at the Toledo hospitals on Monday were loud in their praise of the fine program arranged by the Committee on Clinics, headed by Dr. L. F. Smead and consisting of Drs. R. L. Bidwell, W. W. Brand, T. M. Crinnion, L. R. Effler, K. D. Figley, H. L. Green, H. H. Heath, M. J. Larkin, Charles Lukens, William A. Neill and J. W. Young.

The set-ups for the commercial exhibits and the manner in which all the details for them were carried out won praise from many of the exhibitors as well as visiting physicians. Arrangements for this detail were made and handled by the Committee on Exhibits, headed by Dr. E. I. McKesson and composed of Drs. F. W. Clement, K. C. McCarthy, A. D. Vogelsang and J. F. Wright. Much credit also was given Mr. Shasteen, head of the Shasteen Studios, Toledo, for his artistic layout of booths and the efficiency with which his staff functioned in cooperation with exhibitors.

In fact, all arrangements and details for the Toledo meeting were handled in an outstanding way by the local committees, winning for them the label of past-masters in the art of hospitality, entertainment and efficiency.

* * *

Many visiting physicians who arrived in Toledo on Monday, the day preceding the official opening of the annual meeting, attended the medical and surgical clinics presented at Toledo hospitals by members of the Toledo Academy of Medicine.

One of the most varied, interesting and complete programs of clinical demonstrations, both wet and dry, ever presented in connection with an annual gathering of the State Association was given by the Toledo physicians at the Toledo Hospital, Women's and Children's Hospital, New Lucas County Hospital, Flower Hospital, East Side Hospital, Robinwood Hospital, Mercy Hospital, St. Vincent's Hospital and the Toledo Academy of Medicine Auditorium. Between 100 and 125 demonstrations were staged.

Much credit for the excellent clinical program given is due the Toledo Academy Committee on Clinics, headed by Dr. L. F. Smead, which arranged all the details in connection with the demonstrations and invited those who took part in them. Others on the committee were: Dr. R. L. Bidwell, Dr. W. W. Brand, Dr. T. M. Crinnion, Dr. L. R. Effler, Dr. K. D. Figley, Dr. H. H. Heath, Dr. H. L. Green, Dr. M. J. Larkin, Dr. Charles Lukens, Dr. W. A. Neill, Dr. J. W. Young and Dr. B. J. Hein.

Toledo physicians who participated in the clinics were: Drs. L. C. Grosh, Bernhard Steinberg, H. H. Heath, H. B. Meader, Will Gardiner, S. D. Giffen, R. V. Mateer, W. W. Brand, W. A. Neill, E. J. McCormick, E. C. Mohr, L. R. Carr, W. O. Bonser, Paul Holmes, F. C. Clifford, J. L. Kobacker, E. W. Doherty, C. S. Ordway, F. S. Allen, A. W. Hemphill, H. Blank, W. V. Prentice, H. L. Green, H. D. Brown, E. B. Gillette, N W. Gillette, Edward P. Gillette, John Gardiner, Lamora Shuey, Josephine S. Orr, J. W. Young, Robert S. Gillette, A. H. Schade, A. J. Hartman, R. O. Brigham, C. R. King, M. B. McGonigle, E. W. Huffer, L. J. Herold, J. F. Whitacre, L. J. Clark, B. S. Dunham, L. E. Payne, F. W. Maxwell, H. J. Murphy, H. J. Bollinger, E. A. Orwig, L. A. Brewer, F. W. Alter, C. D. Selby, F. B. McNierney, P. J. Bidwell, E. C. Unckrich, V. Langenderfer, Will Fisher, R. L. Bidwell, C. R. King, A. L. Steinfeld, S. H. Patterson, F. M. Douglass, T. M. Crinnion, T. J. Cunningham, R. E. Boice, M. G. Bourne, L. P. Dolan, B. J. Hein, T. H. Brown, A. J. Rejent, C. J. Czarnecki, F C. Clifford, J. T. Murphy, T. L. Ramsey, L. A. Levison, N. J. Seybold, C. W. Waggoner, C. S. Mundy, H. F. Howe, C. S. Ordway, N. D. Morris and B. G. Chollett.

* * *

Veterans of medical organization in Ohio who attended the Toledo gathering were tremendously disappointed at the absence of Dr. Ben R. McClellan, Xenia, chairman of the standing committee on Medical Education and Hospitals, a delegate to the American Medical Association and for more than a third of a century one of the outstanding leaders in State Association affairs and activities. Dr. McClellan was unable to attend this year's meeting due to illness. Professional colleagues who have found Dr. McClellan an inspiration at many annual meetings of the past were of the opinion that this year's gathering was the first he had missed during the past 35 years.

Regret and sorrow also were expressed at the absence of Dr. J. Craig Bowman, Upper Sandusky, chairman of the Committee on Medical Economics and for a number of years an active member of the House of Delegates, due to the death of his mother.

* * *

Members of the Ladies Committee of the Toledo Academy, headed by Mrs. C. W. Waggoner and Mrs. Charles Fisher, provided suitable entertainment for wives of visiting physicians and other women guests and assisted the Entertainment Committee of the Academy in arranging details for the annual banquet.

* * *

The program of scientific motion pictures, with sound, presented Wednesday afternoon while the House of Delegates was in session, made a big hit with a sizeable audience. The three films, furnished by courtesy of the Petrolagar Laboratories, Inc., won the praise of those who witnessed them for the excellency of their photography, as well as the subjects presented. Two were prepared at St.

Luke's Hospital, Chicago, by Dr. Harold O. Jones, associate professor of gynecology, Northwestern University, and the third was prepared at Northwestern University by Drs. W. F. Windle and H. B. Kellogg.

An interesting and instructive informal discussion of some of the important activities of the State Association was held at the annual organization luncheon Wednesday noon at the Toledo Chamber of Commerce dining room, with approximately 150 officers and committeemen of the State Association and component county societies present.

Following the luncheon, Dr. C. W. Waggoner, the retiring president, made a brief but inspiring talk, congratulating the officers and committeemen of the county societies on their active and keen interest in the affairs of organized medicine during the past year.

He expressed special appreciation for the splendid work done by practically all the legislative committeemen of the county societies during the strenuous session of the State Legislature. Dr. Waggoner also gave the officers, committeemen and other active members of the various county societies the large share of the credit for the accomplishments and achievements of the State Association during the past year.

Dr. D. C. Houser, the new president, was introduced by Dr. Waggoner and he responded to the greeting given him by those assembled with a timely and spirited talk, in which he touched on some of the important points in medical organization activities. After re-emphasizing the words of praise spoken by Dr. Waggoner concerning the fine work of the county legislative committeemen and the members of the Policy Committee of the State Association, Dr. Houser stressed the importance of the annual meetings, especially the importance of having men in the House of Delegates who take the responsibilities of that service seriously and who have the good of the State Association at heart.

"Every county should have its full representation in the House of Delegates," Dr. Houser declared. "The matter of selecting delegates for our annual gatherings is most important. In the first place, every effort should be made to pick a delegate or delegates who are fairly certain of attending. In the second place, men who are vitally interested in organized medicine, have ability and are willing to make personal sacrifices. Too much emphasis cannot be placed on this important function of each county society."

Dr. Houser also urged each person present, if he had not already done so, to study the annual reports of the State Association committees, and suggested that a similar message be delivered by them to their respective county society at its next meeting.

"These splendid reports should be made our textbook for the coming year," he said.

In conclusion, Dr. Houser pledged his most enthusiastic and sincere support to the policies and purposes of the State Association; offered to serve in every way possible for the best interests of the entire membership, individually and collectively, and expressed the hope and belief that he would receive the same active cooperation and support which had been given his predecessors by the membership generally.

High spots of the 1931 session of the Ohio General Assembly from the standpoint of health-medical-welfare legislation were reviewed in an instructive way by Dr. John B. Alcorn, chairman of the State Association Committee on Public Policy. Dr. Alcorn expressed sincere thanks and appreciation to the officers and legislative committeemen of the county medical societies for their activity in forming contacts with members of the Legislature and for the capable manner in which they had kept the legislators informed of the sound, concerted, conservative medical viewpoint on matters pertaining to public health and medical practice.

Dr. Alcorn summarized some of the work done by the Policy Committee and paid a tribute to each member of his committee, the special members, all of whom were past-presidents of the State Association, and to all the officers who had worked so faithfully and conscientiously during the past year.

Speaking of legislative matters, Dr. Alcorn related how the concerted action of members of the State Association had done much to bring about the defeat of destructive cult legislation and other proposals detrimental to public health, scientific medicine and medical practice. He also reviewed briefly some of the other numerous activities of the Policy Committee.

"There is no ideal solution of the problems confronting us," he said. "We must prosecute with vigor the charlatan and cults. Events have shown that the slighest concession on our part will be utilized in their propaganda.

"The protection of the medical practice act should be regarded as a matter falling within the sphere of our responsibility and we ought to exert our best endeavors to uphold it. We are clothed with the responsibility of preserving the health of our communities and we must not let anything interfere with our support to this problem."

Dr. Alcorn warned against undue elation over an unusual victory either at the polls or in the General Assembly, but he suggested that "in view of the sinister designs and intrigue of the cults, it is important that the primary fight should be made at the election of members of the General Assembly."

"We must not show an ambiguous attitude toward our problems, as it will be prejudicial to their good; we must not have Utopian dreams", he declared. "Our record is astonishing and uni-

que in unselfish and sacrificing service and we should continue this record."

In conclusion, Dr. Alcorn urged each legislative committeeman to express appreciation and thanks to his local legislators, if they deserve praise, and to continue the friendly and cooperative contacts which were created during the legislative session.

Dr. J. E. Tuckerman, veteran chairman of the Committee on Medical Defense, at the request of Dr. Waggoner, presented his customary illuminating, instructive and timely review of the activities and problems of his committee.

The chief point stressed by Dr. Tuckerman was that experience has shown that the great majority of threats and suits for alleged malpractice would never have appeared if some physician somewhere, through a careless or thoughtless remark, or perhaps in a spirit of jealousy or malice, had not sown the seeds of discontent in the mind of some other physician's patient. Dr. Tuckerman said that physicians must learn that "talk is cheap and silence is golden" and that often some apparently innocent remark may perhaps be the germ for a ruinous attack by disgruntled or greedy persons on the professional and personal integrity of a colleague. He cited several instances to emphasize this point.

Dr. Tuckerman reviewed some of the newer court decisions bearing on malpractice and on the important question of privileged communication, especially some cases relative to the risks a physician takes in filling out reports for a third party concerning professional treatment rendered some patient. He suggested that reports not be made out and signed by a physician unless he has the written consent of the patient to do so.

He also emphasized the necessity for good standing, by the prompt payment of dues, in the State Association to obtain the benefits of the Association's medical defense plan and explained some of the procedure required in event of threat or suit for alleged malpractice.

At the conclusion of Dr. Tuckerman's talk, Dr. Gainor Jennings of West Milton, lauded Dr. Tuckerman for his efficient and faithful service over a long period of time in the medical defense activities of the State Association, and re-emphasized the points Dr. Tuckerman had made, especially the one concerning careless and thoughtless remarks by physicians as the unwarranted cause of malpractice suits.

Before the luncheon meeting adjourned, Dr. H. G. Southard, new State Director of Health, was introduced. He responded in fine spirit, with a brief talk, in which he stressed the necessity for maintenance of cooperation between the medical profession and public health officials.

Dr. H. M. Platter, secretary of the State Medical Board, also was called upon for a few remarks relative to problems and questions of licensure.

Owing to the fact that almost every minute of the two-days meeting was taken up with some official phase of the annual meeting program, little opportunity was left for the holding of class and fraternity reunions.

A few informal get-to-gethers were held, among them being the annual dinner of the Class of '97 of the Starling Medical College. The dinner was held on Wednesday evening at the Secor Hotel, with a number of members of the class and their wives present. Following the dinner, informal discussions were held and a social hour enjoyed. Officers for the year were chosen, Dr. D. C. Houser, Urbana, being re-elected president and Dr. P. W. Willey, Columbus, secretary-treasurer. Plans for a reunion at the Dayton meeting in 1932 were made.

The A. M. A. Meeting, June 8 to 12

Many Ohio physicians are planning to attend sessions of the Eighty-Second Annual Meeting of the American Medical Association, to be held in Philadelphia, June 8-12.

Preparations for the annual gathering have been completed and one of the largest registrations in the history of the association is anticipated.

The Scientific Assembly will open with a general meeting on Tuesday, June 9, at 8 p. m., at the Academy of Music. The scientific sections will meet Wednesday, Thursday and Friday at the Municipal Auditorium, where the Registration Headquarters will be located and the Scientific and Technical Exhibits housed.

Sessions of the House of Delegates will be held in the Crystal Ballroom of the Benjamin Franklin Hotel, Ninth and Chestnut streets, the first session being scheduled for 10 a. m., Monday, June 8.

The annual golf tournament will be staged Monday, June 8, at the Aronimink Country Club.

Special railroad rates will be given members attending the meeting through the usual "certificate" plan.

Ohio physicians desiring detailed information on any phase of the Philadelphia meeting will undoubtedly find the information desired in the May 9, 1931, issue of *The Journal of the American Medical Association,* in which appears the preliminary program of the Scientific Assembly, interesting facts about Philadelphia, a list of hotels, transportation, data on registration, entertainment arrangements, etc.

Medical Golfers Make Low Scores Despite Weather Conditions

Dr. Henry L. Wenner, Jr., of Toledo, is still the champion of the Ohio State Medical Golfers' Association.

Dr. Wenner successfully defended the title which he won in 1930 at Columbus, in 36 holes of good golf at the Inverness Country Club, Toledo, on Monday, May 11, preceding the opening of the 85th annual meeting.

Well over one hundred physicians from all sections of the state took part in the eleventh annual tournament of the Ohio State Medical Golfers' Association, despite the inclement weather.

Dr. Wenner put together scores of 80 and 84 for his winning gross total of 164, to hold the championship trophy.

Dr. J. D. Fouts, Dayton, with a score of 90-86—176, was runner-up, and third prize in the championship flight was copped by Dr. C. J. Czarnecki, Toledo, with a score of 86-94—180.

The association handicap championship was won by Dr. M. R. Haley, Dayton, who turned in the best net score for 27 holes. Runners-up in this event were Dr. E. C. Yingling, Lima, and Dr. S. W. Boesel, Niles.

The President's Trophy, awarded for the low net score for the first 18 holes among players handicapped 18 or under, was taken by Dr. L. M. Otis, Celina.

Dr. D. C. Brennan, Akron, won the prize given for the low gross score for the first 18 holes. Dr. R. C. Young, Toledo, was runner-up in this event.

Other prize winners were:

Low net, second 18 holes—Dr. A. V. Boysen, Cleveland.

Low gross, second 18 holes—Dr. L. R. Effler, Toledo.

Low net, first 9 holes—Dr. W. R. Riddell, Jackson; second, Dr. J. D. Knox, Warren.

Low gross, first 9 holes—Dr. T. F. Heatley, Toledo; second, Dr. J. L. McEvitt, Cleveland.

Low gross, second 9 holes—Dr. M. J. Larkin, Toledo; second, Dr. R. P. Bell, Cleveland.

Low net, second 9 holes—Dr. J. D. Parker, Sandusky; second, Dr. W. W. Sauer, Marietta.

Low gross, third 9 holes—Dr. F. T. Gallagher, Cleveland; second, Dr. C. F. Wharton, Akron.

Low net, third 9 holes—Dr. F. C. Callaway, Marysville; second, Dr. David Thomas, Lorain.

Granddad's Prize (low gross for 27 holes by player 50 years of age or more)—Dr. Charles Lukens, Toledo; second, Dr. B. W. Patrick, Toledo.

Team Championship—won by Toledo (Drs. Wenner, Czarnecki, Young, T. F. Heatley and F. L. Eyestone).

High Gross Prize—Dr. J. R. Johnson, Lima.

Most strokes on one hole—Dr. F. E. Mahla, Marion.

Duffer's Prize—Dr. L. D. Stoner, Canton.

THE SCORES TURNED IN

Following are the gross scores, handicap, and net scores for the first 18 holes of play. Several did not turn in their cards:

	18H—Gr.	Hdcp.	Net
L. A. Buchman, Canton	109	24	85
E. O. Morrow, Canton	113	25	88
R. T. Shipley, Canton	109	24	85
C. A. LaMont, Canton	120	25	95
M. R. Haley, Dayton	94	22	72
C. R. Weis, Dayton	118	24	94
J. D. Fouts, Dayton	90	11	79
A. W. Carley, Dayton	110	24	86
E. H. Morgan, Marion	126	24	102
E. L. Brady, Marion	112	24	88
F. E. Mahla, Marion	128	24	104
H. L. Wenner, Jr., Toledo	80	7	73
H. K. Mouser, Marion	116	24	92
P. R. Ensign, Toledo	95	16	79
W. W. Sauer, Marietta	98	23	75
W. H. Hull, Elyria	100	20	80
R. W. Hancock, Elyria	110	25	85
L. C. Bean, Gallipolis	98	20	78
W. R. Riddell, Jackson	98	20	78
W. W. Beck, Toledo	95	14	81
R. A. Bunn, Dayton	110	24	86
A. T. King, Cincinnati	122	25	97
F. L. Eyestone, Toledo	96	14	82
B. W. Patrick, Toledo	102	18	84
A. C. Smith, Wooster	102	19	83
C. F. Wharton, Akron	100	16	84
G. M. Campbell, Akron	111	24	87
L. D. Stoner, Canton	131	25	106
C. H. Franks, Akron	110	20	90
G. W. Martin, Portsmouth	106	20	86
R. E. Amos, Akron	125	25	100
T. W. Durbin, Toledo	96	17	79
D. G. Arnold, Bucyrus	102	22	80
F. C. Callaway, Marysville	106	24	82
P. D. Longbrake, Marysville	117	25	92
W. D. Inglis, Columbus	106	18	88
A. N. Wiseley, Lima	112	24	88
J. R. Johnson, Lima	138	25	113
O. S. Steiner, Lima	122	24	98
J. E. Talbott, Lima	117	24	93
W. L. Furste, Cincinnati	90	9	81
H. M. Shuffell, Canton	105	20	85
R. D. Schirack, Canton	123	24	99
O. P. Tatman, Chillicothe	100	15	85
N. W. Gillette, Toledo	106	25	81
R. W. Nosker, Columbus	98	12	86
L. Mark, Columbus	94	9	85
E. G. Galbraith, Toledo	98	15	83
A. V. Boysen, Cleveland	94	15	79
A. L. Jones, Cleveland	114	21	93
J. B. Morgan, Cleveland	108	17	91
L. V. Zartman, Columbus	100	19	81
J. B. Sampsell, Van Wert	97	14	83
C. E. Fisher, Toledo	108	18	90
W. W. Wiedemann, Toledo	116	16	100
E. R. Marker, Toledo	98	16	82
H. L. Basinger, Lima	103	24	79
E. H. Hedges, Lima	109	24	85
J. D. Knox, Warren	95	15	80
S. W. Boesel, Niles	97	25	72
E. C. Yingling, Lima	94	22	72
L. M. Otis, Celina	89	17	72
R. P. Bell, Cleveland	90	4	86
J. V. Greenebaum, Cincinnati	109	16	93
D. C. Brennan, Akron	88	8	80
Chas. Lukens, Toledo	97	18	79
J. L. McEvitt, Akron	90	5	85
L. R. Effler, Toledo	97	14	83
E. P. McNamee, Cleveland	94	10	84
F. T. Gallagher, Cleveland	101	12	89
T. F. Heatley, Toledo	86	10	76
C. J. Czarnecki, Toledo	85	10	75
W. E. Dwyer, Cleveland	108	15	93
B. E. Garver, Lorain	106	19	87
C. V. Garver, Lorain	105	19	86
V. Adair, Lorain	105	20	85
D. Thomas, Lorain	98	19	79
H. N. Sarchett, Sandusky	93	18	75
J. D. Parker, Sandusky	99	18	81
F. C. Burket, Sandusky	95	14	81
H. M. Scott, Toledo	102	18	84
H. W. Williamson, Toledo	114	25	89
J. W. Rae, Bowling Green	102	25	77
F. V. Boyle, Bowling Green	103	25	78
K. D. Figley, Toledo	113	25	88
Dale Wilson, Toledo	111	25	86
G. F. Bowman, Toledo	95	12	83
J. S. Lewis, Youngstown	—	9	—
E. C. Reinhardt, Youngstown	—	25	—
E. Gillespie, Canton	97	14	83
E. C. Goldcamp, Youngstown	—	22	—

	18H—Gr.	Hdcp.	Net
C. H. Scholfield, Youngstown		25	
R. F. Heatley, Toledo	104	14	90
R. C. Young, Toledo	90	14	76
J. P. DeWitt, Canton	101	19	82
H. H. Hatcher, Dayton			
W. J. Quigley, Cleveland			
D. A. Prendergast, Cleveland			
J. Slivka, Cleveland	118	19	99
R. V. Luce, Akron			

	18H—Gr.	Hdcp.	Net
D. M. McDonald, Akron			
J. F. Whitacre, Toledo	119	25	94
R. B. Bowen, Toledo	101	16	85
Ralph Deming, Toledo	110	20	90
A. J. Rejent, Toledo			
A. E. Cone, Toledo	111	18	93
M. J. Larkin, Toledo	96	12	84
P. B. Newcomb, Defiance	108	18	90
S. H. Patterson, Toledo	111	20	91

Renewal of Federal Narcotic Permits Must Be Made Before July 1 ⁂ Legal Restrictions on Prescriptions Set Forth

Every physician wishing to prescribe or dispense narcotics must register with the collector of internal revenue of his district and pay the special federal tax of $1 on or before July 1 or lose the permit which he now holds.

Approach of the date for the renewal of narcotic permits under the Harrison Narcotic Law should serve as a reminder to all members of the medical profession of the severe penalties for violation of the provisions of the Harrison Law and cause each physician to make certain that he is complying strictly to the intent of the statutes and regulations governing the prescribing and dispensing of narcotic drugs.

Considerable confusion still exists in the minds of some members of the medical profession as to the meaning of some of the narcotic regulations and just what restrictions are placed on the physician in the prescribing and dispensing of narcotics.

According to federal authorities, the most perplexing phase of the legal restrictions placed upon the physician relates to the prescribing of narcotic drugs for habitual users or addicts.

In Article 85, Regulations 5, of the Harrison Law, the following provisions are laid down:

"A prescription, in order to be effective in legalizing the possession of unstamped narcotic drugs and eliminating the necessity for use of order forms, must be issued for legitimate purposes. An order purporting to be a prescription issued to an addict or habitual user of narcotics, not in the course of professional treatment, but for the purpose of providing the user with narcotics sufficient to keep him comfortable by maintaining his customary use, *is not a prescription within the meaning and intent of the act; and the person filling and receiving drugs under such an order, as well as the person issuing it, may be regarded as guilty of violation of the law.*

"Exceptions to this rule may be properly recognized (1) in the treatment of incurable disease, such as cancer, advanced tuberculosis, and other diseases well recognized as coming within this class, where the physician directly in charge of a bona fide patient suffering from such disease prescribes for such patient, in the course of professional practice and strictly for legitimate medical purposes, and in so prescribing, indorses upon the prescription that the drug is dispensed in the treatment of an incurable disease; or if he prefers he may indorse upon the prescription 'Exception (1), article 85'; (2) a physician may prescribe for an aged and infirm addict whose collapse would result from the withdrawal of the drug, provided he indorses upon the prescription that the patient is aged and infirm, giving age; or if he prefers he may indorse upon the prescription 'Exception (2), article 85'."

Shortly before the recent reorganization of the narcotic administrative departments of the federal government, a mimeograph was issued by the narcotic unit of the Bureau of Prohibition, Treasury Department, analyzing some of the questions arising in regard to the Harrison Law and the federal regulations on narcotics.

This document emphasized that it is impossible to state an inflexible rule which will cover all cases and that any suggestions and advice must necessarily be subject to modification through further interpretation of the law by the courts.

"The bureau is not charged with the duty of laying down any fixed rule as to the furnishing of drugs or frequency of the prescriptions in any particular case," the statement declared. "This responsibility rests upon the physician in charge of the case. * * * Caution should be exercised to avoid being *imposed* upon by *unscrupulous persons*, and too much credence should not be given to the unsupported statements of the addict himself, because the confirmed addict will go far beyond the truth in an attempt to secure an ample supply of narcotic drugs with which to satisfy his cravings. The *good faith* of the physician and the *bona fides* of his treatment in a given case will be established by the facts and circumstances of the case and the consensus of medical opinion with regard thereto, based on the experience of the medical profession in cases of similar nature. Physicians will be charged with violation of the law if, through *carelessness* or *lack of sufficient personal attention*, the patient secures more narcotic drugs than are necessary for medical treatment and devotes part of his supply to satisfying addiction."

Referring specifically to the prescribing and dispensing of narcotics to addicts, the mimeograph stated that "*mere addiction alone is not recognized as an incurable disease*" but that "addicts suffering from senility or the infirmities attendant upon old age and who are confirmed addicts of years standing may be, for the purpose of enforcing the law, treated as addicts suffering from incurable diseases."

Further, it is pointed out, a physician may, in the course of his professional practice *only* and in accordance with the consensus of medical opinion, afford temporary relief to an ordinary addict whose condition demands immediate attention by prescribing or dispensing the minimum quantity necessary *to prevent collapse* and enable him to reach a hospital, institution, or place where *treatment under proper restraint* is to be undertaken.

"Such cases should be cautiously handled," the statement points out, "and the physician in charge should satisfy himself that the narcotics thus furnished are not to be diverted for an unlawful purpose, that steps looking toward such treatment actually have been or promptly will be taken, and that the conditions are such (usually indicated by the presence of a responsible accompanying nurse or attendant) that the addict can not augment his supply of drug by securing additional amounts from another source. This bureau has never sanctioned or approved of the so-called reductive ambulatory treatment of addiction for the reason that where the addict controls the dosage he will not be benefited or cured."

Thus, it may be readily seen that the burden of responsibility in the prescribing and dispensing of narcotics is placed on the physician, and that his good faith and good intent play a large part in whether or not he complies with the law in the so-called "border line" cases.

Those desiring information regarding the filling out of applications for permits, keeping of office records, etc., will find the detailed analysis of the Harrison Law, published in the April, 1930, issue of *The Journal*, pages 341 and 342, and the article published in the January, 1931, issue of *The Journal*, pages 68-70, of helpful value.

Health, Welfare, Probate, Penal, and Workmen's Compensation, Among Subjects of New Ohio Laws ⁂ Governor White Swings Veto Ax

One hundred and thirty-one of the 161 bills enacted by the Eighty-Ninth Ohio General Assembly previous to its recess on April 10 have been or will be entered on the statute books of the state.

Of the 161 measures passed by both branches of the Legislature up to April 10, Governor George White signed 127 and permitted four to become law by lapse of the 10-day period allowed the chief executive for the signing of bills.

Thirty of the bills transmitted to the Governor for his signature were vetoed, giving Governor White a veto record second only to that established by Former Governor Vic Donahey who swung the veto ax on 76 bills in his first term; 45 in his second and 30 in his third.

There is a possibility that Governor White may find further use for his veto power as he must still take official action on those taxation and appropriation bills and measures enacted by the General Assembly at its recessed session, which opened Monday, May 11.

A number of the bills signed by the governor had direct health-welfare—medical angles, while others had some bearing on social and economic questions of interest to members of the medical profession.

House Bill 29 (Zoul of Cuyahoga), authorizing city health districts to contract with other city health districts or with the general health district in the same county for public health services, was signed by Governor White on April 28 and becomes effective July 27. The act will afford an opportunity for the establishment in some communities of more practical and more economical set-ups for furnishing public health service.

Another important and meritorious health measure signed by the governor was **House Bill 57** (Vail of Cuyahoga), identical with **Senate Bill 66** (Norton of Cuyahoga), which provides for the application of the provisions of the federal statutes on the proper labeling as "poison" of various corrosive substances used in household cleaning and washing, to such substances manufactured, distributed and sold within the State of Ohio, as well as in interstate commerce. It becomes effective July 28. The requirement for a "poison" label on these substances now being made, distributed and sold exclusively in Ohio sets up additional warning to parents that these dangerous substances should be used cautiously and kept beyond the reach of children.

NEW PENAL PROGRAM

Four acts, establishing a new penal policy for Ohio, were signed by Governor White on May 3. These measures were:

Senate Bill 68 (Ackerman of Cuyahoga), which repeals the Norwood Law by which judges have had the right to fix minimum as well as maximum sentences for prisoners, and gives the board of parole power to consider the parole of any prisoner who may have served the minimum time

prescribed by law for the crime he committed. It becomes effective August 2.

Senate Bill 149 (Weber of Franklin), which creates within the State Department of Public Welfare a parole board of four persons, named by the Director of Welfare with the approval of the governor, to supervise and regulate pardons, commutations, paroles, reimprisonment, etc. The salary of each member is fixed at $6000 a year. Extensive powers for supervising paroled prisoners and investigating their conduct are granted to the board under the act. This act takes effect August 11.

Senate Bill 116 (Gillen of Jackson), provides for the diminution of minimum sentences of prisoners for good behavior; that a prisoner serving life sentence for a crime other than treason or murder in the first degree or a prisoner sentenced for a minimum term of more than 15 years, shall become eligible for parole at the expiration of 15 years imprisonment; and that a prisoner sentenced by mistake to the wrong institution may be transferred by the Department of Public Welfare to the proper institution. It becomes effective August 5.

Senate Bill 117 (Gillen of Jackson), which gives the governor the power to parole a sick convict. Under the present law the governor has only the power of full pardon. It takes effect August 2.

One of the early measures signed by the governor was **Senate Bill 81** (Lowery of Muskingum), an emergency act appropriating $50,000 to be administered under the State Director of Education through local boards of education for shoes, clothing, medical attention, and other necessities to enable school children in want to attend school. The act has been in effect since February 18.

Another emergency act signed by the chief executive was **House Bill 597** (Mildren of Washington), authorizing the appropriation of $80,000 for the relief of drought sufferers, including a sum of $10,000 for the drilling of "Seal of Safety" wells by the State Department of Health in Southern Ohio. This act became effective April 17.

House Bill 102 (Pringle of Cuyahoga and Roberts of Mahoning), also an emergency act authorizing political subdivisions to borrow money and issue bonds and notes to provide revenues for poor relief, was signed by Governor White and went into effect March 17.

An act, **House Bill 362** (Gault of Union), providing more effective methods for the tuberculin testing of cattle, was approved by the governor and becomes effective July 23.

Under **House Bill 427** (Williamson of Greene), approved by the governor, the state's serum institute at Reynoldsburg is placed under the control of the Ohio Agricultural Experiment Station. It becomes effective August 5.

WORKMEN'S COMPENSATION

Three measures, amending and revising sections of the Ohio Workmen's Compensation Law, were signed by Governor White. They are:

Senate Bill 186 (Gillen of Jackson), identical with **House Bill 305** (Roberts of Belmont), amending and supplementing sections of the compensation law as agreed upon by representatives of labor and industry, one of the chief provisions of which adds three new occupational diseases to the list of diseases compensable under the law, namely chromium poisoning, cyanide poisoning and sulphur dioxide poisoning, making the total number of compensable diseases 21. This act becomes effective July 8.

Senate Bill 273 (Nickels of Tuscarawas), insuring the solvency of the public employes' fund of the Workmen's Compensation Fund by changing the rate of premiums paid by political subdivisions and setting up new methods of handling this fund. It will take effect on July 31.

House Bill 407 (Schumacher of Cuyahoga), which becomes effective July 27, permits domestic liability insurance companies to sell Workmen's Compensation insurance outside the state.

OTHER HEALTH WELFARE BILLS

Among other bills, having a health welfare angle, signed by the governor, are:

House Bill 61 (Kane of Montgomery). To provide that husband and wife residing in county poorhouses shall not be separated. Effective July 15.

House Bill 46 (McRitchie of Ottawa). An island township (Put-in-Bay) may by a vote of the people provide a home for a resident physician. Effective July 7.

House Bill 70 (Guard of Champaign). To change the word "indigent" to "needy" as applied to dependents of soldiers entitled to county relief. Effective July 22.

House Bill 103 (Hyre of Cuyahoga). To permit admission to the Madison Home of all widows or mothers of Spanish War veterans and nurses who served in that war. Effective August 2.

Senate Bill 10 (Dunipace of Wood), identical with **House Bill 13** (Weir of Trumbull). Revision, modification and recodification of the probate laws of Ohio. Effective January 1, 1932.

House Bill 114 (Aumend of Fulton). To provide that applications for a marriage license must be made not less than five days or more than 30 days before issuance and that no license shall be valid unless the marriage is performed within 60 days after issuance of the license. Effective July 23.

House Bill 437 (Baker of Hamilton). Placing juvenile offenders, minors under 18 years of age, under the jurisdiction of the juvenile court. Effective July 27.

OTHER NEW LAWS OF INTEREST

Among other measures of general public interest which were approved by the chief executive are:

Senate Bill 184 (Lorbach of Hamilton). Recodification of the jury laws, in which the definite exemption from jury service of physicians, lawyers, clergymen, etc., was retained. Effective August 2.

Senate Bill 191 (Norton of Cuyahoga). Setting up regulations for filling stations, including a provision prohibiting smoking or striking a match within 12 feet of any gasoline pump. Effective August 9.

House Bill 45 (Beard of Montgomery). Regulating the sale and use of fireworks. Effective May 1.

House Bill 7 (Secrest of Noble-Bostwick of Madison). Reallocation of the gasoline tax funds to the state, cities, counties and townships. Effective August 5.

Senate Bill 77 (Marshall of Cuyahoga). Amending the state law to permit the operation of motion picture theaters on Sunday unless otherwise designated by local ordinance. Effective August 2.

House Bill 601 (Johnson of Lake). Revising the state aeronautics code in accordance with federal statutes. Effective July 27.

House Bill 104 (Pringle of Cuyahoga). Abolishing bills of sale in motor vehicle transactions and substituting certificates of title to regulate the transfer of title to motor vehicles. Effective July 31.

Senate Bill 108 (Ackerman of Cuyahoga). To declare void

contracts where either party agrees not to join a labor union or an employers' union (The "Yellow Dog" bill). Effective August 6.

AMONG THOSE VETOES

Governor White's veto ax was especially aimed at unreasonable and foolish measures, those classed as unnecessary and which would have added to the tax burden of the public, and the majority of those which would have set up new licensing and regulatory systems to be administered by special state boards, commissions, etc.

Two bills establishing licensing and regulatory systems were approved by the governor, namely: **House Bill 282** (Hansen of Lucas), to provide for the examination and registration of architects by a State Board of Architecture Examiners, and **House Bill 115** (Porter of Hamilton), to provide for the licensing and regulation of dry cleaning establishments. The Hanson Act becomes effective August 5 and the Porter Act, July 26.

Among the proposals which the chief executive vetoed were:

Senate Bill 54 (Ackerman of Cuyahoga). To create a state board of barber examiners to license barbers and establish regulations and a system of inspection of barber shops.

Senate Bill 9 (Farnsworth of Lucas). To create a licensing system for construction engineers and land surveyors.

Senate Bill 27 (Finefrock of Stark). To amend the laws dealing with embalming and funeral directing and to enlarge the board of embalmers and funeral directors, with separate or joint licenses for both.

House Bill 180 (Niswonger of Montgomery). To provide for payment of claims for pasteurization treatments for persons bitten by dogs out of the county dog and kennel fund instead of from the county general fund.

House Bill 327 (Roberts of Stark). To increase the proportion of the cost of street improvements at intersections which municipalities must bear.

Senate Bill 42 (Nickels of Tuscarawas). To permit counties to pay highway assessments against abutting property.

House Bill 132 (Bing of Erie-McRitchie of Ottawa). To provide that any road on an island township is a state road.

House Bill 169 (Cramer of Lucas). To provide for a new common pleas judge for Lucas County.

House Bill 319 (Mooney of Hocking). Hocking County may assume certain dredging assessments.

House Bill 410 (Zoul of Cuyahoga). Shaker Heights may assume certain street assessments.

House Bill 577 (Welsh of Jefferson). To give the Steubenville Court, the judges of which are elected by only the citizens of Steubenville, jurisdiction over all of Jefferson County.

House Bill 143 (Schweller of Putnam). To provide pay for members of rural school boards.

House Bill 157 (Hyre of Cuyahoga). To permit school boards to provide instruction in instrumental music.

House Bill 293 (Eickenberry of Preble). To provide penalty for offering for sale agricultural seeds containing thistle, and other weeds.

House Bill 376 (Guard of Champaign). To define ice cream and provide minimum standards as to its ingredients.

Senate Bill 192 (Nickels of Tuscarawas). To create an Ohio Historical Commission.

Senate Bill 248 (Johnson of Mahoning). To repeal the section of the General Code which exempts from execution for debts the sum of $500 in the case of certain non-owners of a homestead.

House Bill 131 (Hyre of Cuyahoga). To provide that present penalties for abandoning a child or a pregnant woman shall apply to husbands who abandon a wife who is in destitute or necessitous circumstances.

Governor White's veto of the controversial, monopolistic and unnecessary barber bill was of unusual interest. Sponsors of this legislation in their campaign among members of the legislature laid much stress on what they termed the necessity for a barber examining and licensing board from the standpoint of health and sanitation.

In his veto message, Governor White in a clear and concise manner pointed out the flaws in that argument, citing the present powers given to health authorities to enforce existing health and sanitary regulations for barber shops and barbers.

The governor in his statement of disapproval of the measure said:

"At the time this bill was up for discussion in the Senate, there was read a letter which I sent to Frank A. Schweitzer of Cincinnati on July 18, 1930, promising to sign a measure somewhat similar to the present act. At that time I had been led to believe that the proposed measure was a needed health regulation. I have since ascertained that the state, county and city health regulations pertaining to barber shops are ample to cover every reasonable requirement and my director of health advises me that there is plenary power now given the various health services to enforce the same. In fact, it now appears that the present bill weakens, if anything, the existing health and sanitary regulation of barber shops and barbers. What I then regarded as the paramount reason for such legislation, now upon investigation and more mature reflection seems not to exist.

"For the reason therefore that the essential service contemplated by this bill can be performed under existing laws by the health authorities without the creation of a new commission, I must refuse my signature to this bill. I shall instruct the director of health to institute such additional measures as may be needed to protect the public to the fullest degree."

Annual Meeting of Northern Tri-State Medical Association

THE Northern Tri-State Medical Association held its 58th Annual meeting at Ann Arbor, Michigan, Tuesday, April the 14th, 1931. The morning program consisted of Clinics.

Dr. Cyrus C. Sturgis, the Professor of Medicine in the University of Michigan, presented a series of cases demonstrating the use of Ventriculum in Pernicious Anemia, emphasizing the fact that reason for its failure was often due to improperly diagnosed cases.

Dr. John Alexander, Professor of Clinical Surgery in the University of Michigan, showed numerous types of cases of thoracic disease, their complications and the proper methods for dealing with the same. He advised that the infusions accompanying tuberculosis pleursy should not be drained

openly, as a permanent sinus is apt to result, but if necessary aspirate sparingly.

Dr. Frank Wilson, Associate Professor of Medicine in the University of Michigan, presented a most interesting series of cases dealing with the different types of heart disease. He had several patients with a patent foramen ovale.

In the afternoon, the first speaker was Dr. Arnold Jackson of Madison, Wisconsin, who illustrated with slides, the different phases and manifestations of disease of the Thyroid Gland, and their treatment. His lecture dealt with the usual conditions with which the average physician has to meet and was very helpful.

Dr. L. J. Karnosh of Cleveland, presented a paper on the "Neurology of the Emotions," using slides and diagrams and pictures to illustrate their their origin and the results of the same. His slides and lecture demonstrating the various types of insanity was instructive and amusing to the listener.

Dr. Norman F. Miller, the Professor of Obstetrics in the University of Michigan discussed the various types of gonorrheal infection in the female, by the use of slides. He stated that the acute gonorrheal pus tube should not be removed, and stated that the abdomen should only be opened in those cases where there was pus in the posterior Cul de Sac, an abscess in the broad ligament, or a complicated appendix.

Dr. E. B. Gillette of Toledo, had an excellent and highly instructive paper on "Carcinoma of the Bladder." He stated that about 50 per cent of all primary malignancies of the bladder are located about the uretral orifices or in the trigone, while the other 50 per cent is found in the dome and on the lateral and posterior wall. Diagnosis is made by cystoscopic observation and biopsy. It is his opinion that all tumors of the dome or lateral wall should be widely excised, followed with bladder closure and a suprapubic drain. If the growth is located in the trigone or on the posterior wall he advises electro-coagulation. Biospy all tumors of the bladder. Papillomata may recur as true malignancies. In the treatment, he uses radium, electro-coagulation and surgery, depending on the type of case.

Dr. Plynn Morse, pathologist of the Harper Hospital in Detroit, discussed the causes of sudden deaths. The brain lesions such as tumor and hemorrhage, the various poisonous gases, and poisons taken by mouth, pulmonary embolism, and interference with the Bundle of His and where the question was in doubt as to the death, to insist on a post mortem examination.

Dr. W. Wayne Babcock, Professor of Surgery in the Temple University at Philadelphia, gave a very instructive talk on "Blood Vascular Surgery." He dealt in length on the various treatment of aneurysms, the hydro-dynamics of the blood vessel and gave the results of three cases in which he anastomosed the internal carotid to the internal jugular as an aid to pulmonary tuberculosis stating that it lowered respiration, thus giving the lungs more rest, and supplied it with a better quality of blood. He also advised this operation in certain types of aneurysms of the arch of the Aorta stating that it reduced arterial tension.

Dr. George Crile of Cleveland presented a series of cases, relative to severing the adrenal nerves in cases of Raynaud's disease, neuro-circulatory asthenia and in cases following a total thyroidectomy where the patient failed to obtain beneficial results from the operation; illustrated and demonstrated the principle and said he believed it to be an advance in Medical Science.

Dr. Norris W. Gillette of Toledo was the retiring president. Dr. C. D. Camp of Ann Arbor, Michigan, was elected president. Dr. H. M. Senseny of Ft. Wayne, Indiana, vice-president. Dr. Edward B. Pedlow of Lima, Ohio, secretary. Dr. G. O. Larson of La Porte, Indiana, treasurer.

The next annual meeting will be held in the early part of April, 1932, at Toledo, Ohio.

Dedication New Lakeside Hospital

Dedication of the new Lakeside Hospital, Cleveland, will take place June 17. This new unit of the Western Reserve University Hospitals Group has been in use since mid-February but has never been formally dedicated. Dr. Hans Zinszer, professor of bacteriology, Harvard University, will deliver the dedication address at exercises at Severance Hall. Samuel Mather, Cleveland philanthropist and president of Lakeside Hospital for more than 30 years, will preside. President Robert E. Vinson of Western Reserve University will confer honorary degrees. The dedication will take place in the morning and will be followed by a luncheon under the auspices of the Lakeside Hospital Alumni Association. In the afternoon there will be a scientific session, inspection of the new hospital and a visit to the Institute of Pathology. In the evening a banquet under the auspices of the alumni association will be held. Others who will play a prominent part in the dedication exercises are: Henry E. Sheffield, vice chairman of the Lakeside board; Arthur D. Baldwin, president of the University Hospital Group; Dr. Robert E. Bishop, Jr., secretary of the hospital group; Mrs. E. S. Burke, Jr., and Alexander C. Brown, trustees of Lakeside Hospital; Frank E. Chapman, director of Lakeside Hospital; Dr. Elliott C. Cutler, professor of surgery, School of Medicine; Dr. Frank S. Gibson, president of Lakeside Alumni Association; Dr. N. W. Ingalls, president School of Medicine Alumni Association; Dr. Harold T. Karsner, professor of pathology; Dean Winfred G. Leitner, Western Reserve University; Colonel Frank A. Scott, fiscal director of the university; Dr. T. H. Sollmann, dean of the School of Medicine, and Dr. Joseph T. Wearn, professor of medicine.

Deaths in Ohio

Frank Xavier Adams, M.D., Akron; Eclectic Medical College, Cincinnati, 1885; aged 77; former member of the Ohio State Medical Association; died April 15.

John M. Anderson, M.D., Greenville; Rush Medical College, University of Chicago, 1902; aged 55; member of the Ohio State Medical Association and the American Medical Association; died April 12 following a short illness of pneumonia. Dr. Anderson, son of the late Dr. Lewis C. Anderson, had practiced in Greenville since his graduation. He is survived by his widow and his mother.

Charles Z. Axline, M.D., Fultonham; Medical College of Ohio, Cincinnati, 1876; aged 78; member of the Ohio State Medical Association and the American Medical Association; died April 22. Dr. Axline had practiced in Fultonham and Muskingum County 55 years. His widow survives him.

Morton W. Bland, M.D., Logan; Rush Medical College, University of Chicago, 1900; aged 54; member of the Ohio State Medical Association and the American Medical Association; died April 21, at Columbus Rural Rest Home, following a short illness. Dr. Bland had practiced in Shelby and Bellevue, and in 1915 and 1916 was state registrar of vital statistics. At the time of his death he was health commissioner of the city of Logan and Hocking county. Surviving him are his widow, two sisters and two brothers.

Charles Franklin Clark, M.D., Columbus; Jefferson Medical College of Philadelphia, 1881; aged 76; member of the Ohio State Medical Association; Fellow of the American Medical Association; Fellow of the American College of Surgeons; and member of the American Ophthalmological Society; died April 22 of heart disease. Dr. Clark had practiced in Columbus for more than 45 years, and was one of the pioneers in central Ohio in ophthalmology. For many years he was instructor at Starling Medical College, now the College of Medicine, Ohio State University. He is survived by his widow, one daughter, and a nephew, Dr. Ivor Clark, with whom he was associated in practice.

Otto B. Cornell, M.D., Westerville; Ohio Medical University, Columbus, 1902; aged 61; died May 5 following an illness of two years. He formerly was health commissioner of Westerville. Two brothers and a sister survive him.

Alwyn M. Crane, M.D., Marion; Columbus Medical College, 1880; aged 76; former member of the Ohio State Medical Association and Fellow of the American Medical Association; died April 15 in a Columbus hospital, following a long illness of arteriosclerosis. Dr. Crane had practiced nearly 50 years in Marion. He is survived by one son, two sisters, and two brothers.

Cyrus A. Cusick, M.D., Lewisburg; Cincinnati College of Medicine and Surgery, 1892; aged 80; former member of the Ohio State Medical Association; died April 5 following a long illness. He retired from active practice several years ago. Surviving him are his widow, three daughters and one brother.

James A. Dickson, M.D., Poland; University of Michigan Medical School, Ann Arbor, 1893; Jefferson Medical College of Philadelphia, 1889; aged 73; died April 20 of heart disease. Dr. Dickson practiced for 40 years in Youngstown before moving to Poland, ten years ago. His widow and one sister survive him.

James G. Grafft, M.D., Middletown; Miami Medical College, Cincinnati, 1893; aged 64; member of the Ohio State Medical Association and the American Medical Association; died April 27 from injuries sustained in a fall. Dr. Grafft practiced for many years at Trenton, Ohio, before locating in Middletown. Surviving him are his widow and three children.

Howard W. Hottenstein, M.D., Akron; Western Reserve University School of Medicine, 1923; aged 33; member of the Ohio State Medical Association and the American Medical Association; died April 22. Dr. Hottenstein had practiced in Akron since his graduation.

Adolph E. Ibershoff, M.D., Cleveland; University of Michigan, Homeopathic Medical School, Ann Arbor, 1903; aged 54; died March 23 following a long illness. Dr. Iberhoff had practiced in Cleveland since 1905, and was a veteran of the Spanish-American and the World wars. He is survived by his widow, three daughters, his parents and one brother.

Llewellyn McKitrick, M.D., Worthington; Columbus Medical College, 1890; aged 69; former member of the Ohio State Medical Association and Fellow of the American Medical Association; died May 3 from cerebral hemorrhage. Dr. McKitrick had practiced at Dublin for 30 years, and for the last 12 years at Worthington. Surviving him are his widow, one daughter, and two brothers.

Harvey L. Van Natta, M.D., Sycamore; College of Physicians and Surgeons, Baltimore, Md., 1882; aged 73; member of the Ohio State Medical Asso-

ciation and the American Medical Association; died April 20 of heart disease. Dr. Van Natta had practiced in Wyandot and Crawford counties since graduation, for the past eight years residing in Sycamore.

Frank Winders, M.D., Columbus; Bellevue Hospital Medical College, New York, 1895; aged 60; member of the Ohio State Medical Association and Fellow of the American Medical Association; died April 21 of cerebral hemorrhage. He had practiced in Columbus for 35 years and from 1896 to 1907 was secretary of the Ohio State Medical Board. From 1905 to 1917 he was identified with Starling Medical College, as an instructor in medicine and therapeutics. He was secretary of the Ohio State Medical Association from 1904 to 1906, and was the first editor of the *Ohio State Medical Journal* in 1905. Dr. Winders was a veteran of the World War. Surviving him are his widow, a daughter; a brother and a sister.

John M. Withrow, M.D., Cincinnati; Medical College of Ohio, Cincinnati, 1884; aged 77; member of the Ohio State Medical Association; Fellow of the American Medical Association; Professor Emeritus, of Gynecology, University of Cincinnati School of Medicine; died May 14 from a heart attack. Dr. Withrow attended Miami University, Oxford, and Ohio Wesleyan University, Delaware, graduating in 1877 from the latter school. He was superintendent of schools in Eaton until he took up the study of medicine. Dr. Withrow began practice in Cincinnati in 1884; at the same time he became an instructor in Miami Medical College. From 1894 to 1904 he was Dean of the Laura Memorial Women's Medical College. He was formerly a trustee of the Cincinnati Hospital, and served as health officer of the city in 1897 and 1898. During the World war, Dr. Withrow served as chairman of the District Board of Appeals from the Draft in Southern Ohio. For more than 20 years Dr. Withrow had served on the Cincinnati Board of Education, and was the president of the first small board of seven members. On his retirement from the Board of Education he became chairman of the Citizens' School Committee. He never relinquished his interest in the schools and served in an advisory capacity on many important educational projects, and in recognition of his work Withrow High School was named in his honor.

KNOWN IN OHIO

James Belyea, Jr., M.D., Glendale, California; Detroit College of Medicine and Surgery, 1915; died April 6. He was the son of Dr. James Belyea, Sr., of Toledo. Following his discharge from service during the World War, he moved to California. Besides his father, he is survived by his widow, one daughter and one sister.

William Thurlow Booher, Wellsburg, West Virginia; Illinois Medical College, Chicago, 1906; aged 50; died April 14 of heart disease. He was a native of Tuscarawas county, and read medicine in the New Philadelphia office of the late Dr. R. S. Barton. Dr. Booher had practiced in Bethany, Virginia, and Wellsburg, West Virginia. Surviving him are his widow, two sons and one daughter.

Asher Francello Sippy, M.D., Chicago; Rush Medical College University of Chicago, 1892; aged 70; former member of the Ohio State Medical Association and Fellow of the American Medical Association; died April 17 of myocardial insufficiency and cerebral hemorrhage. Dr. Sippy practiced for a number of years in Akron; was a member of the staff of the Akron City Hospital and was one of the founders of Peoples Hospital, Akron. He moved to Chicago in 1915, and was instructor in internal medicine at his alma mater, and was on the staffs of Presbyterian and Washington Boulevard hospitals, Chicago.

J. Harley Stamp, M.D., Belle Mead, New Jersey; Temple University School of Medicine, Philadelphia, 1922; Fellow of the American Medical Association; member of the American Psychiatric Association; died April 20 of pneumonia. Dr. Stamp had practiced in Philadelphia for several years, and later was superintendent of College Hill Sanitarium, Cincinnati, for three years, and recently went to Belle Mead as physician in charge of a sanatorium. He was a veteran of the Spanish-American War. He is survived by three brothers, one of whom is Dr. Floyd R. Stamp of Alliance.

Physicians Recently Licensed in Ohio

The following have been granted licenses through reciprocity by the State Medical Board to practice medicine and surgery in Ohio:

Raymond W. Alvis, East Liverpool, Northwestern University; Bertha O. Anderson, Cleveland, University of Kansas; James D. Blair, Springfield, Jefferson Medical College; Sanford W. Cartwright, Attica, University of California; Jerome F. Cristina, Ashtabula, Georgetown University; Herman Elwyn, Cleveland, New York University and Bellevue Hospital Medical College; Robert J. Emslie, Cleveland, University of Michigan; Henry A. Kildee, Cincinnati, Creighton University; Melford B. Kimmey, Toledo, Meharry Medical College; Richard G. Laube, Cleveland, University of Illinois; Justin E. McCarthy, Cincinnati, Creighton University; Johnson McGuire, Cincinnati, Johns Hopkins Medical College; Chester R. Nuckolls, Cleveland, University of Virginia; John S. Orwig, Toledo, University of Michigan; David Osborn, Stockdale, Kentucky School of Medicine; Bean M. Palmer, Youngstown, Medical College of the State of South Carolina; George A. Palmer, Akron, University of Michigan; Hal P. Wells, Cleveland, Missouri Medical College, and Harold F. O'Donnell, Lima, University of Kansas.

NEWS NOTES of OHIO

Akron—Dr. M. D. Ailes, city health director, gave a social hygiene talk before the Akron League of Women Voters.

Nelsonville—Dr. J. L. Webb, formerly of Carbon Hill, has opened an office here and has moved his family here. He will retain his office at Carbon Hill also.

Ashland—Dr. H. M. Gunn, for the past four years captain of Hospital Company, No. 135, of the 112th Medical Regiment, Ohio National Guard, has been commissioned commanding officer of the company, succeeding Dr. E. L. Clem, resigned and retired to the Officers Reserve Corps.

Piqua—A talk on goiter was given by Dr. John F. Beachler at a recent meeting of the Lions' Club.

Lakewood—At a recent "Doctor's Day celebration of the local Kiwanis Club, Dr. C. Lee Graber talked on "The History of Medicine". Dr. S. S. Gardner also spoke.

Kent—Dr. C. L. Hyde, superintendent of the Springfield Lake Sanatorium, was the principal speaker at a mass meeting held under the auspices of the Portage County Preventorium.

Middletown—Dr. E. T. Storer has been elected president of the Ramblers' Club, one of the city's oldest social and discussion groups.

Columbus—Dr. Link Murphy has been elected president of the Columbus University Club.

Marion—Marion County physicians who attended the recent meeting of the Northwestern Ohio Eclectic Medical Society at Findlay were: Dr. C. G. Smith, Dr. F. L. Thomas, Dr. S. W. Mattox, Dr. J. G McNamara and Dr. N. Sifritt.

Ashtabula—Dr. Donald Forward is on a tour of France, Italy, Switzerland, Belgium, Holland, Spain and England.

Cleveland—Dr. Willard C. Stoner has been recommissioned a colonel in the Organized Medical Reserve Corps and commanding officer of General Hospital Unit, No. 105.

Martins Ferry—Dr. J. H. Nauman has been taking post-graduate work at the Mayo Clinic, Rochester, Minn.

Springfield—Dr. L. L. Syman is convalescing from a severe illness.

Logan—Dr. C. C. Lyon has been appointed a member of the Hocking County Soldiers' Relief Commission, succeeding the late John Krinn.

Eaton—Annual meeting of the Union District Medical Association, composed of physicians from southwestern Ohio, southeastern Indiana and north central Kentucky was held here April 23. The program was in charge of Dr. P. E. Decatur, Hamilton, president; Dr. W. L. Porter, College Corner, secretary, and Dr. Charles Glaeser, Brookville, Ind., treasurer. Among those who took part on the program were Dr. Henry Woodward, Cincinnati; Dr. F. B. Buche and Dr. F. E. Habe, Richmond, Ind.

Columbus—Upon his own request, Dr. Louis T. Hess, colonel, U. S. A., and surgeon of the Fifth Corps Area, with headquarters at Fort Hayes, Columbus, will be retired September 30, after 32 years service in the medical corps of the regular army. Colonel Hess has been stationed in Columbus since 1923 and plans to make this city his residence following his retirement.

Cincinnati—Dr. Edward Dulle has been appointed assistant coroner of Hamilton County by Coroner M. Scott Kearns.

Columbus—Members of the Columbus Internists' Society and the Medical Review Club were guests at a recent dinner meeting held by the Columbus Surgical Society at which Dr. J. L. Yates, Milwaukee, was the principal speaker. Dr. Philip J. Reel presided as toastmaster. Arrangements for the dinner were in charge of Dr. Paul H. Charlton and Dr. Edward J. Stedem.

Alliance—Dr. and Mrs. C. H. Ross have returned from Florida where they spent several months.

Lima—Dr. E. B. Pedlow was re-elected secretary of the Tri-State Medical Association at the recent meeting of the association in Ann Arbor, Michigan.

Cleveland—A portrait of Dr. W. T. Corlett, retiring president of the Cleveland Medical Library Association, was unveiled at a recent meeting of the association when Dr. Geo. Edw. Follansbee was installed as president.

Cleveland—Dr. Dempsey L. Travis, physician for the city fire department for the past 44 years, has resigned and retired on a pension.

Cleveland—The Cleveland Chamber of Commerce 1931 award for public service has been awarded to Charles E. Adams, chairman of the Community Chest, and Dr. George W. Crile.

West Jefferson—Dr. G. C. Scheetz, formerly of Glenford, has opened offices here for the general practice of medicine.

Cuyahoga Falls—Speakers at the semi-annual meeting of the Homeopathic Medical Society of Northeastern Ohio, held at the Spindler's Inn with about 200 members and guests in attendance, were: Dr. George H. Irvin, Orrville; Dr. B. B. Kimmel, Cleveland, and Dr. L. E. Siemon, Cleveland.

London—Members of the Madison County Medical Society have announced that their offices will be closed every Wednesday afternoon during months of June, July and August.

Dayton—Dr. A. B. Brower of this city was elected governor of the American College of Physicians for the State of Ohio at the recent meet-

ing of the college in Baltimore. He succeeds Dr. John Dudley Dunham, Columbus. Dr. Brower's term expires in 1934.

Cedarville—Dr. H. C. Schick is taking postgraduate work in New York City and upon his return will move to Xenia where he has accepted a position on the staff of the McClellan Hospital.

Columbus—At a recent meeting of the general practitioners' section of the Columbus Academy of Medicine, papers were read by Dr. H. M. Platter, Dr. Leon Kramer and Dr. Lawrence Turton.

Zanesville—Dr. John McBride has been appointed a city physician, to succeed Dr. W. C. Bateman, resigned.

Kenton—Dr. W. C. Emery has resumed active practice following an extended illness and the amputation of a leg.

Elyria—According to word received by his Elyria friends, Dr. William A. McIntosh, former health commissioner of Lorain County, has been appointed assistant director of the Rockefeller Foundation's New York office. Dr. McIntosh, one of the founders of Lorain County's health department, has recently been engaged in health department activities in Michigan for the Rockefeller Foundation.

Columbus—Dr. J. W. Wilce, former head football coach at Ohio State University, has been elected an honorary member of Sphinx, honorary senior men's society of the University.

Akron—A committee, consisting of Dr. Charles C. Pinkerton, Dr. Carl R. Steinke, Dr. Walter A. Hoyt, Dr. Jay D. Smith, Dr. A. S. McCormick, all of Akron, and Dr. H. Irving Cozad, Cuyahoga Falls, has been appointed by the Akron Area Council, Boy Scouts of America to initiate a campaign among members of the medical profession of Summit County and parts of Portage, Medina and Wayne Counties, comprising the Akron Boy Scout area, for funds with which to establish a medical unit at Camp Manatoc, the training and camping center for the Boy Scouts of the area. The plan for a medical unit, consisting of two rooms for examination, first aid and emergency treatment, two rooms for personnel, a four-bed dormitory, bath, toilet, etc., is part of a program for permanent improvements at the camp. The cost of establishing the medical unit has been estimated at about $4,000, which the above named committee is hoping to raise among members of the medical profession as the profession's part in a general campaign for about $125,000 to be used for other improvements at Camp Manatoc.

The Ohio Law Governing Maternity Hospitals

The following article published in a recent issue of the *Ohio Health News*, official publication of the State Department of Health, analyzes the present regulations governing the operation of maternity hospitals for the information of physicians and health commissioners.

Section 6259 G. C. reads in part,—"The commissioner (director) of health may grant licenses to maintain maternity hospitals or homes, lying-in hospitals, or places where women are received and cared for during parturition. An application therefor shall first be approved by the board of health of the city, village or township in which such maternity hospital or home, lying-in hospital, or place where women are received and cared for during parturition is to be maintained."

Section 6260 G. C. says: "Such license shall be granted for a term not exceeding one year and shall state the name of the licensee, the particular premises in which the business may be carried on, the number of women and infants that may be boarded, treated or maintained there at any one time, and, if required by the board of health of the city, village or township in which such maternity boarding house or lying-in hospital is located, it shall be posted in a conspicuous place on the licensed premises."

Attention is directed to the above quoted sections for the following reason: The Ohio Department of Health receives each year many applications to license all the types of hospitals mentioned in Section 6259 G. C., upon which the local board of health has failed to indicate that any action upon such application has been taken, and they come in with this part of the form absolutely blank.

On the bottom of the second page of the application blank is found a "certificate of endorsement" which must be filled in and signed by the health commissioner of the district. If this is not done it is always necessary to return the blank to the health commissioner for the action of his board of health. The Ohio Department of Health cannot act upon the application otherwise; see above quoted Section 6259 G. C.

It is also desired to call attention to that part of Section 6260, G. C., which states, "such license shall be granted for a term not exceeding one year". This means that all hospitals of any type desiring to do maternity work must apply for a license to do so at the beginning of each calendar year; and no hospital can legally do maternity work unless so licensed. Therefore it is necessary for all such hospitals to send each year to the health commissioner of the district in which it desires to operate and maintain maternity service, an application for a license, which of course means that the local board of health must indicate on the certificate of endorsement its action either of approval or disapproval.

These matters are mentioned only with the purpose of securing cooperation. The provisions are mandatory, and it is embarrassing to all concerned unless properly carried through according to law.

PUBLIC HEALTH NOTES

—Carbon Monoxide, generated by heating appliances in homes, operated somewhat less frequently during the nine months ended March 31, 1931, than during the 12 months ended June 30, 1930, and was considerably less deadly, the Division of Industrial Hygiene State Department of Health, has reported. The downward trend in cases is slight, but in fatalities it is decidedly marked. Whether the continued "hammering" by health officials and the newspapers as to the magnitude of the menace is becoming effective, or whether a relatively mild winter minimized the use and therefore the hazard of these appliances cannot be deducted from the figures.

On the other hand, both cases and fatalities from auto exhaust fumes, in closed garages or closed cars, show sharp increase, with one more death for the nine months than for the entire preceding year.

From July 1, 1930, to March 31 this year, 93 cases, with 19 deaths, were reported from homes, comparing with 127 poisonings and 52 deaths from carbon monoxide during the antecedent year. For the nine months the monthly average of 10.3 poisonings, with 2.1 deaths, compares with 10.6 poisonings, with 4.3 deaths, in the preceding year. Nine of the cases in the later period, with four deaths, are subject to question as to diagnosis. Three of the nine, all non-fatal, were associated with gasoline stoves; one was complicated with cerebral hemorrhage, and one, non-fatal, with an attempted suicide.

Whether a gasoline stove can generate enough carbon monoxide to cause serious trouble has not been established; and Dr. B. E. Neiswander, chief of the division of industrial hygiene, who prepared and analyzed the record, believes that heat exhaustion complicates such cases, while not overlooking the fact that last year the department received report of a death associated with a kerosene stove.

Of the 40 cases associated with space heaters in living rooms, bed rooms, bath rooms, school basements, store rooms and an office, there were seven deaths, four in living rooms and one each in bed room, bath room and store room. There were 13 non-fatal cases in school locker rooms.

In 36 cases associated with water heaters in basements, bath rooms, kitchens, living rooms and service stations, there were five fatalities, of which three occurred in bath rooms and one each in basement and service station. Cooking stoves in kitchens and living rooms were associated with five cases and two deaths. A hot-plate in a bedroom evidently caused one death. The proportion of deaths as to location of appliance is substantially unchanged.

Carbon monoxide fatalities from auto exhaust are more than holding their own; for one more death was reported for the later nine months than for the year before. The nine months record is 81 cases, with 36 deaths, compared with 84 cases and 35 deaths for the preceding 12 months. In 21 cases, with seven deaths, newspaper reports constitute the only record, official reports not having been made. This compares with 22 cases and eight deaths in the antecedent year, similarly reported.

Running the motor in a closed garage is the outstanding hazard. Of the 36 deaths, 34 occurred in garages, but three were suicidal. One fatal case was complicated with pneumonia and one with exposure.

—At the Northwestern District Health Commissioners' Conference, held at Findlay, April 16, there was some discussion of the question whether present incidence of scarlet fever in Ohio is chargeable to the use of raw milk, but no evidence was adduced on which to predicate an affirmative answer. Dr. H. J. Powell, health commissioner of Bowling Green and Wood County, believed some of the cases in his districts might be due to that cause and raised the question, which was not answered.

A score of health commissioners and as many nurses or more, with a few health workers in other fields, made up the conference, which held a joint session and also sectional sessions by the health commissioners and the nurses. Mrs. Zoe McCaleb, chief of the Division of Nursing, talked to the nurses on what co-operation nurses may expect from the departments of Welfare, Education and Health, with a brief discussion following.

In the commissioners' section there was some discussion as to the possible effect of the recent shortening of the period of quarantine on scarlet fever incidence, but this, also, was undecided.

At the joint session, addresses by Dr. G. T. Wasson, Bucyrus; Dr. J. J. Sutter, Lima; Dr. B. S. Stephenson, Sidney, and Dr. Powell prefaced a presentation by Director H. G. Southard of minimum standards in health work and one of standard records for the nursing service by Mrs. McCaleb.

—Although smallpox has been scattered pretty well over the state ever since smallpox incidence began to increase, about the middle of last August, four northwestern counties were responsible for 42.31 per cent of the reported cases during the six months, October 1, 1930, to March 31, 1931, inclusive, the State Department of Health has announced.

For the first 20 days of April although a new county entered the lists as a major contender, the four counties accounted for 56.83 per cent of reported Ohio cases.

These counties are: Allen, Putnam, Defiance and Van Wert. The new contender is Portage, in

the northeastern sector, which, after contributing eight cases to the state's total in four months, reported none in February, 21 in March and 35 in the first days of April, or virtually 19 per cent of the total. Added to the percentage of the first four counties, it leaves less than 25 per cent to be distributed among the other 83 counties. Record of the four counties by months is as follows:

	Allen	Putnam	Defiance	Van Wert	State
October	6	0	8	5	68
November	39	2	8	5	198
December	47	6	36	2	271
January	45	26	52	21	388
February	55	33	29	13	239
March	89	51	17	6	256
Totals	281	118	150	52	1420
April, to 20th	48	44	8	4	183

Seventy-four additional cases were reported in the state during the period April 20-25.

"The situation," said Director H. G. Southard, "illustrates the danger inherent in our weak vaccination laws and the menace carried by the mild type of smallpox of which we have so much. Inability to enforce vaccination makes it impossible to prevent outbreaks which, no matter how mild the initial cases, gather virulence as they spread and are liable at any moment to assume the most virulent form and sweep large areas with deadly pestilence.

"We have been fortunate that this has not happened, thus far, in Ohio, but being fortunate is not being safe, and *the only safety lies in vaccination and re-vaccination.*"

—Cincinnati Board of Health has discussed the idea of initiating a city ordinance which would prevent the use of *X*-ray equipment by unskilled persons. Complaints have been received by the board regarding the use of such equipment in beauty parlors and operated by unskilled persons.

—Dr. H. H. Lowe, Leesburg, has been appointed health commissioner of Highland County succeeding the late Dr. H. O. Hodson.

—Dr. W. H. Wykoff has been appointed a member of Bedford's new board of health.

—Organization of a health department for Berea has been completed. Among those selected to serve on the board of health is Dr. L. G. Knowlton.

—Dr. Homer C. Brown, Columbus dentist and a member of that section of the recent White House Conference on Child Health and Protection which dealt with public health service, has requested Governor George White to call an Ohio Child Health Conference to carry out in Ohio some of the recommendations made by the Washington conference.

—During the past 20 years, 7,136 persons died in Ohio by accidental drowning; 52 per cent of these deaths being among persons between 5 and 24 years; 9.8 per cent under 5 years; the remaining 38.2 per cent 25 years or over; 6221 were males and 915 females, according to figures tabulated by the Division of Vital Statistics, State Department of Health. In 1910 there were 280 drownings with a death rate of 5.88 per 100,000 population, compared with 325 in 1929 with a death rate of 4.83, showing that progress in reducing the death rate from this cause has been made.

—Dr. H. L. Mitchell of near Rome has been appointed health commissioner of Franklin County, succeeding Dr. P. B. Wiltberger, resigned.



—Twelfth annual clinic conducted by St. Rita's Hospital, Lima, was attended by more than 125 physicians from that section of the state. About 75 attended the banquet in the evening, which was addressed by Dr. W. M. Donald, professor of medicine, Detroit Medical College.

—A site at Bunts Road and Franklin Boulevard has been selected by the Lakewood City Council for the new $1,000,000 Lakewood City Hospital.

—Plans are now being drafted for a new $80,000 hospital to be built at Port Clinton by Dr. H. J. Pool.

—The following committee has been selected by the staff of the Marietta Memorial Hospital to formulate a code of rules for the conduct of members of the staff in their relation to the hospital: Dr. J. B. Penrose, Dr. A. H. Smith, Dr. George Gale, Jr., Dr. E. W. Hill, Jr., Dr. J. F. Weber, Dr. F. S. McGee and Dr. J. W. Donaldson. The following officers were elected by the staff: Dr. S. A. Cunningham, chairman, Dr. J. B. McClure, vice chairman, and Dr. N. M. LaBarre, secretary.

—Improvements to cost $10,000 at the Warren City Hospital have been authorized by the hospital board.

—Trustees of the Chillicothe City Hospital have completed plans for enlarging the present building by the addition of a 10-room annex.

—Miss Vida R. Nevison, formerly superintendent of nurses at the Massillon City Hospital, has been named superintendent of the institution, succeeding LaRue Bird, resigned.

—Construction on the new Huron Road Hospital, Cleveland, has been started.

—Dr. D. H. Downey, Dover, has been elected president of the staff of Union Hospital, Dover, succeeding Dr. C. J. Miller. Dr. C. D. Kurtz, New Philadelphia, was elected vice president and Dr. George L. Sackett, New Philadelphia, secretary-treasurer.

—Under the will of the late Mrs. Carrie J. Brown, Massillon City Hospital receives an endowment fund of $10,000 for the maintenance of two rooms at the institution.

—In an effort to place the Marion City Hospital on a basis which would entitle it to recognition by the American College of Surgeons, a medical staff has been authorized. Dr. H. K. Mouser has been elected chief of the staff.

—Dedication of the Pediatrics Research Foundation of the Cincinnati Children's Hospital was held Wednesday, May 20, with the Right Reverend Henry Wise Hobson presiding. Following dedication and prayer by the Right Reverend Boyd Vincent, addresses were made by Rev. Frank H. Nelson of Christ Church, Cincinnati, and Professor Leonard G. Parsons, professor of pediatrics, University of Birmingham, England.

—At the annual meeting of the Ohio Hospital Association held in Cleveland recently, Miss Mary A. Jamieson, superintendent of Grant Hospital, Columbus, was elected president for the coming year. Other officers elected were: Ira J. Dodge, Marietta, first vice president; Sister M. Ursula, Lorain, second vice president; John Mannix, Cleveland, secretary, and Rev. M. S. Griffin, Youngstown treasurer.

—Approximately 500 attended the 28th annual meeting of the Ohio State Nurses Association held in Cleveland recently. Among those who addressed the meeting were Miss Anna C. Gladwin, Akron; Mrs. Anne L. Hansen, Buffalo; Herbert Gurnee, Cleveland; Mrs. Dorothy Fuldheim, Cleveland, and Dr. Richard A. Bolt, Cleveland. The following officers for the coming year were elected: President, Anna C. Gladwin, Akron; first vice president, Mabel Pittman, Middletown; second vice president, Mary L. Margerum, Fostoria; secretary Elsie Druggan, Athens, and treasurer, Clara Jacobi, Dayton.

—Miss Theo Clendenen formerly assistant superintendent of the Fort Hamilton Hospital, Hamilton, has been appointed matron of the Coshocton City Hospital, succeeding Miss Mary Binkley.

—Miss Katherine McConnell has resigned as superintendent of the Portage County Hospital.

—Dr. H. F. Gammons, formerly of the Niagara Sanitarium, Lockport, N. Y., will become superintendent of the Lorain County Tuberculosis Sanitorium on June 15.

—Rev. John G. Benson since 1924 general superintendent of White Cross Hospital, Columbus, has resigned to become associate superintendent of the Methodist Episcopal Hospital, Indianapolis. During Dr. Benson's regime White Cross Hospital grew from a 69-bed institution to one of 310 beds and the property value of the hospital from $250,000 to $1,700,000.

News Notes From County Societies and Academies

First District

(D. T. Vail, Jr., M.D., Secretary)

Program for May: Meetings held in Library, 17th floor, Union Central Building.

May 4—Symposium on Crime: "Social Aspect", by Rev. John Malick; "Legal Aspect", by Judge Thomas H. Darby; "Medical Aspect", by Dr. Louis Lurie.

May 11—"Bronchoscopy in the Diagnosis and Treatment of Pulmonary Diseases", by Dr. Gabriel Tucker, Philadelphia, Pennsylvania, Secretary of the Section on Laryngology, Otology and Rhinology, American Medical Association.

May 18—Program by Pharmacology Department, College of Medicine, University of Cincinnati, Prof. Dennis E. Jackson, Chairman:

(1) "The Influence of Urea on Enzyme Activity"—Dr. Foulger; (2) "The Pharmacological Action of Clavitor"—Dr. Jackson; (3) "The Pharmacological Action of Barium with Special Reference to the Circulation"—Dr. Foulger; (4) "A Study of Vasomotor and Related Reactions in the Upper Respiratory Passages"—Dr. Jackson; (5) "Spectrometric Determinations of the Molisch Reaction on Physiological Fluids"—Dr. Foulger; (6) "Experimental Observations on Artificial Respiration by Negative or by Positive Pressure" —Dr. Jackson.—Bulletin.

Adams County Medical Society held its first meeting of the year in West Union, on Wednesday, April 22, with all but three of its members present. Dr. Clifford A. Straehley, Cincinnati, gave an address on "Some Common Heart Diseases", and Dr. M. L. Purdin, West Union, presented a paper on "Treatment of Hemorrhoids". Following the program, the West Union members entertained the Society at dinner at the North Side Hotel. The Society voted to hold its next meeting on June 24 at Bethel, in conjunction with a joint meeting of the societies of Clermont, and Brown Counties. Visitors present were Drs. Straehley and J. E. Pirrung, Cincinnati; Dr. Kelley Hale, Wilmington; Dr. and Mrs. W. H. Gaskins, New Richmond; Drs. J. N. Ellison, Gilbert Micklethwaite, Tunis Nunemaker, and Harry F. Dapp, Portsmouth; Mrs. Leota McKee, West Union, and Mrs. A. R. Carrigan and Mrs. G. E. Neal, Manchester.—News Clipping.

Clinton County Medical Society met Tuesday, April 7 with nineteen members present. The recently adopted custom of devoting the first twenty minutes of the meeting to tabloid case reports brought out much varied and interesting discussion. Dr. Yoakley reported multiple senile keratosis; Dr. Tribbett, phlebitis followed by hemi-

plegia; Dr. Peele, retained placenta; Dr. Fullerton, pernicious vomiting; Dr. Crabtree, abortion; Dr. Anderson, dermoid cyst, specimen and case history; Dr. Scott, myositis following injury; Dr. Hutchens, tularemia; Dr. Ruble, hydatid mole; and Dr. Conard, Vincent's angina. Dr. Shrieves presented a paper on "Uterine Hemorrhage due to New Growths and Conditions other than Pregnancy"; Dr. Gibson presented a paper on "Uterine Hemorrhage related to Pregnancy"; discussion by Drs. Tribbett, Yoakley, Waring, and Hale.

The Society met at General Denver Hotel Wilmington, Tuesday noon, May 5, one week in advance of the regular date, on account of the State Meeting. Brief reports on interesting current cases were followed by an able and comprehensive paper on "The Feeding of Infants", by Dr. L. H. Fullerton, of New Vienna. Dr. J. B. H. Waring, of Wilmington, discussed certain phases of the business side of the practice of medicine, and introduced Mr. Robert Haines, executive secretary of the Wilmington Credit Bureau, who described the service rendered local merchants by that organization. Attendance, 20.—Robert Conard. Secretary.

Fayette County Medical Society held its regular meeting on Thursday afternoon, April 2, at the Y. M. C. A., Washington C. H. Dr. H. H. Yoakem, of Columbus addressed the Society on the subject of "Autonomic Imbalance From a Surgical Point of View".—News Clipping.

Highland County Medical Society held its regular meeting on Thursday, April 30 at the Tuberculosis branch of Cincinnati General Hospital, as guests of the staff of the hospital. The care and treatment of tubercular patients in the hospital were demonstrated and talks were made on the subject by members of the staff.—News Clipping.

Warren County Medical Society met Tuesday afternoon, May 5, at Harmon Hall, Lebanon, for its regular meeting. Dr. Webster Smith, of Dayton, spoke on "The Heart".—News Clipping.

Second District

Clark County Medical Society held its regular meeting at Hotel Shawnee, Springfield, on Wednesday, April 8. The program presented by Drs. A. B. Lippert and T. W. Mahoney, of the State Department of Health, included discussion of preschool physical examination, and immunization against disease, especially diphtheria. Nurses of the senior class at City Hospital and a number of city health nurses were guests of the Society.

The regular meeting of the society, held on Wednesday, April 23, at the Clark County Tuberculosis Sanatorium, was attended by sixty guests, including state officials, physicians, and regular and public health nurses. Dr. H. G. Southard, director of the State Department of Health; Drs. H. M. Austin and Finley Van Orsdall, delivered instructive talks on public health problems. A clinical demonstration of many types and forms of tuberculosis, was presented by the Sanatorium staff under the direction of the superintendent, Dr. J. D. Thomas. An inspection of the departments of the institution was made by the visitors.—News Clipping.

Greene County Medical Society met in its new quarters in the basement of the court house, in Xenia on Thursday morning, April 9. A symposium on fractures featured the program. Dr. W. T. Ungard discussed "Diagnosis"; Dr. Reyburn McClellan, "Treatment", and Dr. Paul D. Espey, "Complications". A luncheon followed the meeting.—News Clipping.

Miami County Medical Society held its May meeting at Stouder Memorial Hospital, Troy, on Friday afternoon, May 1. The program was devoted to a discussion of pediatric subjects by Dr. Sterling H. Ashmun, of Dayton, as follows: "Malignant Scarlet Fever"; "Post Measles Encephalitis"; and "Acrodynia". Dinner at the hospital was served, following the program.—Bulletin.

Montgomery County Medical Society held a dinner meeting at the Miami Hotel, Dayton, on Friday evening, April 24, in honor of four Dayton physicians who have practiced 50 years—Drs. Francis Gray, George Goodhue, Charles W. King and Webster S. Smith. "Fifty Years of Medicine", was the subject of an address by Dr. C. L. Bonifield, of Cincinnati. Dr. H. H. Herman, president of the Society, presided as toastmaster.—News Clipping.

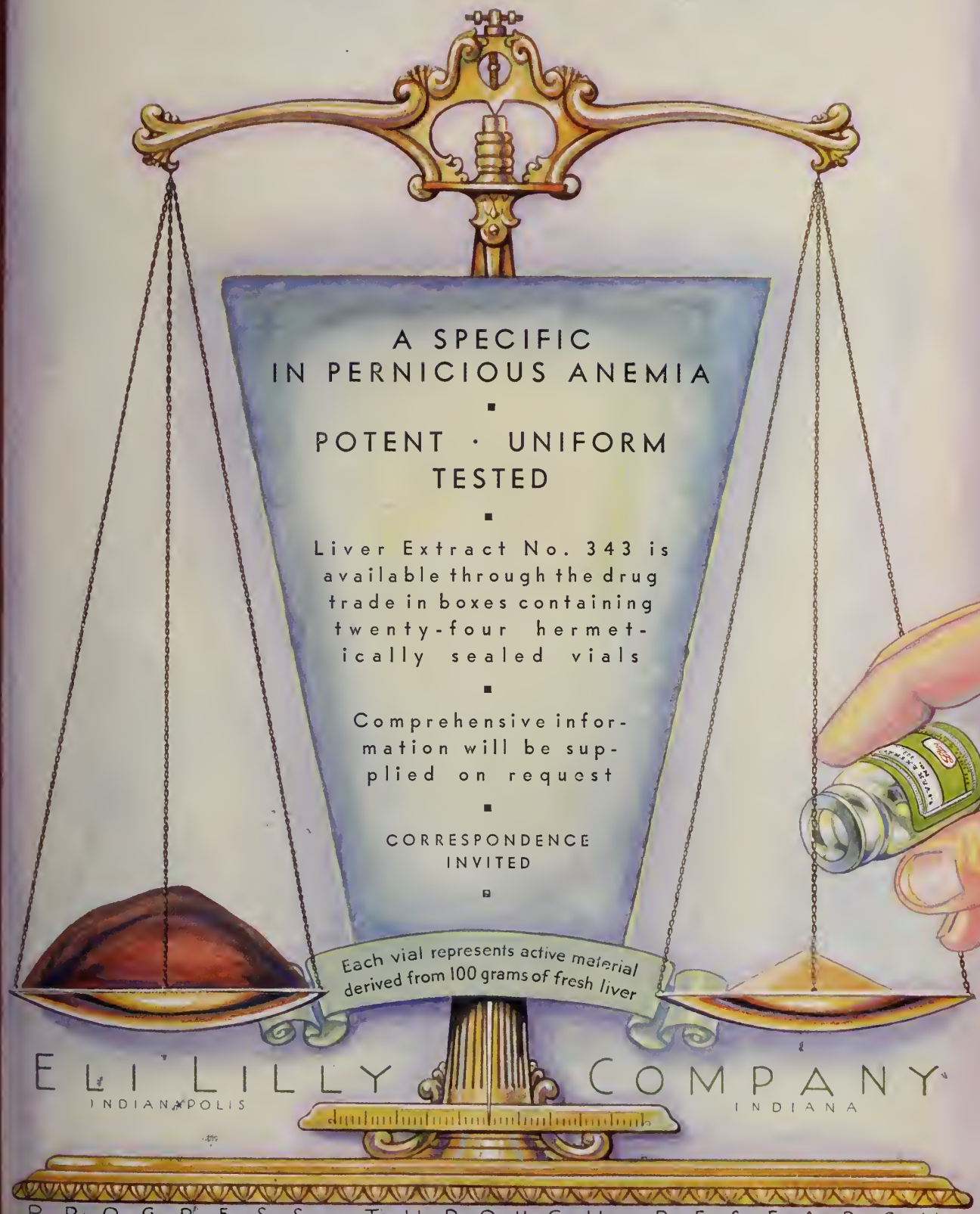
The meeting held Friday, May 1, in the auditorium of the Fidelity Medical Building, was devoted to "Medical Economics", with various phases of the subject presented as follows: "Medical Economics—Physician's Viewpoint", by Dr. F. L. Shively; "Consumers Credit Control", by Joe Burwell, Dayton Retail Merchants Credit Bureau; "Economic Plans", by Wanda Root, Professional Acceptance Corporation; "Legal Relationship between Physician and Patient", by Mills Matthews, attorney; "Medical Ethics", by Dr. H. V. Dutrow. —Bulletin.

Third District

Auglaize County Medical Society met Thursday evening, April 9 in the Assembly Room at the Court House, Wapakoneta. The principal speaker for the evening was Dr. W. B. Lacock of the State Department of Health, who explained the Schick test for diphtheria. Dr. Lacock was assisted during the evening by Dr. B. S. Stephenson, health commissioner of Shelby County.—News Clipping.

On Monday evening, April 20, physicians of Auglaize County met at the Commercial Club Rooms, at Minster, at the invitation of Herbert, Oscar and Roy Rulmann, to enjoy a sumptuous dinner in celebration of the fiftieth year of medical practice by their father, Dr. R. A. Rulmann. Following the banquet, a most interesting social hour was participated in by the 30 men present. Dr. C. L. Dine acted as the genial toastmaster,

LIVER EXTRACT NO. 343



A SPECIFIC
IN PERNICIOUS ANEMIA

■

POTENT · UNIFORM
TESTED

■

Liver Extract No. 343 is available through the drug trade in boxes containing twenty-four hermetically sealed vials

■

Comprehensive information will be supplied on request

■

CORRESPONDENCE
INVITED

■

Each vial represents active material derived from 100 grams of fresh liver

ELI LILLY COMPANY
INDIANAPOLIS INDIANA

PROGRESS THROUGH RESEARCH

EPHEDRINE
PRODUCTS
LILLY

Noteworthy in a wide range of Lilly Ephedrine Products are

INHALANT No. 20
EPHEDRINE COMPOUND

for those physicians who prefer ephedrine in combination with cooling, aromatic principles

INHALANT No. 21
EPHEDRINE, PLAIN

and the convenient bland, water-soluble

EPHEDRINE JELLY

Both inhalants contain 1 percent ephedrine. Ephedrine Jelly contains ephedrine sulphate, 1 percent.

May we send you additional information and a complete list of Lilly Ephedrine Preparations?



DIABETIC PATIENTS

. . . can follow "A Rigid Diet" *and like it!*

●

PLEASURE can be given to a rigid diet —and taste can be contented—when Knox Sparkling Gelatine is combined with the nourishing foods permitted on a diabetic diet.

Knox Gelatine helps the physician relieve the monotony of restricted eating because it can be safely prescribed. It is the plain gelatine—free from sugar or artificial coloring or flavoring. It can be freely used and freely eaten, thereby building small quantities of prescribed foods into satisfying bulk.

Knox Gelatine is so valuable to the physician with diet problems that its use is described in a booklet titled "Diet in the Treatment of Diabetes"—written by a well-known authority—and offered in any quantity to physicians who send for it.

JELLIED CHICKEN IN CREAM

(Six Servings)

	Gms.	Prot.	Fat	Carb.	Cal.
1 tablespoon Knox Gelatine	7	6	..	..	..
¼ cup cold chicken broth or water	..	..	..	..	..
1¼ cups boiling chicken broth, fat free	..	..	..	..	..
½ teaspoon salt	..	..	..	..	..
Pinch pepper	..	..	..	..	..
1 cup cooked chicken, cubed	125	24	20	..	..
¼ cup cream, whipped	55	1	22	1.5	..
Total		31	44	1.5	526
One serving		5	7	..	88

Soak gelatine in cold liquid for five minutes and dissolve in hot broth. Season with salt and pepper and chill until nearly set. Fold in chicken and whipped cream. Turn into molds and chill until firm. Serve on lettuce or garnished with parsley and strip of pimento.

CARROT and SPINACH MOLD

(Six Servings)

	Gms.	Prot.	Fat	Carb.	Cal.
1½ cups cooked carrots cubed	210	2	1	19.5	..
1 tablespoon butter melted	12.5	..	11	..	..
1 egg well beaten	50	7	5	..	..
1 teaspoon salt	..	..	..	..	..
1½ cups cooked spinach chopped	300	6	1	7	..
2 tablespoons butter melted	25	..	21	.	..
½ teaspoon salt	..	..	..	..	..
Sprigs of parsley	..	..	..	..	..
Total		15	39	26.5	517
One serving		2.5	6.5	4	86

Mash carrots with a fork and mix with beaten egg and one tablespoon of melted butter and salt. Fill small greased molds half full of the carrot mixture. Season the chopped spinach, add melted butter and fill molds to top with spinach, packing them tightly. Place molds in pan of hot water and bake in moderate oven for 20 minutes. Turn out on hot platter and serve garnished with parsley.

KNOX
is the real
GELATINE

IF you agree that recipes like the ones on this page will be helpful in your diabetic practice, write for our complete Diabetic Recipe Book—it contains dozens of valuable recommendations. We shall be glad to mail you as many copies as you desire. Knox Gelatine Laboratories. 434 Knox Ave., Johnstown, N. Y.

Name.....

Address.....

City.....

State.....

and first called on Dr. Harry S. Noble, who responded with an eloquent eulogy of Dr. Rulmann, and a review of the high spots of medical progress during the 50 years' service of the host, in this community. Dr. C. A. Coleman, of Dayton, recounted some reminiscences of his acquaintance with Dr. Rulman, and offered tribute to the unselfish service of the general practitioner. There followed a number of informal remarks by various members of the County Society, Dr. Rulmann closing with a modest, heart-felt expression of gratitude for the felicitations of his colleagues. The County Society desires to extend to Dr. Rulmann and his sons, their enthusiastic appreciation of their royal entertainment, and their best wishes to the Doctor for many more years of valuable service.—Charles C. Berlin, Secretary.

Marion County Medical Society held its regular meeting at Hotel Harding, Marion, on Tuesday evening, April 8. "Diabetes" was the subject of an address by Dr. Charles W. McGavran, of Columbus. Rev. H. F. Olewiler, also spoke at the meeting. Dr. H. K. Mouser was elected chief of the staff at City Hospital. A dinner was held following the business meeting.—News Clipping.

Hancock County Medical Society held its annual dinner meeting at the Elk's Club, Findlay, on Thursday evening, April 30, with 120 physicians of Northwestern Ohio in attendance. Speakers were Dr. A. H. Waterman, Chicago; Dr. Frank Wright, professor of Clinical Chemistry, Northwestern University, Chicago, and Dr. F. J. LeBlanc, of Elgin, Illinois.

Logan County Medical Society met on Friday evening, May 1, at the Chamber of Commerce rooms, Bellefontaine, with dentists and nurses as guests. Dr. R. B. Brown, of West Mansfield, spoke on "Hypertension".—News Clipping.

Van Wert County Medical Society met Tuesday evening, April 21, at the City Hospital, Van Wert, with a good attendance. Dr. Werner Duemling, of Fort Wayne Indiana, addressed the meeting on the subject of Differential Diagnosis of Cutaneous Syphilides", which he illustrated with numerous slides.—News Clipping.

Fourth District

ACADEMY OF MEDICINE OF TOLEDO

(A. P. Hancuff, M.D., Secretary)

May 1—General Meeting. Program: "Some Points Which I Teach My Students in the Care of Tuberculosis Patients", by Dr. Kennon Dunham, Assistant Professor of Medicine, University of Cincinnati.

May 8—Section of Pathology, Experimental Medicine and Bacteriology. Program: "Pernicious Anemia", by Dr. H. K. Van Buren; "Pyelitis, Report of Four Cases", by Dr. Norman Muhme;

THE NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL
(ORGANIZED 1881)

THE PIONEER POST-GRADUATE MEDICAL INSTITUTION IN AMERICA

UROLOGY
Including

Surgical Anatomy	Operative Urology (Cadaver)	Dermatology and Syphilology
Cystoscopy and Endoscopy	Diagnosis and Office Treatment	Roentgenology
Pathology	Regional Anesthesia	Proctology
Neurology	Medicine	Diathermy

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street NEW YORK CITY

RADIUM THERAPY
DEEP X-RAY THERAPY
ELECTRO COAGULATION

BEN RENICK KIRKENDALL, M.D.
EDWARD TAYLOR KIRKENDALL, M.D.

137 E. State Street, Columbus, Ohio
Or Mt. Carmel Hospital

Office Phone Adams 7656 **Res. Phone** Gahana, Ohio 44 F. 14

W. H. MILLER, M. D.

X-Ray

328 East State Street **Columbus, Ohio**

Complete Diagnosis and Therapy

Diseases of Chest
Gastro-Intestinal Tract
Genito-Urinary Tract
Gall Bladder
High Voltage X-Ray Therapy
Portable X-Ray
Electro-Coagulation
Fractures and Dislocations

PROMPT AND FULL REPORT

"Report of Interesting Case", by Dr. A. H. Schade.

May 15—Medical Section. 1. Symposium on Heart Disease: (a) "Rheumatic Heart Disease", by Dr. L. I. Clark; (b) "Syphilitic Disease of the Heart", by Dr. J. L. Kobacker; (c) "Coronary Disease and Angina", by Dr. N. W. Brown; (d) "The Patient with Heart Disease as a Surgical Risk", by Dr. Frank Clifford. 2. "History of Medicine", Part III, by Dr. C. E. Hufford.

May 22—Surgical Section. Program: "Hemorrhages Associated with Pregnancy", by Dr. R. C. King; "Single Polyps of the Rectum in Infants", Report of Five Cases, by Dr. G. E. Gerken; "A Case of Volvulus", by Dr. H. L. Wenner; "Essential Hypertension Produced by Polycystic Kidneys", case report, by Dr. H. D. Brown.

May 29—Eye, Ear, Nose and Throat Section. Program: "The Epinephrine Probe Test", by Dr. W. W. Randolph; "Optic Neuritis", case report, by Dr. I. B. Wenger; "Choroideremia", case report, by Dr. A. L. Steinfeld; "Calcereous Degeneration of the Cornes", case report, by Dr. M. G. Bourne.—Bulletin.

Four County Medical Association (composed of physicians in Defiance, Fulton, Henry and Williams counties, held its annual meeting in Napoleon, Thursday afternoon, April 16 at the Wellington Hotel. A six-o'clock dinner was served at the close of the program presented during the afternoon. Dr. Carl E. Badgley, of Ford's Hospital, Detroit, discussed "Injuries to the Arm"; Dr. B. G. Chollett, Toledo, spoke on "Osteomyelitis", and Dr. A. L. Steinfeld, also of Toledo, talked on "Eye Injuries".—News Clipping.

Ottawa County Medical Society held an interesting and profitable meeting on Thursday afternoon, April 9 at Oak Harbor, with members present from Port Clinton, Elmore, Rocky Ridge, and Oak Harbor.—News Clipping.

Putnam County Medical Society met at Hotel Dumont, Ottawa on Tuesday evening, April 7. Following a dinner, Dr. V. H. Hay, of Lima, addressed the Society on the subject of "What is New in Obstetrics".—News Clipping.

Wood County Medical Society held its regular meeting on Thursday evening April 16, at the Woman's Club, Bowling Green. Following the business session, a symposium on Tuberculosis in Children was presented, by four Toledo physicians, as follows: "Incidence, Pathology and Skin Tests", by Dr. Hugh Foster; "Symptoms and Physical Signs", by Dr. Paul M. Holmes; "*X*-ray in Diagnosis", by Dr. M. F. Goodrich; "Extra Pulmonary Forms and Treatment", by Dr. Stanley Giffen.—Bulletin.

Fifth District

ACADEMY OF MEDICINE OF CLEVELAND

(Clarence H. Heyman, M.D., Secretary)

May 1—Clinical and Pathological Section. Pro-

Columbus Radium Laboratory

Radium and Deep X-Ray Therapy

EDW. REINERT, Ph.G., M.D.
350 E. State St., Columbus, O.
Bell, Main 1537

CHAS. F. BOWEN, M.D.

SPECIALIZES in

Superficial Malignancies

Removal of Foreign Bodies

Radium and X-Ray

Diagnosis and Therapy

332 E. State Street
COLUMBUS, OHIO

RADON

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

GOLD RADON IMPLANTS OF PROVED VALUE IN THE TREATMENT OF CANCER. USED BY MAJOR CANCER CLINICS.

Literature on Request

RADON COMPANY, Inc.

1 East 42nd St., New York

Telephones: Vanderbilt 3-2811; 3-2812

RADIUM RENTAL SERVICE

BY

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to Physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

CAREFUL CONSIDERATION WILL BE GIVEN INQUIRIES CONCERNING CASES IN WHICH THE USE OF RADIUM IS INDICATED.

The Physicians Radium Association

1307 Pittsfield Bldg., 55 E. Washington St.,

CHICAGO, ILL.

Telephones Central 2268-2269

Wm L. Brown, M.D., Director.

BOARD OF ADVISORS

William L. Baum, M.D. Bennett R. Parker, M.D.
Frederick Menge, M.D. Walter S. Barnes, M.D.
Louis E. Schmidt, M.D. S. C. Plummer, M.D.

X-Ray Film Consultation



A service for Physicians who do their own X-Ray work and are in doubt as to the interpretation. Detailed reports will be made.

A brief case history sent with the films will assist in the diagnosis.

Correspondence solicited.

HUGH J. MEANS, M.D.

683 East Broad St.,

Columbus, Ohio

X-RAY DIAGNOSIS AND THERAPY

LABORATORY

Service and Consultation

James A. Beer, B.Sc., A.M., M.D.

21 East State Street Columbus, Ohio

Telephone, ADams 3847

This laboratory is approved by the Council on Medical Education and Hospitals of the American Medical Association

Langdon-Meyer Laboratories

OFFER A COMPLETE 24 HOUR SERVICE ON WASSERMANNS—INCLUDING, WATER-BATH; ICE-BOX; AND KAHN TEST.

Fee—$5.00

Send for our Fee Table

519 Main Street **CINCINNATI, OHIO**

gram: 1. (a) "Thyroid Metastasis to Skull; (b) Compound, Depressed Fracture of Skull (Complete Recovery)", by Dr. F. W. Milward; 2. "Two Cases of Post-Operative Pulmonary Embolus", by Dr. F. T. Gallagher; 3. "Cast of Essential Hypertension", by Dr. E. J. Stefanic; 4. "Pancreatic Cyst", by Dr. J. E. Hannibal; 5. (a) "Penetrating Gastro-Jejunal Ulcer involving Colon; (b) Duodeno-Colonic Fistula", by Dr. E. P. McNamee; 6. (a) "Compound Depressed Fracture of Thyroid Cartilage"; (b) "Unrecognized Foreign Body in Trachea of Infant", by Dr. J. T. Collins; 7. "Marked Bradycardia with Cardiograms and Autopsy", by Dr. R. K. Updegraff; 8. "Extensive Gastric Resection for Carcinoma, (two cases)", by Dr. Frank J. Gallagher.

May 8—Experimental Medicine Section. Program (arranged by The Department of Surgery.) 1. "The Role of Hemorrhage in Traumatic Shock", by Dr. S. O. Freedlander; 2. "The Influence of Lumbar Ganglionectomy on Bone Repair", by Dr. R. M. Zollinger; 3. "The Circulatory Effects of Variable Gas-Pressures upon the Heart, and their Application to Thoracic Surgery", by Dr. Claude S. Beck, and (by invitation) Dr. L. A. Isaac; 4. "Histological Reaction in Experimentally Created Brain-Cysts to Various Fixatives", by Drs. R. M. Zollinger and Dr. Alan R. Moritz; 5. "X-ray Diagnosis of Syphilitic Aortitis", by Dr. David Steel; 6. "The Beginning of Embryonic Circulation (with micro-moving picture demonstration)", by Dr. B. M. Patten, and (by invitation) Dr. Theodore C. Kramer.

May 15—Regular Academy Meeting. Program: 1. "Inversion of the Uterus", by Dr. J. L. Reycraft; 2. "Tumors in Pregnancy", by Dr. Frank W. Lynch, Professor of Obstetrics and Gynecology, University of California; discussion opened by Drs. Theodore Miller and F. S. Mowry.—Bulletin.

Ashtabula County Medical Society held its monthly meeting at the Swallows Restaurant, Ashtabula, Tuesday, April 14. An interesting paper on "Medical Economics" was presented by Dr. M. B. Cohen, of Cleveland. Following his talk, an instructive film on "Diagnosis and Treatment of Infections of the Hand" was shown. Dr. A. M. Mills, of Ashtabula, was elected to membership in the Society.—E. H. Merrell, Secretary.

Lake County Medical Society held its monthly meeting at the Hospital, Painesville, on Tuesday afternoon, April 28. The Society voted to sponsor the pre-school clinics during the summer. An excellent paper illustrated by motion pictures and lantern slides, was given by Dr. D. C. Glover, Cleveland, on "The Treatment of Burns". Following the meeting, a dinner was given by the Society at the hospital.—F. J. Dineen.

Medina County Medical Society met Monday evening, April 20, at Westfield Inn, LeRoy, with

CLASSIFIED ADVERTISEMENTS

Rates for advertisements under this heading are 50 cents per line, payable in advance. Minimum charge of $1.00 for each insertion. Price covers the cost of remailing answers. Forms close 16th of the month preceding publication.

Situation Wanted—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan Chicago. Established 1896. Member of Chicago Association of Commerce.

Speeches, special articles, papers on special subjects, prepared from the latest data and authorities, for busy physicians. Prompt service extended at reasonable rates in an expert manner to your requirements. Authors' Research Bureau, 516 Fifth Ave., New York.

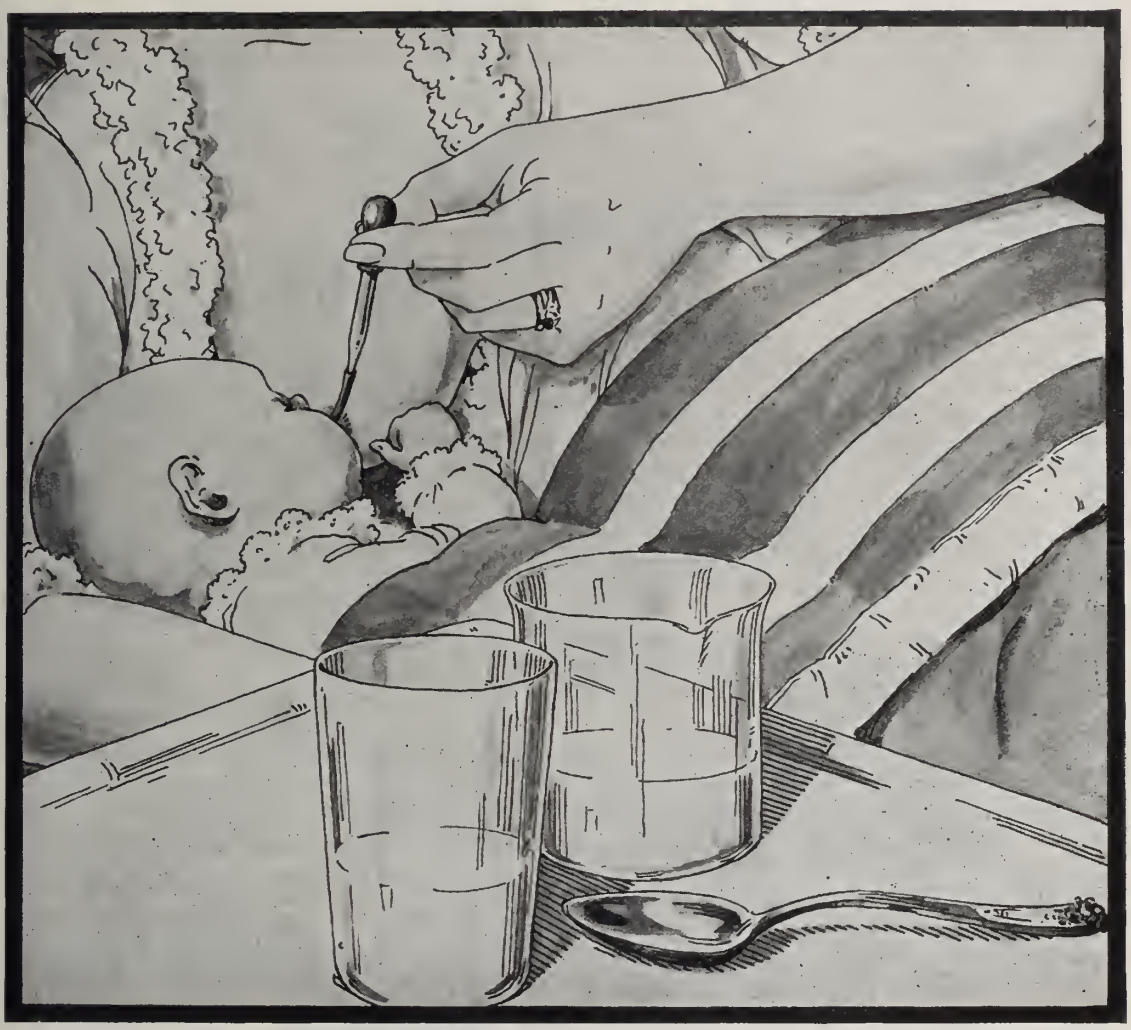
Assistance Offered to Medical Writers. Research. Abstracts. Translations (all languages). Papers prepared from authors' data. Ten years' experience with leading physicians and appointments on medical journals of highest standing. I employ no assistants, all my work is done personally and is reliable. Florence Annan Carpenter, 413 St. James Place, Chicago.

For Sale—Medical Library. Address Mrs. W. W. Pennell, 205 North Main Street, Mt. Vernon, Ohio.

Wanted—Doctor to take over offices of recently deceased physician. Recent graduate preferred. Industrial and farm. Money from start. Population, 1,000. One other doctor. Nothing to buy. Don't answer unless you mean business. Address R. L. N., care *Ohio State Medical Journal.*

For Rent or Lease—Furnished office in residence of recently deceased physician. Small town with good surrounding territory. Address H. M. D., care *Ohio State Medical Journal.*

Found—Medical textbook left at Registration Desk during annual meeting in Toledo. Owner may secure volume by writing to *Ohio State Medical Journal.*



MEDICINE-DROPPER METHOD

OF FEEDING THE NEWLY-BORN



SIMILAC fed with a medicine dropper, simultaneously with the breast, during the newly-born period, reduces the initial loss in weight and prevents inanition fever, according to the results reported by a number of physicians.

The use of the medicine dropper instead of the rubber nipple nursing bottle, at this time, teaches the newly-born a very important lesson—that of nursing at its mother's breast.

Ask for Index Card, "Feeding the Newly-Born."

M & R DIETETIC LABORATORIES, INC.,
COLUMBUS, OHIO

members of the Medina County Bar Association. Following a dinner, Prof. C. M. Finefrock, of the domestic relations and medical jurisprudence department of Western Reserve law school, spoke on "Medical Jurisprudence". Judge Pardee, of Akron, also spoke.—News Clipping.

Trumbull County Medical Society held its regular monthly meeting at the Trumbull Country Club, Warren, on Thursday, April 18. The visiting speaker was Dr. C. C. Mechling, Professor of Proctology, School of Medicine, University of Pittsburgh. His topic was "Mucous Colic and Spastic Colon".—R. H. McCaughtry, Secretary.

Sixth District

Mahoning County Medical Society met at the Youngstown Club on Tuesday evening, April 21, for its regular monthly meeting. Speakers were Dr. George Zinninger and Dr. O. S. Wilson, of Canton. Dr. Zinninger spoke on "Recollections of Sir William Osler", and Dr. Wilson talked on "Congenital Heart Disease".—News Clipping.

Portage County Medical Society held its regular meeting at the home of Dr. A. S. Brown in Kent, on Thursday evening, May 7. "Cardiography" was the subject of a paper presented by Dr. S. Morganroth, of Akron which was illustrated with lantern slides. Discussion was opened by Dr. W. B. Andrews, of Kent. Dr. W. J. Thomas, of Ravenna, presented a paper on "Constipation in Infants".—Bulletin.

Richland County Medical Society met on Thursday evening, April 23, at the Mansfield-Leland Hotel, Mansfield. Dr. Thomas Jones, of Cleveland, spoke on the subject of "The Treatment of Cancer". The program was preceded by a brief business session.—News Clipping.

Stark County Medical Society held its regular meeting on Wednesday afternoon and evening, May 6, at the Alliance Country Club. A golf tournament in the afternoon was followed by a dinner at 6 o'clock. The program which was presented following the dinner, included an address by Dr. George P. Mueller, Professor of Clinical Surgery, University of Pennsylvania, on "Chronic Gall Bladder Disease", and an illustrated lecture on "Some Ambulatory Cases of Skin Disease", by Dr. John Rauschkolb, Cleveland, formerly Head of the Dermatological Section, City Hospital, Cleveland.—Bulletin.

Summit County Medical Society met at the Akron City Club, on Tuesday evening, May 5. The Society had as guest speaker, Dr. Frederick G. Dyas, Asociate Professor of Surgery, University of Illinois, who spoke on "Hyperthyroidism".—Bulletin.

Seventh District

Coshocton County Medical Society held a public meeting at the Central building, Coshocton, on Thursday evening, April 30. A symposium on Heart Diseases was presented in three papers by

URINE
BLOOD
SPUTUM
EFFUSIONS
STOMACH
CONTENTS
WASSERMAN & KAHN
PRECIPITIN
TESTS
GONORRHEAL
COMPLEMENT
FIXATION TEST
BLOOD CHEMISTRY
PROTEIN
SENSITIZATION
TESTS

BASAL METABOLISM
AUTOGENOUS
VACCINES
FAECES
GENITO-URINARY
SURGICAL and
GYNECOLOGICAL
PATHOLOGY
DARK FIELD
ILLUMINATING
FOR
SPIROCHETA
PALLIDA
MEDICO-LEGAL
POST-MORTEMS
X-RAY

LABORATORY
Clinical and Pathological
Approved by the American Medical Association
Columbus, Ohio 370 E. Town Street

DIRECTOR
J. J. Coons, B. Sc., M.D., D. Sc.
Dorris Coss, B. Sc., M. Sc.
Frances Coup, A. B.
Flora Moone

PROMPT SERVICE
Immediate Report on Frozen Sections of all Tumors.
ESTABLISHED 1904

Any one can make belts, but belts which give compression without uplift may do serious injury

"STORM" The New "Type N" STORM Supporter



Pleases doctors and patients. Long laced back. Soft extension, low on hips. Hose supporters attached.

Adapted for ptosis, hernia, pregnancy, obesity, relaxed sacro-iliac articulations, kidney conditions, high and low operations.

Ask for Literature

KATHERINE L. STORM. M.D.
Originator, Owner, and Maker
1701 Diamond Street Philadelphia

Summer Diarrhea

The following formula is submitted as a means of preparing suitable nourishment in intestinal disturbances of infants usually referred to as summer diarrhea:

Mellin's Food . . 4 level tablespoonfuls
Water (boiled, then cooled) . **16 fluidounces**

ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods

This mixture contains proteins, carbohydrates and mineral salts in a form readily digestible and available for immediate assimilation.

The need for protein is well understood as is also the value of mineral salts, which play such an important part in all metabolic processes. Carbohydrates are a real necessity, for life cannot be long sustained on a carbohydrate-free diet. It should also be stated that the predominating carbohydrate in the above food mixture is maltose—which is particularly suitable in conditions where rapid assimilation is an outstanding factor.

Further details in relation to this subject and a supply of samples of Mellin's Food sent to physicians upon request.

Mellin's Food Company - - - Boston, Mass.



To the PEDIATRICIAN:



"Babies deprived of mother's milk find a food closely resembling it chemically and physically in formulas prepared with evaporated milk . . . In the transformation of raw cow's milk into evaporated milk, the protein and fat are given physical properties like the protein and fat of breast milk. . . . Laboratory tests, therefore, would indicate that Unsweetened Evaporated Milk is the best form of cow's milk for preparing the feeding formula."—*Archives of Pediatrics, October, 1930.*

Wilson's Evaporated Milk brings to you the maximum of wholesomeness and safety in your feeding formulas. Clinical samples, also information and literature will be forwarded to physicians upon request.

WILSON'S MILK COMPANY
728 CHAMBER OF COMMERCE BLDG., INDIANAPOLIS, IND.

The Ohio State Nurses' Association

Official Registries for Nurses

District No. 1—42 Hawthorne Ave., Akron, Ohio. Phone: Lincoln 0600
District No. 3—601 Mahoning Bank Bldg., Youngstown; Phone 44581; 44582
District No. 4—2157 Euclid Ave., Cleveland, Ohio. Phone: Prospect 1951
District No. 8—Room 1112 Chamber of Commerce Bldg., Cincinnati, Ohio Phone: Main 7142
District No. 9—1930 Robinwood Ave., Apartment 40, "The Scotwood," Toledo, Ohio. Phone: Main 7962
District No. 12—The Normandie Hotel, Room 610, Columbus, Ohio. Phone Adams 1569
District No. 15—Portsmouth General Hospital, Portsmouth, Ohio. Phone: 559

CURDOLAC FOODS LENTGTHEN DIABETIC LIVES

Curdolac Breakfast Cereal
Curdolac Casein Bran Improved Flour.
Curdolac Casein Compound.
Curdolac Soya-Bran Breakfast Food.
Curdolac Soya-Bran Flour.
Curdolac Soya Cereal Johnny Cake Flour.
Curdolac Soya Flour.
Curdolac Wheat-Soya Flour.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

These foods are lower in blood sugar producing nutrients than many starch-free products
Samples and literature on request.

CURDOLAC FOOD COMPANY Box 299 Waukesha, Wis.

Drs. J. D. Lower, J. G. Smailes, and D. M. Criswell.—News Clipping.

Tuscarawas County Medical Society met at the Union Hospital, Dennison, on Thursday evening, April 9, with the board of directors of the hospital as guests of the Society. Dr. D. A. MacGregor, Wheeling, West Virginia, addressed the members on "Laboratory Aids to Diagnosis and Treatment". After the meeting, guests inspected the Union hospital and its equipment.—News Clipping.

Eighth District

Fairfield County Medical Society held a luncheon meeting at the Florentine, Lancaster, on Tuesday, April 7, with Dr. J. R. Driver, of Cleveland as guest speaker. Twenty members were present.—News Clipping.

Guernsey County Medical Society held a joint session with the Cambridge Dental Society, on Thursday noon, April 16, at the Romance Restaurant, Cambridge. Following a luncheon, Norman Denner, D.D.S., of Cleveland, talked on the subject of "The Ways of a Tooth". This was the second joint meeting of physicians and dentists held this year, and was well attended.—News Clipping.

Muskingum County Academy of Medicine met on Wednesday evening, May 6, at the Zane Hotel, Zanesville. Dr. Frank W. Harrah, Columbus, spoke on "Hematuria; Its Significance and Management", illustrated with lantern slides. Dr. J. H. Warren, also of Columbus, opened the discussion.—Bulletin.

Perry County Medical Society held its regular meeting on Monday noon, April 20, at the Park Hotel, New Lexington. Following luncheon, Dr. Charles McGavran, of Columbus, spoke on the subject of "Diabetes Mellitus".—Bulletin.

Washington County Medical Society met at Memorial Hospital, Marietta, on Wednesday, April 8, with a large attendance. "Diseases of the Heart" was the subject of a paper presented by Dr. E. E. Campbell, of Logan.—News Clipping.

Ninth District

Scioto County—Regular meeting of the Hempstead Academy of Medicine met at the Nurses Home, Portsmouth, on Monday evening, May 11. "Diagnosis and Treatment of Brain Tumors" was the subject of an address by Dr. Howard D. McIntyre, of Cincinnati, which was followed by a general discussion. Buffet lunch was served following the meeting.—Bulletin.

NEW BOOKS

Deep X-ray Therapy in Malignant Disease. A Report of an Investigation carried out from 1924-1929 under the direction of The St. Bartholomew's Hospital Cancer Research Committee. By Walter M. Levitt, M.B., D.M.R.E., Medical Officer in charge of the Radiotherapeutic Research Department. With an introduction by Sir Thomas Horder, Bart., K.C.V.O., M.D., F.R.C.P., Chairman of the Cancer Research Committee. John Murray, Albemarle Street, W., London; Curtis Brown, Ltd., International Publishing Bureau, 130 West 42nd St., New York.

Pocket Cyclopedia of Nursing. Edited by R. J. E. Scott, M.A., B.C.L., M.D., New York. Third edition, completely revised and reset. The Macmillan Company, New York.

The Wendt-Bristol Company

Two complete ethical stores in Columbus

51 E. State St. 721 No. High St.

for the convenience of the Physicians and Surgeons—and the many people they serve

Two Prescription Departments

maintained in a high class manner with eight registered Pharmacists

Other Complete Departments

OFFICE EQUIPMENT
PHYSIO THERAPY APPARATUS
HOSPITAL SUPPLIES
HEALTH FOODS

W-B Pharmaceutical Supplies

JOBBING STOCKS ALL LEADING MANUFACTURERS

Antitoxins and Vaccines in Special Refrigeration Plants

Prompt Service on Phone Orders

Physicians' Service

QUALITY FIRST

We are exclusive manufacturers of Pharmaceuticals, U. S. P. and N. F. Preparations, Specialties, Tablets, Ointments, Ampoules, Suppositories, Effervescents, etc., for Physicians Dispensing and Prescribing.

NOTHING SOLD AT RETAIL EXCEPT ON ORDER OF PHYSICIAN

Offices and Laboratories
330-336 OAK STREET, EAST
One-half Square North of Grant Hospital and Carnegie Library.

THE COLUMBUS PHARMACAL CO.
COLUMBUS, OHIO



When decalcification occurs during pregnancy

IT IS important to warn expectant mothers of the danger of calcium deficiency during pregnancy. For unless there is sufficient calcium to take care of the developing *foetus*, there will be a *withdrawal of calcium from the maternal structures* —resulting, among other things, in rickets, soft bones, and carious teeth.

During this period Cocomalt is highly valuable for two reasons: It contains Vitamin D which mobilizes calcium, and it is mixed with milk which in itself is an essential source of calcium.

Recommend this delicious chocolate flavor food drink to expectant mothers. Not only does it contain Vitamin D—not only does it add 70% more nourishment to milk—not only is it tempting to finicky appetites—*it supplies extra body-building proteins, carbohydrates and minerals so essential to the mother and to the coming child.*

Recommend Cocomalt to your young patients, too. They'll love it. Cocomalt is high in concentrated food value—low in cost. At grocers and leading drug stores—½ lb., 1 lb., and 5 lb., family or hospital size.

Free to Physicians

We will be glad to send you, without obligation, a trial-size can of Cocomalt. Use this coupon.

Cocomalt

DELICIOUS HOT OR COLD



ADDS 70% MORE NOURISHMENT TO MILK

R. B. DAVIS CO., Dept. AT-6, Hoboken, N. J.
Please send me, without charge, a trial can of Cocomalt.

Name .....

Address .....

City ..... *State* .....

College of Medicine Reunion in Cincinnati, June 12 and 13

Extensive plans are being made by the Alumnial Committee of the College of Medicine, University of Cincinnati, in charge of the 1931 reunion which will be held on June 12 and 13.

The plans will be centered around the graduating class, the members of which will be guests at the annual alumni banquet to be held Friday evening, June 12, at the Netherlands Plaza. Each graduate will be presented a parchment certificate of membership in the Alumni Association.

The banquet program will include addresses by Dr. Hugh Cabot, Rochester, Minn., C. A. Dykstra, city manager of Cincinnati, and Dr. Arthur C. Bachmeyer, dean of the College of Medicine.

The committee arranging for the banquet is in charge of Dr. William Abbott. Dancing and cards will follow the dinner, reservations for which are being handled by Miss Lucile Hook, College of Medicine, Eden and Bethesda Avenues, Cincinnati. Tables will be reserved for class groups if notice is given promptly.

Many other features for the 1931 reunion also are being planned. All the fraternities are planning to hold "open house" for their respective alumni.

Under the direction of Dr. Louis Feid, Jr., the annual golf tournament will be staged at the Maketewah Country Club, one of the most picturesque and sporty courses in the middle-west. Entries for the tournament should be made at once so that pairings and handicaps can be arranged. A special feature of the tournament will be a contest between a picked team of physicians and one representing the other colleges of the university.

Arrangements have been made by the University to have several of the new buildings recently added to the College of Medicine and hospital units open for inspection for the medical alumni and their guests.

The committee in charge of arrangements for the two-days reunion consists of Dr. Carl A. Wilzbach, president, and toastmaster at the banquet; Dr. Francis Bertling, vice president; Dr. Ben Bryant, secretary-treasurer; Dr. Helena Ratterman, in charge of a special reception and entertainment for women physicians; Dr. Parke G. Smith, Dr. Frank B. Cross, Dr. William Abbott, Dr. Robert Kotte, Dr. Louis Feid, Jr., Dr. Martin Fischer Dr. Arthur C. Bachmeyer, Dr. Alfred Friedlander, Dr. Fred Heinold, Dr. E. O. Smith, Dr. J. Stewart Mathews and Dr. Ralph Good.

Mid-summer examinations given by the State Medical Board will be held June 2, 3, 4 and 5 at the Gymnasium, Ohio State University.

A characteristic of Mead's Powdered Lactic Acid Milk No. 1 (containing Dextri-Maltose) is the finely divided soft curd which never clogs the nipple. In a few moments, any mother can carry out the simple procedure required without error — a saving in time to her and an assurance to the physician that the feedings are correctly prepared. This product never curdles; it is always ready, and quickly reliquefied. No ice is necessary to keep the powder. It is convenient while traveling. Samples and literature on request. Mead Johnson & Company, Evansville, Indiana, U.S.A.

DIABETICS
have palatable
Starch-free Bread
when you prescribe
Listers
DIETETIC FLOUR
Self-rising — contains no starch, no gluten
Ask for nearest Depot or order direct
LISTER BROS. Inc. 41 East 42nd Street NEW YORK, N. Y.

The FIRST CORN SYRUP accepted by the American Medical Association ... for INFANT FEEDING



Amaizo

GOLDEN SYRUP

(Corn Syrup and Refiner's Syrup)

Dextrin	30.9%
Maltose	23.6
Dextrose	15.0
Sucrose and inverted sugars	6.5
Ash	0.7
Moisture	23.3
	100.0%

Booth 109
A. M. A.
Convention
Philadelphia
June 8-12

ALL grocers sell this syrup in cans of convenient sizes identified by the Amaizo name and the gingham background design.

AMERICAN MAIZE-PRODUCTS CO., NEW YORK, CHICAGO

Warning Against Imposter

Ohio physicians are urged to beware of an imposter, purporting to represent a physician's insurance company, who has been operating in Pennsylvania and has obtained considerable money from physicians in that state by collecting down payments on liability policies which were later found to be worthless.

Since the company which the fake salesman claimed to represent (the company has announced that no such salesman is employed by it) is licensed to do business in Ohio, it is anticipated that he may employ his "racket" in this state as soon as things get too hot for him in Pennsylvania.

A description of the imposter furnished authorities by Pennsylvania physicians reveals he is about 5 feet, 8 inches in height, weighs between 165 and 175 pounds, is about 55 years of age, has gray hair and a scar on his face, has a slight limp and noticeably crippled wrists, apparently from fractures. He is apt to use most any name.

As pointed out many times in *The Journal*, physicians should constantly be on guard against imposters and fakers, and should make it a point always not to do business of any kind with persons selling insurance, books, magazines, professional supplies, etc., or offering propositions for collection of accounts, credit rating service, etc., unless certified credentials are presented or exhaustive investigation reveals their representations are authentic and what they have to sell is worthy of consideration.

Physicians should not cash checks for strangers. Several have been gyped by this racket recently.

Some Slants on Cancer Propaganda

Growing demand of the public for more information regarding the causes and nature of cancer, the elements of success being attained through research, and the merits of various therapeutic and surgical treatments most commonly used, has resulted in an ever-increasing volume of literature on this subject, both in the lay and in the scientific press.

Part of the information now being dispensed for public perusal, especially that based on competent scientific judgment and a conservative attitude, has proved beneficial to the public. The same may be said of some of the organized cancer programs which have been launched by groups and organizations interested in the field of public health generally.

However, there can be little doubt of the hidden dangers that exist in a considerable portion of the propaganda designed for the education of the public concerning cancer and receiving widespread distribution. The very nature of the disease itself and the dearth of authentic knowledge about it in themselves make educational work in this field an undertaking requiring the counsel of the ablest medical and scientific minds and of those with long experience in dealing with the emotional mind of the public at large.

Mercurochrome
220 Soluble
(Dibrom-oxymercuri-fluorescein)

The Stain Provides for Penetration
—and—
Fixes the Germicide in the Tissues

Mercurochrome is bacteriostatic in exceedingly high dilutions and as long as the stain is visible bacteriostasis is present. Reinfection or contamination are prevented and natural body defenses are permitted to hasten prompt and clean healing, as Mercurochrome does not interfere with immunological processes. This germicide is non-irritating and non-injurious when applied to wounds.

Hynson, Westcott & Dunning
Inc.
BALTIMORE, MD.

We would like to have you try
Nonspi
For Excessive Armpit Perspiration

NONSPI destroys armpit odor and removes the cause—excessive perspiration.
This same perspiration, excreted elsewhere through the skin pores, gives no offense because of better evaporation.

We will gladly mail you Physician's testing samples.

THE NONSPI COMPANY
117 West 18th St.
NEW YORK, N. Y.

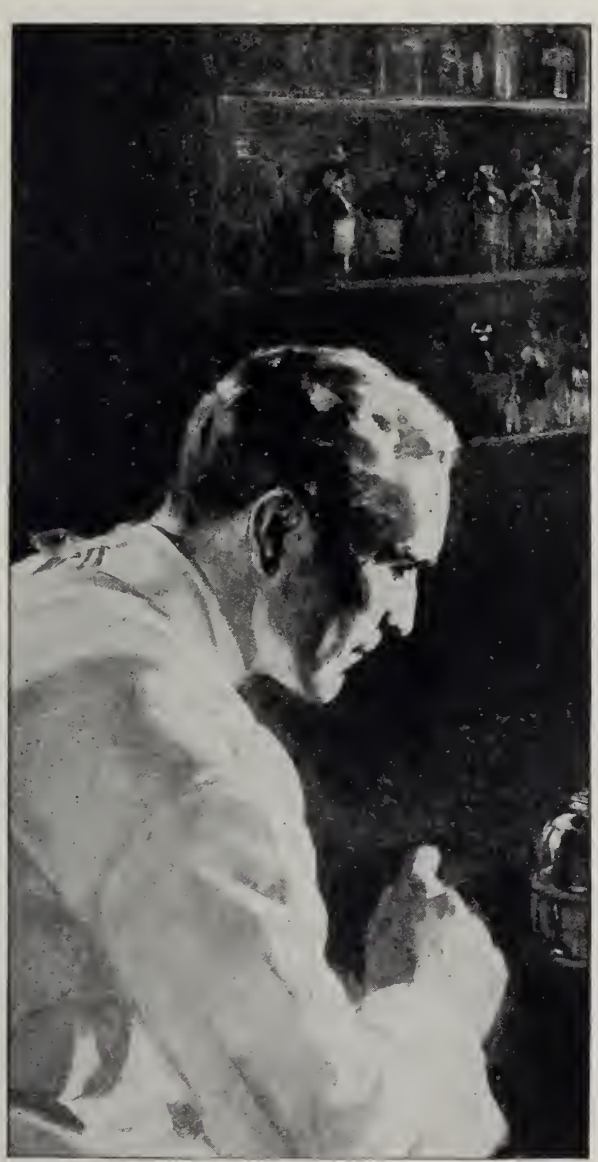
Send free NONSPI samples to:

Name.....
Street.....
City.....

NONSPI

A FEW CONTRIBUTIONS TO THE

Modern Materia Medica



By the Research Laboratories of

PARKE, DAVIS & CO.

ADRENALIN
The First Commercial Epinephrine

PITUITRIN
The First Pituitary Extract

CASCARA SAGRADA
Introduced to Medicine, 1877

CHLORETONE
Hypnotic, sedative, and mild local anesthetic

IODALBIN
Compound of Iodine and Albumin

BROMETONE
Possesses the therapeutic properties of the bromides without disturbing the stomach

SILVOL
Meets all tests for Mild Silver Protein, U. S. P.

NEO-SILVOL
Non-Staining, Collodiol Silver Iodide

MERCUROSAL
Synthetic organic mercury compound

DIBROMIN
Antiseptic and Germicide

PAROIDIN
Standardized Extract obtained from Parathyroid Glands

THIO-BISMOL
An Antisyphilitic Agent that will not Precipitate in the tissues

PITOCIN
Oxytocic Principle of the Pituitary Gland

PITRESSIN
Pressor Principle of the Pituitary Gland

THERAPEUTIC SERUMS
Highly Refined and Concentrated

VENTRICULIN
Specific in Pernicious Anemia

To merit and preserve the confidence of the best element in the medical profession and the drug trade . . . to build well to last.

—From the Creed of the Founders of Parke, Davis & Co., 1866.

PARKE, DAVIS & CO.

The World's Largest Makers of Pharmaceutical and Biological Products

It may be frankly admitted that the public needs to know more about cancer. What the public should be told, however, and how much, is an entirely different matter.

Some of the difficulties confronting those who see the need for public education in cancer were outlined recently by Dr. Clarence Cook Little, one of the foremost scientists now engaged in cancer research, in an article published in the *American Journal of Cancer.*

"In any situation affecting mortality and involving a large amount of ignorance on the part even of the best trained specialists, humanity has always had its troubles," Dr. Little declared.

"The field of public education in cancer is no exception to the rule.

"The first question to be decided is: How much of our ignorance can we safely reveal without causing the public to lose confidence in the honest and best organized cancer centers and rely on the glib quack?

"The next difficulty is to determine whether to tell the patient the truth when he or she has a cancer. On one side are those who believe in keeping the patient entirely ignorant, and on the other those who believe that cancer should be made reportable like diphtheria or scarlet fever.

"Another problem is the adjustment of positive evidence of the inherited tendency to cancer in laboratory animals to the danger of a real cause of hysteria if people fear too greatly hereditary susceptibilities which may or may not exist in individual human cases.

"Still another balance to be sought is that between encouragement to the patient to recognize and to report suspicious symptoms as early as possible, and the discouragement and bitterness engendered in the minds of his friends if he does so and then dies.

"The abuse of its privilege by the press, in publishing premature, ill-advised and inaccurate accounts of 'cures' for cancer is another handicap to the orderly progress of a campaign of public education.

"Over and round these problems hangs the menace of a deeply ingrained phobia of cancer and the stigmata attached thereto. This introduces an emotional factor of great power and sinister possibilities."

Dr. Little has given those carrying on activities in this field of suffering something to think about.

Development of educational methods in the field of cancer is a certainty. However, those engaged in sponsoring this development, will do well to remember the warning of Dr. Little that "in so doing, it will be wise to remain humble in the face of ignorance, patient in recognition of the difficulty of the problem, and sympathetic in the knowledge that they are dealing with the greatest source of physical fear remaining to civilized man."

HYCLORITE

HYCLORITE SOLUTION SODIUM HYPOCHLORITE

Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed.

For Hand and Skin Sterilization.

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity.

NON-POISONOUS
NON-IRRITATING

Write for Literature

BETHLEHEM LABORATORIES
INCORPORATED
300 Century Building,
PITTSBURGH, PENNA.

LABORATORY APPARATUS

Coors Porcelain — Pyrex Glassware
R. & B. Calibrated Ware
Chemical Thermometers
Hydrometers — Sphygmomanometers

J. T. Baker & Co's C. P. Chemicals

Stains and Reagents
Standard Solutions

BIOLOGICALS

Serums — Bacterins — Media
Antitoxins — Vaccines — Pollens

We are completely equipped, and solicit your inquiry for these lines as well as for Pharmaceuticals, Chemicals and Supplies, Surgical Instruments and Dressings.

The Rupp & Bowman Co.
319 Superior St. Toledo, Ohio

TRUST--

"Of all the bills I pay there is none I pay with more enjoyment than I do yours.

Not that I ever really expect a suit for malpractice but the satisfaction I get from the knowledge that some one will fight the case who really knows how, more than pays me a hundred fold.

Sincerely yours."

WORTHY--

"I used to wonder if you really gave the best protection possible in case we contract holders had suit brought against us for alleged negligence in professional services.

But I do not have any doubts now. In the case of———— vs. myself filed in 1927 which came up in the Superior Court here in November, (1930), will say that you did not seem to spare any expense and furnished me with the best attorneys here who conducted the case very satisfactorily, completely exonerating me of any negligence.

I hope to always have a contract with you people as long as I practice, now that I can see how easy it is to bring action against a doctor even though there is no basis for it.

I am glad to recommend your company as rendering a real service to our profession and don't see how any doctor can practice without such protection.

You will find enclosed check and application for additional protection contract. Thanking you, I am"

There is no Substitute for Specialized Service

The Medical Protective Company

of Fort Wayne, Ind.

360 North Michigan Boulevard : Chicago, Illinois

MEDICAL PROTECTIVE CO.
360 North Michigan Blvd.
Chicago, Ill.

Kindly send details on your plan of Complete Professional Protection

Name_____

Address_____

City_____

5-31

GLARE

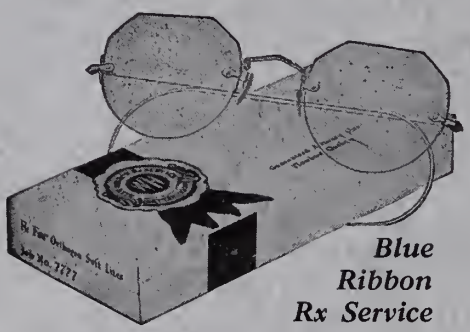
DESTROYS

much of the eye comfort intended by your Rx---

—the right type of glare-filtering lens increases visual acuity . . protects tiny eye muscles against glarestrain . . . leaves color balance undisturbed--in other words, your patient receives the full benefit of your Rx for glasses. That is why the majority of eye physicians specify SOFT-LITE Lenses (in Orthogon) for patients who are glare sensitive.

LOOK for the W-H Protection Policy

ORTHOGON SOFT-LITE LENSES *are better---*



Blue Ribbon Rx Service

The WHITE-HAINES OPTICAL COMPANY

"There's a W-H house near you"

Columbus Cleveland Cincinnati Dayton
Lima Zanesville Springfield
Marion Youngstown



STONEMAN PRESS, COLS., O

PRINTED IN U.S.A.

THE N.Y. ACADEMY OF MEDICINE LIBRARY 1931

The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY BY
THE OHIO STATE MEDICAL ASSOCIATION
AS A MEDIUM OF SERVICE TO ITS MEMBERS

JULY 1, 1931 VOLUME XXVII
Number - - 7

"The more the cost of social policy is centralized, the farther its administration removed from the man who receives the benefit, the more apt is that man to lean upon a prop, to become a creature of fate rather than a master of effort."—Lord Dawson of Penn.

Summary of Contents

ORIGINAL ARTICLES

Surgical Procedures in Pulmonary Tuberculosis. C. R. Steinke, M.D., and C. L. Hyde, M.D., Akron, Ohio 549

The Practice of Medicine: The Early History and Economics. E. Starr Judd, M.D., Rochester, Minnesota 562

The Rational Treatment of Acute Empyema. S. O. Freedlander, M.D., Cleveland, Ohio 565

Perforation of the Esophagus by a Chicken Bone. Louis Ginsburg, M.D., Toledo, Ohio 568

EDITORIAL

Ethics Not Mysterious 545
Seasonal Preparation 545
Social Insurance Here and Abroad 546
Excessive Standardization 546
The Medical Frontier of Today 547
Animal Experimentation 547
No Santa Claus in Government 547
Excessive Restrictions 548
Questionable Clinic Policy 548

STATE NEWS

Ohio Physicians Had a Prominent Part in Annual Meeting of A. M. A. Held in Philadelphia 571

Recent Court Decisions and Attorney General Opinions on Workmen's Compensation, Medical Fees, Vaccinations and Feeble Minded Commitments 573

Mental Patients in General Hospitals 574

Large Class of Applicants Take June Examinations Before Medical Board—The Questions Asked 575

Ohio Public Health Association Holds Annual Meeting 576

Write Legibly When Communicating with Ohio Industrial Commission 577

Medical Board and Industrial Commission Appointments 577

The Doctors Orchestra of Akron Establishes Unique Record 578

Summary of Occupational Disease Reports Filed with Industrial Commission 578

Your Suggestions are Solicited on Annual Meeting Program Set-up 579

Notorious "Plastic Surgeon" Forced Out of Ohio Practice 580

The A. M. A. Exposes "Magnetic Belt" Fallacy 580

News Notes of Ohio 581

Deaths in Ohio 584

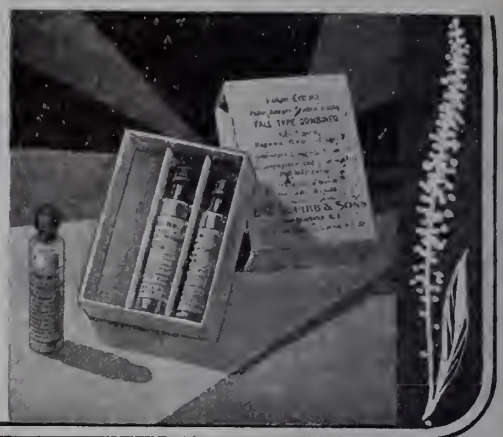
Hospital Notes 586

News Notes from County Societies and Academies 588

Classified Advertisements 594

Variety of "Gyp" Games Worked on Doctors 598

DESENSITIZE YOUR FALL HAY FEVER PATIENTS NOW!



Statistics compiled by authorities in the field of allergy indicate that over 60 per cent of all Hay Fever cases are of the Fall type. Figures also show that over 90 per cent of Fall cases are of the ragweed type, and that this type is the most serious of the seasonal attacks.

For the prophylaxis and treatment of late Summer and Fall Hay Fever, the 3-vial package of Ragweed Pollen Allergen Solution Squibb offers the distinct advantages of convenience, economy and flexibility of dosage. This package contains solutions of such strengths as to enable the physician to administer, without further dilutions, a complete course of treatment for two patients. Dosage also can be varied to meet the requirements of the individual patient. The solution contains equal parts of giant and dwarf ragweed.

For the purpose of determining susceptibility to pollens, a large and varied assortment of **Diagnostic** Pollen Allergen Solutions Squibb is available. In addition to the convenient 3-vial package, Ragweed Pollen Allergen Solutions are supplied in 10-dose treatment sets and in 5 cc. vials.

Pollen Allergen Solutions Squibb are prepared by improved methods which assure full potency and maximum stability.



For literature write to
Professional Service Department

E·R·SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

THE SAWYER SANATORIUM

White Oaks Farm, Marion, Ohio

TREATS NERVOUS AND MENTAL DISEASES



THE PATIO

Provides Thorough Diagnosis, Scientific Treatment, Homelike Surroundings, Complete Equipment, Individual and Personal Professional Attention, Splendid Cuisine, all the modern conveniences of the best private homes. Located on an 130-acre farm. Presided over by men and women devoting all their time to the work.

Send for Booklet, Address

SAWYER SANATORIUM WHITE OAKS FARM MARION, OHIO

The Ohio State Medical Association

Ohio State Medical Journal

Entered as second class matter July 5, 1905, at the Postoffice at Columbus, Ohio, under act of Congress of March 3, 1879: Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Oct. 3, 1917. Authorized July 10, 1918.

Published monthly by
THE OHIO STATE MEDICAL ASSOCIATION
131 East State Street, Columbus, Ohio
Telephone: ADams 7045

This journal is published for and by the members of the Ohio State Medical Association. The Publication Committee does not assume responsibility for opinions expressed by individual essayists. It endeavors to maintain a high standard of advertising. Its advertising policy is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

Subscription $3.00 per year; single copies 30 cents.
Issued under the direction of the Publication Committee.

PUBLICATION COMMITTEE
Andrews Rogers, M.D., Chairman (1934) ..... Columbus
Gilbert Micklethwaite, M.D., (1932) ..... Portsmouth
A. B. Denison, M.D., (1933) ..... Cleveland

EXECUTIVE STAFF
Don K. Martin ..... Editor-Manager
Alice B. Haney ..... Advertising Manager

Officers 1931-1932

PRESIDENT
D. C. Houser, M.D. ..... Urbana

PRESIDENT-ELECT
H. M. Platter, M.D. ..... Columbus

TREASURER
James A. Beer, M.D. ..... Columbus

EXECUTIVE SECRETARY
Don K. Martin ..... Columbus

State Council

First District
John A. Caldwell, M.D. ..... Cincinnati

Second District
E. M. Huston, M.D. ..... Dayton

Third District
O. P. Klotz, M.D. ..... Findlay

Fourth District
B. J. Hein, M.D. ..... Toledo

Fifth District
C. L. Cummer, M.D. ..... Cleveland

Sixth District
H. S. Davidson, M.D. ..... Akron

Seventh District
E. B. Shanley, M.D. ..... New Philadelphia

Eighth District
E. R. Brush, M.D. ..... Zanesville

Ninth District
I. P. Seiler, M.D. ..... Piketon

Tenth District
S. J. Goodman, M.D. ..... Columbus

Ex-Officio, The Ex-President
C. W. Waggoner, M.D. ..... Toledo

CORRECTED ROLL OF DISTRICT AND COUNTY SOCIETIES

Societies	President	Secretary	
First District			
Adams	Ray Vaughn, West Union	O. T. Sproull, West Union	3d Wednesday in April, June, Aug., Oct.
Brown	R. B. Hannah, Georgetown	Geo. P. Tyler, Jr., Ripley	4th Wednesday in Feb., May and Nov.
Butler	P. E. Decatur, Hamilton	H. N. Ward, Hamilton	2d Wednesday, monthly.
Clermont	H. E. Cover, Bantam	Allan B. Rapp, Owensville	3d Wednesday, monthly.
Clinton	Kelley Hale, Wilmington	Robert Conard, Wilmington	1st Tuesday, monthly.
Fayette	E. H. McDonald, Bloomingburg	J. F. Wilson, Washington C. H.	1st Thursday, monthly.
Hamilton	L. H. Schriver, Cincinnati	D. T. Vail, Jr., Cincinnati	Monday evening of each week.
Highland	J. D. McBride, Hillsboro	W. B. Roads, Hillsboro	1st Wednesday in Jan., April, July and Oct.
Warren	S. S. Stahl, Franklin	James Arnold, Lebanon	1st Tuesday in May, June, July, Sept., Oct. and Nov.
Second District	Howard Harris, Springfield	H. R. Huston, Dayton	
Champaign	E. W. Ludlow, Urbana	L. A. Woodburn, Urbana	2d Thursday, monthly.
Clarke	D. W. Hogue, Springfield	Wm. M. Runyan, Springfield	2d and 4th Wednesday noon.
Darke	E. A. Fisher, Yorkshire	W. D. Bishop, Greenville	Friday each month.
Greene	W. C. Marshall, Yellow Springs	Marshall M. Best, Xenia	1st Thursday, monthly.
Miami	M. I. Miller, Troy	G. A. Woodhouse, Pleasant Hill	1st Friday, monthly, except July and August.
Montgomery	H. H. Herman, Dayton	Miss M. E. Jeffrey, Dayton	1st and 3d Friday each month.
Preble	J. I. Nisbet, Eaton	C. M. Treffinger, Eaton	3d Thursday, monthly.
Shelby	M. F. Hussey, Sidney	B. S. Stephenson, Sidney	1st Friday, monthly.
Third District	F. M. Douglass, Toledo	E. E. Rakestraw, Findlay	
Allen	W. W. Beauchamp, Lima	E. B. Pedlow, Lima	3d Tuesday, monthly.
Auglaize	F. F. Fledderjohann, New Bremen	C. C. Berlin, Wapakoneta	2nd Thursday, bi-monthly.
Hancock	E. E. Rakestraw, Findlay	J. H. Marshall, Findlay	1st Wednesday, monthly.
Hardin	R. C. McNeill, Kenton	W. N. Mundy, Forest	1st Thursday, monthly.
Logan	Ben S. Leonard, West Liberty	O. C. Amstutz, Bellefontaine	1st Friday, monthly.
Marion	F. E. Mahla, Marion	Kenneth D. Smith, Marion	1st Tuesday, monthly.
Mercer	M. L. Downing, Rockford	F. E. Ayers, Celina	2d Tuesday, monthly.
Seneca	R. E. Hershberger, Tiffin	Robert Benner, Tiffin	3rd Thursday, monthly.
Van Wert	S. A. Edwards, Van Wert	R. H. Good, Van Wert	3d Tuesday, monthly.
Wyandot	B. A. Moloney, Upper Sandusky	J. Craig Bowman, Up. Sandusky	1st Thursday, monthly.
Fourth District	(With Third District in Northwestern Ohio District)		
Defiance	Geo. DeMuth, Sherwood	D. J. Slosser, Defiance	3d Thursday, monthly.
Fulton	L. C. Cosgrove, Swanton	Harold Heffron, Metamora	Semi-monthly.
Henry	T. P. Delventhal, Napoleon	F. M. Harrison, Napoleon	3d Wednesday, monthly.
Lucas	B. G. Chollett, Toledo	A. P. Hancuff, Toledo	Friday, each week.
Ottawa	Geo. Boon, Oak Harbor	Gordon S. Sloan, Elmore	2d Thursday, monthly.
Paulding	L. R. Fast, Paulding	Gaile L. Doster, Paulding	3d Wednesday, monthly.
Putnam	H. H. Sinks, Columbus Grove	Oscar J. Fatum, Ottoville	1st Tuesday, monthly.
Sandusky	J. L. Curtin, Fremont	L. N. Bates, Fremont	Last Thursday, monthly.
Williams	H. W. Wertz, Montpelier	H. J. Luxan, Montpelier	3d Thursday, monthly.
Wood	O. S. Canright, Haskins	F. V. Boyle, Bowling Green	3d Thursday, monthly.
Fifth District	C. L. Cummer, Councilor	Chrm. Com. on Arrangements	Cleveland.
Ashtabula	P. J. Collander, Ashtabula	E. H. Merrell, Geneva	1st Tuesday, monthly.
Cuyahoga	S. C. Lind, Cleveland	Clarence H. Heyman, Cleveland	3d Fri. March, May, Sept., Nov., Dec.
Erie	H. W. Lehrer, Sandusky	G. A. Stimson, Sandusky	Last Thursday, monthly.
Geauga	Clara J. Swan, Chardon	Isa Teed-Cramton, Burton	Last Wednesday, Apr. to Dec
Huron	John A. Sipher, Norwalk	B. C. Pilkey, Norwalk	2d Thursday, monthly.
Lake	W. R. Carle, Perry	F. J. Dineen, Painesville	4th Tuesday, monthly.
Lorain	W. S. Baldwin, Lorain	W. E. Hart, Elyria	2d Tuesday, monthly.
Medina	R. L. Mansell, Medina	J. K. Durling, Wadsworth	3d Thursday.
Trumbull	Ralph Herlinger, Warren	R. H. McCaughtry, Warren	3d Thursday, monthly, except June, July, August.

Societies	President	Secretary	
Sixth District	J. G. Blower, Akron	J. H. Seiler, Akron	2d Wed., Jan., April & Oct.
Ashland	D. L. Mohn, Ashland	H. M. Gunn, Ashland	1st Friday, bi-monthly.
Holmes	L. E. Anderson, Mt. Hope	C. T. Bahler, Walnut Creek	1st Tuesday, quarterly, Jan., April, July, October.
Mahoning	A. W. Thomas, Youngstown	J. P. Harvey, Youngstown	3d Tuesday, monthly.
Portage	A. O. DeWeese, Kent	E. J. Widdecombe, Kent	1st Thursday, monthly.
Richland	D. C. Lavender, Mansfield	C. H. Bell, Mansfield	3d Thursday, monthly.
Stark	H. M. Schuffell, Canton	F. S. VanDyke, Canton	2d Tuesday monthly except July and August.
Summit	C. C. Pinkerton, Akron	A. S. McCormick, Akron	1st Tuesday, monthly.
Wayne	W. B. Turner, Wooster	R. C. Paul, Wooster	2d Tuesday, monthly.
Seventh District	A. E. Weinstein, Steubenville	Carl Goehring, Steubenville	Steubenville, 1931
Belmont	A. T. Hopwood, Holloway	C. W. Kirkland, Bellaire	2d Wednesday, monthly at 1:45 p.m.
Carroll	(With Stark Co. Society)		
Columbiana	E. W. Miskall, East Liverpool	T. T. Church, Salem	2d Tuesday, monthly.
Coshocton	J. G. Smailes, Coshocton	J. D. Lower, Coshocton	4th Thursday, April, June, Sept., December.
Harrison	J. M. Scott, Scio	R. P. Rusk, Cadiz	3d Wednesday, monthly.
Jefferson	M. H. Rosenblum, Steubenville	John Y. Bevan, Steubenville	Last Friday, monthly.
Monroe	G. W. Steward, Woodsfield	A. R. Burkhart, Woodsfield	2d Wednesday, monthly.
Tuscarawas	Jay W. Calhoon, Uhrichsville	R. E. Wolf, Uhrichsville	1st Thursday, monthly.
Eighth District			
Athens	H. T. Phillips, Athens	T. A. Copeland, Athens	1st Monday, monthly.
Fairfield	J. W. Whittus, Baltimore	C. W. Brown, Lancaster	2d Tuesday, monthly.
Guernsey	O. R. Jones, Cambridge	W. L. Denny, Cambridge	1st and 3rd Tuesday each month
Licking	C. J. Dillon, Newark	D. A. Skinner, Newark	Last Friday, monthly.
Morgan	D. G. Ralston, McConnelsville	C. E. Northrup, McConnelsville	3d Wednesday, monthly.
Muskingum	O. I. Dusthimer, Zanesville	Beatrice Hagen, Zanesville	1st Wednesday, monthly.
Noble			
Perry	W. D. Porterfield, Junction City	F. J. Crosbie, New Lexington	3d Monday, monthly.
Washington	C. A. S. Williams, Marietta	E. W. Hill, Jr., Marietta	2d Wednesday, monthly.
Ninth District			
Gallia	O. A. Vornholt, Gallipolis	Milo Wilson, Gallipolis	1st Thursday, monthly.
Hocking	H. M. Boocks, Logan	M. H. Cherrington, Logan	Quarterly.
Jackson	Gomer E. Jones, Oak Hill	W. R. Riddell, Jackson	1st Tuesday, monthly.
Lawrence	F. R. Stewart, Ironton	Chas. H. Gallagher, Ironton	1st Thursday, monthly.
Meigs	P. A. Jividen, Rutland	Byron Bing, Pomeroy	1st Thursday, April, July and Oct
Pike	Paul Jones, Stockdale	L. E. Wills, Waverly	1st Monday, monthly.
Scioto	Geo. Martin, Portsmouth	C. M. Fitch, Portsmouth	2d Monday, monthly.
Vinton	O. S. Cox, McArthur	H. S. James, McArthur	3d Wednesday, monthly.
Tenth District			
Crawford	K. H. Barth, New Washington	A. E. Loyer, New Washington	1st Monday, monthly.
Delaware	D. S. James, Delaware	F. M. Stratton, Delaware	1st Tuesday, monthly.
Franklin	Joseph Price, Columbus	James A. Beer, Columbus	1st four Mondays.
Knox	W. H. Eastman, Fredericktown	J. Shamansky, Mt. Vernon	Last Thursday, monthly.
Madison	R. H. Trimble, Mt. Sterling	H. P. Sparling, London	4th Wednesday.
Morrow	C. E. Neal, Cardington	Todd Caris, Mt. Gilead	1st Wednesday, monthly.
Pickaway	Glenn D. Sheets, Williamsport	E. S. Shane, Circleville	1st Friday, monthly.
Ross	John Franklin, Chillicothe	W. C. Breth, Chillicothe	1st Thursday, monthly.
Union	H. G. Southard, Marysville	Angus MacIvor, Marysville	2d Tuesday, monthly.

A PRIVATE SANATORIUM WITH HOSPITAL FACILITIES

A quarter century of efficient operation

RATES: $25.00 PER WEEK AND UP



ALCOHOLIC treatment destroys the craving for alcohol, restores the appetite and sleep, and builds the patient up physically and mentally. Whiskey withdrawn gradually. Not limited to one pint of whiskey in ten days.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

DRUG treatment is one of GRADUAL REDUCTION. It relieves the constipation, restores the appetite and sleep. Withdrawal pains absent. No Hyoscine or rapid withdrawal methods used unless the patient desires same.

MILD mental cases have every comfort that their own home affords.

FEMALE PATIENTS: Mild mental separated from mild nervous. Female attendants only; absolute privacy; comfortable, well-appointed ladies' lounge.

Cherokee Road (Long Distance Phone East 1488)

DR. STOKES' SANATORIUM LOUISVILLE, KENTUCKY

Situated in the choice highland section of Louisville, just 20 minutes' ride from all railroad stations

CHICAGO SANITARIUM

FOR THE CARE OF NERVOUS AND MENTAL DISORDERS AND ALCOHOLISM

ALSO DRUG ADDICTION INTELLIGENTLY HANDLED



EVERY FACILITY for care and thorough investigation as well as management of Neuro-Psychiatric problems, including kindred physical infirmities pertaining thereto, is available in the new soundproof building. On admission every case is carefully studied from every angle; routine dental examination is included. Laboratory for routine and special tests is available. Facilities are had for cases for over night stay following a spinal puncture; X-ray is available and an elaborate hydro, physio and mechanotherapy is had.

WHERE HOME-LIKE SURROUNDINGS are a benefit to the patient, one such building is available. Varied entertainment is furnished by motion pictures, radios, books and musicales. The Sanitarium is conveniently located near Lake Michigan and only a few minutes from the Chicago loop, where excellent hotel facilities are available to relatives or friends of out-of-town patients.

DR. ALEXANDER B. MAGNUS, Med. Dir.

◆ 2828 Prairie Avenue, Chicago, Ill. ◆ Phone Victory 5600 ◆

Windsor Hospital

THE Windsor Hospital and Sanitarium is completely equipped with all the best apparatus for giving Hydrotherapy, Occupational Therapy, and other treatment for all types of Nervous diseases, acute and chronic.

Herbert Sihler
Director

Phone RAndolph 2744

4415 Chester Ave., N.E.
(Formerly 4415 Windsor Ave., N.E.)

CLEVELAND, OHIO
ESTABLISHED 30 YEARS

Any one can make belts, but belts which give compression without uplift may do serious injury

"STORM" The New "Type N" STORM Supporter



Pleases doctors and patients. Long laced back. Soft extension, low on hips. Hose supporters attached.

Adapted for ptosis, hernia, pregnancy, obesity, relaxed sacro-iliac articulations, kidney conditions, high and low operations.

Ask for Literature

KATHERINE L. STORM. M.D.

Originator, Owner, and Maker

1701 Diamond Street Philadelphia

ILETIN
INSULIN, LILLY

Insulin is preserving the lives of thousands of diabetics to whose ranks are added the yearly increment of new cases



Diabetic patients require medical attention more or less constantly, so with the increasing number of cases physicians have a growing responsibility to know Insulin and its proper use ... Iletin (Insulin, Lilly) was the first Insulin commercially available in the United States. It is pure, stable, uniform, and has given satisfactory results.

Pamphlets on Insulin, and Diet Charts will be sent on request

ELI LILLY AND COMPANY

INDIANAPOLIS, U. S. A.



Tranquillity replaces preoperative anxiety and excitement following administration of Pulvules Sodium Amytal; less anesthetic is required; postoperative nausea is absent or diminished . . . Each Pulvule Sodium Amytal contains 3 grains (0.2 Gm.) sodium iso-amyl ethyl barbiturate. Sold through the drug trade. Write for pamphlet and sample.

ELI LILLY AND COMPANY · INDIANAPOLIS, U. S. A.

THE COLUMBUS RURAL REST HOME

AT WORTHINGTON, OHIO—JUST NORTH OF COLUMBUS



One of The Cottages—Forty-five Acres of Woods and Lawn

NERVOUS AND MILD AFFECTIVE DISORDERS

A Secluded Spot for Rest and Treatment. Good Accommodations—Kind and Efficient Nursing. Medical—Physical—Psychotherapeutic Measures.

Medical Director
G. T. Harding, Jr., M.D.

Laboratory
Geo. T. Harding III, M.D.

Resident Physicians
Fred'k H. Weber, M.D.
Mary J. Weber, M.D.

Grandview Hospital

MENTAL AND NERVOUS DISEASES

2700 GLENWAY AVENUE, PRICE HILL
TELEPHONE, WARSAW 1784
CINCINNATI, OHIO

T. A. RATLIFF, M. D., Resident Medical Director

Especial feature of treatment

INDIVIDUAL CARE

with Modern Hospital Service

Equipment—modern; **Location**—accessible.
Grounds—a park of 25 acres, well wooded and retired
Descriptive Circular on request.

THE ORCHARD SPRINGS SANITARIUM
near DAYTON, OHIO

A Private Hospital For Mental and Nervous Diseases — Established in 1911

This institution, with its modern facilities, its delightful and restful suburban location, and its well-trained efficient organization, has for 15 years been in a splendid position to render skilled beneficial service at reasonable rates.

GEORGE V. SHERIDAN
President

For detailed information, address
CHARLES B. ROGERS, M. D.
Resident Medical Director
R. F. D. No. 13, Dayton, Ohio
Telephone: Lincoln 213, Dayton City Exchange

HILLSVIEW FARMS

A sanitarium equipped for diagnosis and follow-up in convalescent cases.

Physical therapy department equipped and staffed by trained technicians for treatment of such Orthopedic conditions as Torticollis, Congenital or acquired Postural changes, Arthritis, anterior Poliomyelitis, Neuritis and allied Bone and Joint conditions.

We are especially interested in the Anemias, Diabetes and Arthritis.



Write for particulars, or telephone 2650.

WASHINGTON, PA.

Laboratory and X-Ray investigations under direction of Physicians of known and recognized ability.

Food preparations under direction of graduate dietitian. Dining-room and tray service. Milk and cream from our own herd of registered tuberculin tested Jerseys.

Mental cases and drug addicts not admitted.

Located high on the edge of Washington, thirty miles south of Pittsburgh.



THE OXFORD RETREAT
OXFORD, OHIO

For

Nervous
and
Mild Mental Cases

R. HARVEY COOK,
Physician in Chief
Write for Descriptive Circular
New Fire Proof Bldg. Opened June 1926



WHITING MINERAL SPRINGS
Sanitarium and Baths

Hydrotherapy scientifically applied for the treatment of rheumatism and allied diseases together with cases for elimination and rest cure.

Medical department thoroughly proficient and STRICTLY ethical.

First class and modern in every department with moderate rates.

DR. U. G. WHITING, Phy. & Mgr. MARTINSVILLE, INDIANA

THE MERCER SANITARIUM · MERCER, PENNA.

For Nervous and Mild Mental Disorders. Located at Mercer, Pa., 30 miles from Youngstown. Farm of 75 acres with registered tuberculin-tested herd. Re-educational measures emphasized, especially arts and crafts and outdoor pursuits. Modern laboratory facilities.

Address

W. W. Richardson, M.D., Medical Director
(Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.)

"REST COTTAGE"

College Hill, Cincinnati, Ohio

STAFF

F. W. Langdon, M.D. ..... Visiting Consultant
Robert Ingram, M.D. ..... Visiting Consultant
Emerson A. North, M.D. ..... Visiting Consultant
D. A. Johnston, M.D. ..... Medical Director
H. P. Collins ..... Business Manager
Box No. 4, College Hill, Cincinnati, Ohio



For purely nervous cases, nutritional errors and convalescents.

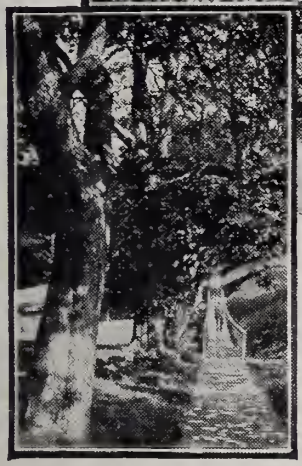
Completely equipped for hydrotherapy, massages, etc.

Cuisine to meet individual needs.

THE CINCINNATI SANITARIUM

INCORPORATED 1873







A strictly modern hospital fully equipped for the scientific treatment of nervous and mental affections. Situation retired and accessible. For details write for descriptive pamphlet.

For Mental and Nervous Diseases

STAFF

Charles E. Kiely, M.D.
Emerson A. North, M.D.
Visiting Consultants
D. A. Johnston, M.D. ... Medical Director
H. P. Collins ..... Business Manager
Box No. 4, College Hill, Cincinnati, O.



Receiving Hospital 2102 Cherry Street
MILD MENTAL AND NERVOUS DISEASES AND GENERAL INVALIDISM

THE TOLEDO SANITARIUM. **Toledo, Ohio**

2102 Cherry Street — Phone Jeff. 3979
JAS. A. BELYEA, M.D., Manager — LOUIS A. MILLER, M.D., Neurologist, Supervising Physician

Ferguson-Droste-Ferguson Sanitarium

✣

Ward S. Ferguson, M.D. - James C. Droste, M.D. - Lynn A. Ferguson, M.D.

✣

PRACTICE LIMITED TO
DIAGNOSIS AND TREATMENT OF

DISEASES OF THE RECTUM

✣

GRAND RAPIDS, MICHIGAN
6 Park Ave.—on Fulton Park

✣

Sanitarium Hotel Accommodations



DR. GAVER SANITARIUM

71 Winner Ave. Phone Fairfax 8315 Columbus, Ohio

DRUG ADDICTION AND ALCOHOLISM NERVOUS AND MENTAL DISEASES

RATES REDUCED

EARL E. GAVER, Medical Sup't.

H. IRVING COZAD, M.D.
G. DEAN TIPTON, M.D.

FAIR OAKS VILLA
AND
COTTAGES

¶ Any NERVOUS or MENTAL CONDITION which in the judgment of the attending physician needs our care, protection or treatment will be received at any time that we have the suitable environment available.

CUYAHOGA FALLS, OHIO

28 Miles from Cleveland
4 Miles from Akron

Reached by
Pennsylvania Lines
B. & O. R. R.
Akron, Bedford, Cleveland Interurban
Kent, Ravenna Interurban



THE McMILLEN SANITARIUM

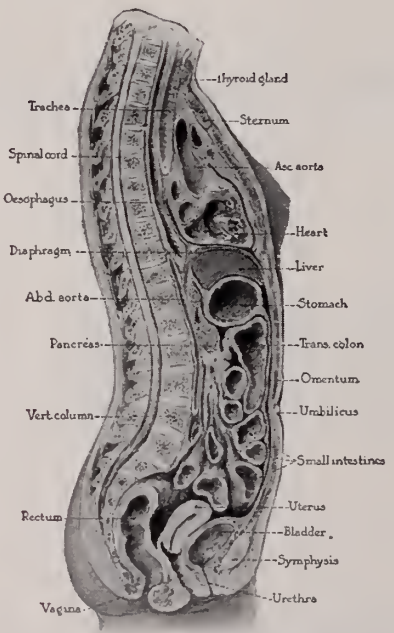
Cor. Nelson Road and East Fifth Ave.

SHEPARD—COLUMBUS, OHIO

R. A. KIDD, M.D., Superintendent

A PRIVATE NEUROPSYCHIATRIC HOSPITAL, modern in all particulars. Ideal location at the east edge of Columbus. Specialists services, laboratory facilities and well trained nurses. Fifty individual rooms. Patients taken for observation. Phone or write for information. ALCOHOLISM GIVEN SPECIAL ATTENTION.

ANATOMICAL STUDIES



MEDIAN SAGITTAL SECTION OF FEMALE TRUNK

Vertical sections through the trunk are valuable in showing the relationship of the various organs of chest, abdomen, and pelvis to each other.

for the Practitioner

A Set of Anatomical Studies (in book form) furnished to physicians on request —upon receipt of 20c to cover mailing costs.

CAMP TRADE MARK

Physiological Supports Scientifically Designed

S. H. CAMP & COMPANY
Manufacturers
JACKSON, MICHIGAN

Chicago
1056 Merchandise Mart

New York
330 Fifth Ave.

London
252 Regent St. W.

HAY FEVER

An Advertising Statement

HAY FEVER, as it occurs throughout the United States, is actually *perennial* rather than *seasonal*, in character.

Because in the Southwest—Bermuda grass, for instance, continues to flower until December when the mountain cedar, of many victims, starts to shed its pollen in Northern Texas and so continues into February. At that time, elsewhere in the South, the oak, birch, pecan, hickory and other trees begin to contribute their respective quotas of atmospheric pollen.

But, nevertheless, hay fever in the Northern States at least, is in fact seasonal in character and of three types, viz.:

TREE HAY FEVER—*March, April and May*
GRASS HAY FEVER—*May, June and July*
WEED HAY FEVER — *August to Frost*

And this last, the late summer type, is usually the most serious and difficult to treat as partly due to the greater diversity of late summer pollens as regionally dispersed.

With the above before us, as to the several types of regional and seasonal hay fever, it is important to emphasize that Arlco-Pollen Extracts *for diagnosis and treatment* cover adequately and accurately all sections and all seasons—North, East, South and West.

FOR DIAGNOSIS *each pollen is supplied in individual extract only.*

FOR TREATMENT *each pollen is supplied in individual treatment set.*

ALSO FOR TREATMENT we have a few logically conceived and scientifically justified mixtures of biologically related and simultaneously pollinating plants. Hence, in these mixtures the several pollens are mutually helpful in building the desired group tolerance.

IF UNAVAILABLE LOCALLY THESE EXTRACTS WILL BE DELIVERED DIRECT POST PAID SPECIAL DELIVERY

List and prices of food, epidermal, incidental and pollen proteins sent on request

THE ARLINGTON CHEMICAL COMPANY
YONKERS, N. Y.

IN INFANT FEEDING

if you are using lactic acid milk

Dextri-Maltose *is the* Carbohydrate *of* Choice

because it is dry, easy to measure, bacteriologically clean, unattractive to flies and dirt, being prepared exclusively for pediatric use by a natural diastatic action instead of an acid hydrolysis process. Moreover, long clinical experience indicates that Dextri-Maltose is the most easily assimilable of all carbohydrates, least likely to cause nutritional disorders.

» » » »

For the convenience of physicians who desire to employ lactic acid milk with Dextri-Maltose, there is available

MEAD'S POWDERED Non-Curdling LACTIC ACID MILK
NO. 1 (with Dextri-Maltose)

This product offers several practical advantages: (1) It is more simply prepared for the mother than fluid lactic acid milk — with less danger of error. (2) It is uniform in composition. (3) It is practically sterile, but may be boiled without curdling. (4) It is economical because there is no waste. (5) It is convenient for the traveling mother, as no refrigeration is required.

» » » »

For physicians who appreciate the advantages of the powdered form over the fluid form of lactic acid milk, but who prefer to make their own carbohydrate additions, there is also available

MEAD'S POWDERED Non-Curdling LACTIC ACID MILK
NO. 2 (without Dextri-Maltose)

These three Mead infant diet materials are for sale at drug stores —without dosage directions and are advertised only to physicians.

Mead Johnson & Co. SPECIALISTS IN INFANT DIET MATERIALS **Evansville, Ind., U.S.A.**



THE HOME *of* HOFFMANN-LA ROCHE, INC., *at* NUTLEY, NEW JERSEY

Makers of Medicines of Rare Quality

HIXSON BIOLOGICALS

for

Human Use

Rabies Vaccine

Produced under the personal supervision of Dr. James Mc I. Phillips, formerly director of the Pasteur Institute, Columbus, Ohio.

Complete treatment, 14 doses, in either syringe or vial packages, ready for immediate use.

Tetanus Antitoxin

The purification and concentration of TETANUS ANTITOXIN, Hixson, eliminates the less soluble reaction producing proteins. This gives an antitoxin remarkably free from either local or general reactions.

Supplied in prophylactic and therapeutic dose packages.

Diphtheria Antitoxin
Toxin Antitoxin
Schick test toxin
Smallpox Vaccine

Hixson Laboratories, Inc.

General Offices and Distribution:
318 E. State Street,
COLUMBUS, OHIO

Laboratories,
JOHNSTOWN, OHIO

BIOLOGICALS

U. S. Government License No. 104

When the Vital Factor is . . .

Quick Alkalization



Supplied in bottles containing 24 fluid ounces, one dozen per case.

The exceptional palatability of Wagner's Vichy (artificial) makes it preferred and used where the vital factor is immediate alkalization of the system. Having a pleasant taste, the patient does not object to taking it in sufficient quantities to assure quick alkalization and safeguard the body against the deleterious effects of prolonged acidosis.

WAGNER'S
VICHY
(artificial)

THE W. T. WAGNER'S SONS COMPANY
1920-26 Race St.,
CINCINNATI, OHIO

ENZYMOL

For Topical Application

Observations of the action of gastric juice outside the body show a usefulness for a properly prepared product of this nature. An example of one of its indications is solution of necrotic and carious bone tissue.

ENZYMOL is an extract of the fresh stomach tissue juice, specially designed for topical application.

ENZYMOL is put up in convenient vials. It requires ordinarily for use, dilution with an equal volume of water; also with hydrochloric acid especially for cases in which this may be desirable—refractory tissue, large cavities, etc.

Originated and Made by

Fairchild Bros. & Foster

NEW YORK

PUBLIC HEALTH — SOCIAL WELFARE MEDICAL ECONOMICS and ORGANIZATION PROBLEMS

With Editorial Comment by D.K.M.

"Progressive Medicine Wants the Light of Advertising" is the way one Ohio Newspaper editor headed a recent editorial commenting on a suggestion by what he termed "the progressive action of the doctors" that organized medicine adopt paid advertising as a medium for the health and medical education of the public.

Ethics Not Mysterious

In his discussion of the subject, the writer of the editorial declares: "It means the beginning of the end of a foolish attitude and one which if carried out will replace the old time confidence of the laity in the doctor and bring an intelligent cooperation between the patient and the physician and abolish the darkness with which the healing cult has been surrounded."

But that doesn't correspond to the opinion which some individuals and groups have formulated as to how the medical profession shall conduct its own affairs.

Will commercial advertising replace the old time confidence of the laity in the doctor and bring an intelligent cooperation between the patient and the physician?

Has the old time confidence of the laity in the doctor diminished? If so, has it been due to a change in the unselfish, altruistic and sincere attitude of the medical profession, or to the mutterings of certain so-called socially-minded elements in society who are busily engaged sowing the seeds of discontent among the laity?

Will advertising abolish "the darkness with which the healing cult has been surrounded"? That myth was exploded many years ago. Harken to what one medical writer has to say on this point:

"There is no *mystery* to medical ethics in spite of what the critics of the medical profession may say to the contrary. It is only a simplified rule of right living and fair dealing. It protects the public, in so far as it is possible to do so, from itself; it restrains the weaklings of the profession, and points the finger of scorn at the unchaste. While there are some of our brethren who do not practice what they preach, still this is no reflection on the system, but rather upon those making its application."

If "progress" demands that the medical profession cast aside those safeguards which have kept the basic principles of medicine unsullied and have afforded strong protection to the public, it might be far better to leave the term from the list of things that the medical profession hopes to accomplish.

Seasonal Preparation

The summer months, accompanied by a seasonal slump in high-pressure activities, both social and business, offer splendid opportunities for medical organization in Ohio to begin charting its course for the approaching fall and winter months, considering what activities it will undertake, and devoting serious, thorough thought and study to some of the important problems that confront the medical profession and society generally.

While it is customary for the various county medical societies to curtail to some extent their regular meetings during the summer period, this should not necessarily mean that other organization activities should be abandoned. Officers of the various societies should exert a special effort to maintain interest in organization affairs and to arrange programs to be presented when regular meetings are resumed. The committees of the component societies should carry on as usual, discussing and considering questions and problems of professional and public interest.

Responsibilities of the medical profession are constantly multiplying and becoming more serious. There are many important problems, social and economic, affecting medical practice and medical service which are awaiting a solution. The public is looking to the medical profession to continue in the role of leadership in solving them.

As one writer has admonished the profession:

"Physicians are citizens and many are parents, and as such they should be interested in the general social trends. Their loyal interest in the medical profession should not set them apart from other groups interested in the total welfare of this nation. * * * Physicians cannot refuse to discuss modern problems. The future of medicine lies primarily in the hands of the medical profession."

No time is more suitable for threshing out some of the confusing and complicated questions before organized medicine than the present. The world moves and science advances. The medical profession cannot stand still, nor can medical organization afford to take a vacation.

Social Insurance Here and Abroad

Addressing recently a meeting of several groups that are strong advocates of the social insurance movement, one speaker in reviewing the history of the various social insurance programs in America, made the following assertion:

"It is a fair assumption that had health insurance been adopted fifteen years ago, various adjustments might have taken place and that American industry, American labor and American society at large would have adjusted itself to it as completely as has European capital, labor and society at large."

How well has Europe adjusted itself to health insurance and all the other many kinds of social insurance, doles, pensions, etc.?

Recent rumblings and revolutions abroad indicate that after a considerable number of years of experiment in the field of social insurance, European countries generally are greatly confused, divided and dissatisfied with many phases of the paternalistic programs that have been put into operation.

This seems particularly significant since the economic and social life and the relationships between labor and industry in Europe are theoretically more suited for social insurance schemes than those of any other parts of the world, especially America.

Numerous references could be made to evidences of the discontent prevalent abroad on the question of social insurance but the following quotations picked at random from a recent article on sickness insurance programs in Europe, written by a nationally known authority and student of social-economic problems, will suffice to dispute the contention that foreign nations have found these social welfare schemes as beneficial as some would have the American public believe:

". . . This method of payment and the low fees are probably the chief causes of the rather unsatisfactory medical services received by a large part of the population . . . ."

"Many conflicts between the medical profession and the insurance funds have led to the organization of clinics by different funds to provide medical services on a salaried basis, independent of the practitioners. The funds have found it necessary to employ confidential physicians to check constantly on the work of the practitioners in order to control unnecessary visits to doctors, unnecessary treatments, the too-generous certification that patients are unable to work, and other abuses. . . . ."

". . . Medical services under sickness insurance in Germany at present are unsatisfactory for the patient, the physician, the medical schools and clinics, and the public in general. It is not likely, however, that fundamental changes in the program of social legislation will be made."

". . . There is a distinct tendency in all insurance work to increase the number and length of illness and to increase the period and rate of benefits, with consequent increase of the total cost of insurance. The doctor tends to become a judge of fitness to work, and not always an impartial judge, rather than a physician to treat and prevent illness. These are some of the other defects arising largely out of the failure in the evolution of social insurance to separate the financial aspects of sickness benefits from those of medical care."

". . . There is a distinct tendency in insurance plans in Europe to expand medical services and to broaden the economic groups they cover."

". . . There is a growing appreciation that any scheme of organizing and financing medical service that fails to retain a high quality of professional care and proper emphasis on the prevention of illness and disability will, in the long run, be detrimental to the public welfare."

Those who desire additional similar evidence on this subject will find it by studying some of the recent reports submitted to the British Parliament concerning the unsound financial status of many of the social insurance funds of Great Britain and the almost hopeless confusion that has been created by efforts to establish the solvency of these funds and readjust that nation's whole social-welfare program.

Excessive Standardization

"The standardization of medical education, an eminently desirable and necessary step in itself, has proven the forerunner of an attempt to standardize medical practice, an eminently undesirable and unnecessary sequel", declared a speaker recently before a large medical society in the East in endeavoring to show that individualism must remain dominant in the practice of medicine if the public is to receive the most benefit.

How fallacious the theory that medical practice should be standardized really is, is revealed in two studies recently completed for the National Committee on the Costs of Medical Care.

Both investigations deal with the medical facilities and some of the conditions of medical practices in two great cities—Detroit and Philadelphia.

One of the most interesting observations obtained from a comparative analysis of these two surveys is the dissimilarity of certain findings on similar subjects investigated in both cities. The reports show that what is good for one city does not always prove satisfactory for the other and that an effort to standardize all factors applicable to both would undoubtedly lead to confusion and chaos.

These and previous surveys have demonstrated that the economic and social problems of medical

practice and medical service must be solved to a large extent by the profession and citizens of the different localities and communities. That there can be one pattern to fit all cases and situations is more than questionable.

Here is where medical organization through its component county medical societies can and should play a dominant role. Through the united efforts of its members, each county medical society should take the lead in initiating programs and procedures to meet local conditions and which will give to the citizens of each community the very best medical services obtainable, at the same time safeguarding the rights and privileges of the individual practicing physicians rendering such service.

The Medical Frontier of Today

So many revolutionary changes have taken place in recent years in economic and social conditions, creating new problems for the medical profession, that present-day physicians may be likened to the pioneers of the dim past who stood on the frontiers and guided the medical profession to its present enviable position in the service of mankind, according to a writer in a contemporary journal.

"On the frontiers of other days," he continues, "the pioneer himself did not usually reap the benefit of his labor and so today the established practitioner who is pioneering has usually little to gain himself. He may or may not benefit. The chances are that he will not. What he does today, however, will make medical practice what it will be ten or twenty years from now."

The point made is clear-cut and significant.

Like the pioneers of old, the active, energetic and sound-thinking present-day physicians, who by virtue of their membership in organized medicine are in a poistion to play a dominant role in charting a course for the profession, are being put to a similar test.

New and complex problems of far-reaching importance are awaiting solution. Decisions on new questions must be made. Possibly long-established policies and principles will ultimately have to be reiterated in an emphatic manner or modified to meet present day issues and tendencies.

A great deal depends on the ultimate decisions on many of the newer questions. The wise and sound counsel of those who have had years of experience on the medical frontier will be indispensable in the formulation of new programs of activity and making decisions for future activity.

Snap judgment to meet the demands of modern fads and fancies should be avoided and will be if the judgment and advice of those with long experience in medico-social problems is heeded, for in the final analysis the future is largely charted by experiences of the past.

Medical practice, the art and science of medicine, and the health of the public twenty-five years hence depend largely on how well present-day physicians meet present-day challenges.

The situation merits the thorough and thoughtful consideration and study of every physician and every county society, for as one observer opines: "It is necessary for the medical profession to carefully appraise the position it is making for itself today and to offer some plan for the solution of problems for which others also are busy in finding an answer".

Animal Experimentation

Not long ago the officials of one of Ohio's medical schools were rebuked by the commissioners of the county in which the school is located when the medical educators requested a supply of dogs from the county's pound for animal experimentation work.

"Why that would be inhuman. Even a stray dog has some rights," declared one of the county officials with considerable emotion.

All attempts to explain that the animals, destined to be killed eventually by the county's dog executioner, would undergo a painless sacrifice in the interests of mankind proved futile.

Such a situation is an example of the tendency on the part of many uninformed persons to lean backward in their efforts to protect the rights of man and beast. A portion of the world, it appears, has not as yet learned of the importance of animal experimentation in giving to scientific medicine the weapons with which to battle human diseases and alleviate human suffering. The medical profession still has a gigantic task ahead of it in informing more of the public about some of the intricate mechanisms of scientific medicine and impressing laymen with the incomparable good which has resulted from scientific research in which experimentation has played a prominent role.

No Santa Claus in Government

"It would be a great aid in checking the constant increase in the cost of government, and in the consequent growth of the tax burden if we should all learn that there is no Santa Claus in government—or that, if there is, Santa Clause is simply another name for the general taxpayer," writes Samuel O. Dunn, editor of the *Railway Age* in *Nation's Business*.

"Every expenditure made, every loss incurred, by the Government is defrayed by taxes", Mr. Dunn declares. "Every subsidy granted in any form to any section or interest is an argument for subsidies to other sections and interests, and it is not improbable that most recipients of subsidies are obliged, in the long run, as taxpayers,

to contribute more in taxes toward all the subsidies given to others than the subsidies received by themselves are worth."

The inference that "free" service in anything costs somebody money and that in practically every instance that "somebody" is the public is no secret. Those who doubt need only to look at some of the more obvious examples of the "free" service being given either at governmental or private expense to be converted.

"Free" service, whether it be in railroad operation, shipping, or, for example, medical service, means a deficit some place along the line. Who pays the deficit? The public, including the very people who are the recipients of the subsidized service.

As Mr. Dunn intimates, it is about time for many to quit believing in the theory that there is a Santa Claus in government, and, as a matter of fact, in business.

Excessive Restrictions

At the recent meeting in Baltimore of the American College of Physicians, resolutions were adopted deploring the growing tendency, through legislation, to saddle burdensome restrictions on the legitimate pursuits of business, trades and professions, specifically the prohibitory regulations being imposed on the medical profession.

This is not the first protest heard from the medical profession concerning the unnecessary obstacles that are constantly being placed in the path of applied medical science, nor will it be the last.

The right of physicians to raise their voice in condemnation of the modern mania to regulate and restrict everything through legislative action, especially when these regulations and restrictions interfere with the legitimate and scientific practice of medicine, is set forth in the following editorial, published in a recent issue of the *Columbus Dispatch:*

"The medical profession, as represented by the American College of Physicians, has a legitimate complaint against the plethora of federal and state laws that limit the rights of practitioners to prescribe drugs and remedial measures as they see fit in the light of their scientific knowledge.

"The great trouble with most of these prohibitory laws is that they were drawn by laymen and passed into law by laymen, all of whom are woefully lacking in knowledge of medicine and totally unappreciative of the problems of the healing profession.

"Whenever some legislator is moved by the spirit of reform or credits something that has come to him as gossip, he frames a law restricting physicians. Appearing before a law-making body that knows no more about the matter than he does, he has no difficulty in making his oratory effective and another measure is written upon the statute books to further tie the hands of the medical men.

"The medical profession never has demonstrated its unfitness to be completely trusted with the handling of drugs. The same is true of liquor. There are, of course, a few black-sheep physicians, just as there are black-sheep ministers and lawyers. But, as a profession, medicine makesc greater efforts to keep its rank and file clean than do most others. It has been more than diligent in punishing its own delinquents. Noth'ng is gained and much may be lost by weaving a web of red tape

An interesting sidelight on the reference to the willingness of the medical profession generally to take the lead and assist in every way possible in abolishing abuses in the practice of medicine and in discouraging methods that might be detrimental to the public is the series of articles which have been appearing in *The Journal of the American Medical Association* relative to the control of narcotic addiction and the uses of narcotics in medical practice. The sole object of these articles, prepared by sources of recognized competence, is to educate the physicians of the country as to the right and wrong time to employ narcotics in professional practice and solicit the cooperation of the medical profession generally in praiseworthy efforts to accurately restrict the prescribing of narcotics to indispensable uses.

Questionable Clinic Policy

Not long ago, the director of a venereal disease clinic in a city of a neighboring state, supported from funds contributed jointly by that city and the department of health of the state, in reporting on the activities of the clinic for the past year, made the following frank comment relative to the attitude of the clinic regarding the economic status of those applying for treatment:

"There are two questions that we are asked frequently with regard to our conduct of the clinic. First, do we investigate the ability of the patient to pay? And second, do we have any social service in connection with the clinic? The answer in both instances is 'No.'

"We have not yet found the individual who can, or at any rate who will, tell us what gauge to use to measure a patient's pocketbook whereby we may say who shall be refused on the grounds of ability to pay."

Such cases of encouragement to pauperism and paternalism are not rare. The public does not hear about many of them simply because few directors are as frank in their reports.

The refusal of administrators of many clinics to even make an effort to ascertain the financial and economic status of patients is what causes the practicing physician to look with a critical eye on public clinics generally. The excuse that there is no gauge by which to measure the pocketbooks of patients is absurd. Confession of such a lack of business ability on the part of clinic directors is a poor recomendation as to their competence to administer the affairs of the business for the best interests of the public. Clinics which refuse to adhere to the policy that free service is only for those unable to pay may be ranked among the leading exponents of socialized medicine.

Surgical Procedures in Pulmonary Tuberculosis

C. R. STEINKE, M.D., and C. L. HYDE, M.D., Akron, Ohio

UNTIL quite recently fresh air, good food, rest, and graduated exercise constituted the entire program for the treatment of pulmonary tuberculosis. Surgical measures were frowned upon and scrupulously avoided. A new era opened with the development of the roentgenograph, which enabled us to detect earlier the presence of disease and to follow its progress more closely and accurately. It brought the sanatorium physician and phthisiotherapist a new appreciation of their problems and made them realize that surgical procedures might help restore to life of usefulness many patients who formerly were doomed to chronic invalidism or early death. Surgical measures are gaining in their importance as physician and surgeon work in close cooperation to learn the indications and limitations of the various operations.

The main purposes of surgical procedures in pulmonary tuberculosis are: To provide local rest to the diseased area, in addition to the constitutional rest secured under ordinary hygienic treatment; and to compress cavities which have formed during the progress of the disease.

Of the surgical measures, artificial pneumothorax is the one most often indicated. It is a minor operation and has remained in the hands of the physician because of its simplicity and wide usefulness in the routine treatment of the disease. Pneumothorax is the most effective means available for securing rest of a diseased lung. No other procedure gives such prompt and complete relief of cough, expectoration, and toxic symptoms. In the control of hemorrhage, where medical measures are woefully uncertain and other procedures inapplicable, pneumothorax is often dramatically successful. In short, pneumothorax is the method of choice whenever compression of a lung is indicated; as a general rule, only when it is unsuccessful on account of adhesions, etc., should some other operation be considered either to aid or supplant it.

The indications for, and the method of inducing artificial pneumothorax are so well known that they will not be listed here. Our results have been so gratifying that we attempt it in all cases except the obviously hopeless and the strictly minimal, where clinical and laboratory evidence point to uninterrupted healing. Bilateral disease is not considered a contra-indication. Collapse of the more severely involved lung often causes such a decrease in toxicity that the contralateral lung clears spontaneously. In other cases we control the disease on the other side by means of partial bilateral collapse. Pleural effusions we treat conservatively, although many authorities advocate the withdrawal of fluid and its replacement by air.

Formerly it was our practice at Springfield Lake Sanatorium to delay pneumothorax until it became evident that conservative treatment was unavailing. During this delay adhesions often formed which prevented collapse. It is now our policy to institute compression therapy as early as possible.

In a large percentage of cases where it is indicated, pneumothorax may be obtained only partially or not at all; in others, especially where the lesions are basal, it may of itself be insufficient; in another group, while highly successful in the control of disease and symptoms it may have unavoidable results (such as empyema) that call for further surgical intervention.

The various other procedures used in the surgical treatment of pulmonary tuberculosis in addition to artificial pneumothorax, are intrapleural pneumolysis, phrenicotomy, phrenicectomy (exairesis or evulsion), multiple intercostal neurectomy with phrenicectomy, apicolysis, extrapleural pneumolysis, and extrapleural thoracoplasty.

INTRAPLEURAL PNEUMOLYSIS

Intrapleural pneumolysis is a useful adjunct to pneumothorax, particularly when stringy adhesions prevent the collapse of a cavity or other areas. The adhesions should be stretched enough to sever without injury to the visceral pleura. The opening of a cavity or tubercle into the pleural sac might cause severe complications.

The operation may be accomplished by the closed or open method. Jacobaeus devised an instrument similar to the cystoscope for localizing pleural adhesions through a chest puncture wound and through a second opening in the chest wall he passed an electric cautery point with which the adhesions were severed. Some of the heavier adhesions contain blood vessels too large to be sealed off by a cautery and an intrapleural hemorrhage may result. The open method with partial resection of one to three ribs allows for visualization of the adhesions, which are cut between two clamps and the ends tied, or the band severed between a double ligature, thereby allowing the adherent lung to collapse. The incision should be made through the periosteum and pleura so that the wound may be sutured tight which is very difficult if the pleura alone is severed. Artificial pneumothorax should be continued following intrapleural pneumolysis to prevent reformation of adhesions.

PHRENIC NERVE OPERATIONS

The phrenic nerve operations are useful as an adjunct to pneumothorax, to thoracoplasty and as an independent procedure.

Read before the Surgical Section, Ohio State Medical Association, at its 84th Annual Meeting, Columbus, May 13-15, 1930.

Cases reported are from the Springfield Lake Sanatorium and were operated upon at the Akron City Hospital.

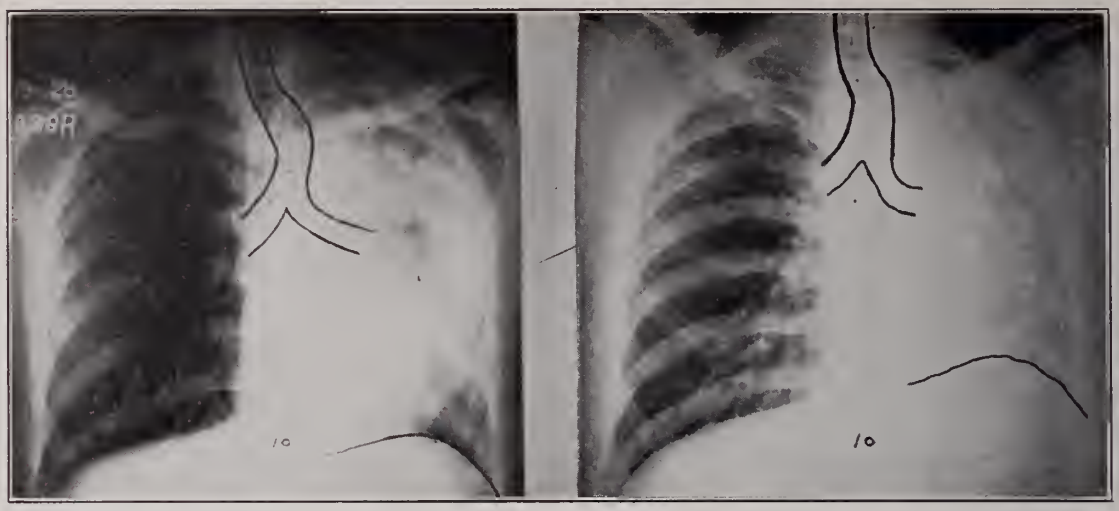


Fig. 1. J. P. Shows distortion of mediastinum. Trachea outlined and shown pulled to left. Cavity walls not allowed to close.

Fig. II. J. P. Same patient after phrenicectomy. Diaphram elevated relieving some of the distortion and allowing mediastinum to resume a better position. Cavities smaller.

Inasmuch as they depend for their results upon the degree of elevation of the paralyzed diaphragm, an estimate should be made of its mobility before the operation. Basal pleurisies may have a splinting effect upon the diaphragm; close radiographic and fluoroscopic examination will help reveal the degree of rise to be expected following its paralysis.

Phrenicectomy is indicated:

1. As an adjunct to pneumothorax:
   (a) When cavities, closed by pneumothorax, open during the inspiratory effort, after several months of treatment.
   (b) To lessen the tendency towards effusion or to decrease the number of pneumothorax refills.
   (c) To stabilize the benefits obtained from pneumothorax, when adhesions in the process of formation are beginning to obliterate the pneumothorax and there is danger of the re-opening of cavities.
2. As an adjunct to thoracoplasty:
   To gain a better compression.
3. As an independent procedure when pneumothorax cannot be given:
   (a) For basal lesions.
   (b) For mild type of unilateral disease, with small cavities, which do not improve with bed rest.
   (c) To check progressive disease.

Stuertz in 1911 was the first to propose phrenicotomy to paralyze one side of the diaphragm. Sauerbruch not knowing of the suggestion by Stuertz reported five cases in 1913, so the idea was original with each. Cutting of the phrenic nerve alone is not sufficient because of the accessory branch or branches meeting the main nerve in the upper thorax and these must be interrupted for complete hemidiaphragmatic paralysis.

Goetze suggested partial phrenicectomy by resecting a portion of the main trunk together with resection of 2 c.m. of the nerve to the subclavius which usually includes the accessory phrenic fibers when present. Felix proposed evulsing the main nerve for a distance sufficient to include the accessory branches which is about 12 c.m. below the clavicle.

Most authors do partial or complete phrenicectomy by evulsing the nerve far enough to remove the accessory contact. One of us* has devised an instrument to pass down the main phrenic nerve far enough (about 12 c.m.) to strip off the accessory branches. After paralysis of one half of the diaphragm, cough and expectoration are easier and only slight changes in the respiratory function are observed.

Phrenicectomy may be used independent of artificial pneumothorax and thoracoplasty or in conjunction with them. Local anesthesia is used and the head turned away from the affected side. The approach is 4 to 6 c.m. above the clavicle, depending upon the length of the neck, by means of a transverse incision from 4 to 6 c.m. in length, beginning at the posterior border of sternomastoid muscle cutting through the skin, platysma muscle and deep fascia. The external jugular vein may or may not be ligated and cut. This brings one to a fat filled space which must be cleared or the fat separated by blunt dissection exposing the scalenus anticus muscle. Search is then made for the phrenic nerve running obliquely across the scalenus anticus muscle from the outer border inward and downward, which identifies it from the nerves that go to make up the brachial plexus running from above outward. Electrical stimulation may be used to prove the identification but generally it is not necessary. A few drops of

*Steinke, Ann. Surg., Feb., 1930, p. 210, Vol. xci, No. 2.

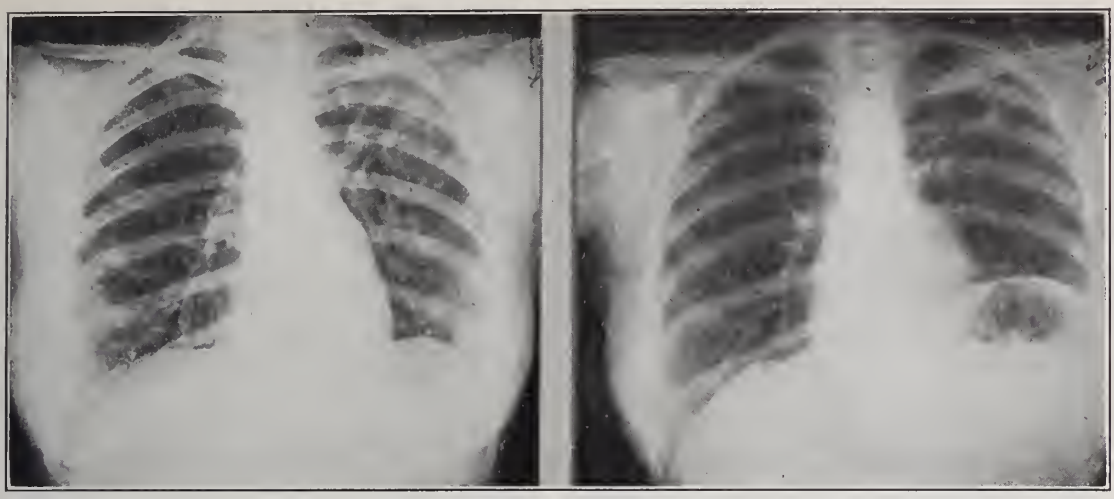


Fig. III. L. R. Disease predominately unilateral. Large cavities in upper lobe. Adhesions prevented artificial pneumothorax.

Fig. IV. L. R. Same patient after phrenicectomy. The diaphram elevated, the cavities closed. The patient has resumed normal life.

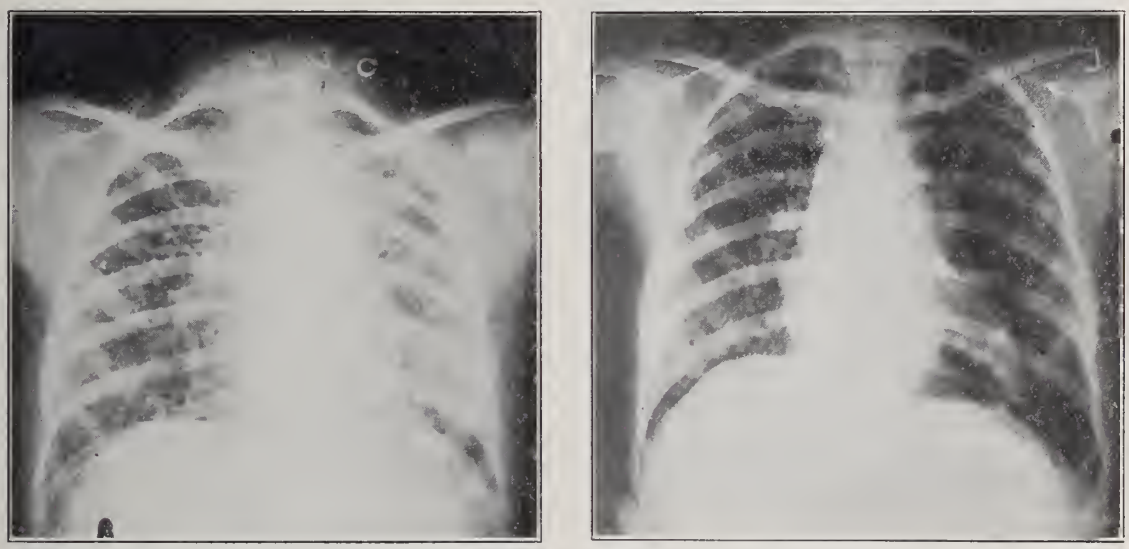


Fig. V. R. S. Bilateral disseminated tuberculosis. More massive in left. Cavitation left upper lobe.

Fig. VI. R. S. Same patient after artificial pneumothorax. Stringy adhesions prevent collapse of cavity. The adhesions are favorable for intrapleural pneumolysis.

novocain or procain may be injected into the nerve before severing. The distal cut end is grasped in a special forceps and slowly wound around the forceps to evulse the nerve. If the stripper is used it is gradually worked down the course of the nerve for 12 c.m. and then a section of the main trunk is removed. Care must be taken not to injure the large vessels and nerves in the neck, and on the left side special care taken to avoid the thoracic duct. Subcuticular plain catgut is used to suture the platysma and the skin is closed by intracuticular silkworm or plain catgut. In selected cases improvement is noted in about 80 per cent with phrenicectomy alone and indications for its use are on the increase.

EXTRAPLEURAL PNEUMOLYSIS

Extrapleural pneumolysis is the freeing of a portion of the lung with its adherent visceral and parietal pleurae from the chest wall. It is generally supplemented with a fill of fat, muscle, gauze or paraffin. This procedure is not very popular in this country, but is being employed more on the continent. It has several disadvantages which must be considered, namely, the danger of opening through a thin pleura or an abscess wall which almost precludes putting in a fill; danger of pressure necrosis of the lung tissue; adhesions may be too firm for satisfactory loosening of the lung and pleura; the lung and mediastinum may not be sufficiently fixed to ob-





Fig. VII. R. S. Same patient after fluid had formed followed by adhesions which prevented continuing pneumothorax. Very large cavity in the upper lobe.

Fig. VIII. R. S. Same patient after phrenicectomy. Diaphram elevated. Relaxation of diaphram allowed mediastinum to resume its normal position. Cavity smaller but not closed.

tain the result desired; the amount of fill is limited thus restricting the area to be compressed. Marked hemorrhage may be controlled and the cavity well compressed by this method and it may be used for limited bilateral lesions. In some cases the better lung may prohibit a more radical procedure.

APICOLYSIS

Apicolysis has a limited usefulness restricted to the purely apical type of tuberculous infection and the obliteration of cavities. It is usually performed by the removal of portions of first, second and third ribs either anteriorly or posteriorly. The apex is freed and allowed to retract thus obliterating the cavitation or compressing the infected area. Some authors advocate supplementing with a muscle, fat or paraffin fill to maintain compression.

Lauwers in a recent article described a new anterior method of apicolysis.**

Multiple intercostal neurectomy in conjunction with phrenicectomy, proposed by J. Alexander, is advisable in a small group of cases in whom pneumothorax is not feasible or thoracoplasty is inadvisable.

THORACOPLASTY

When pneumothorax and phrenicectomy have failed or are inapplicable, thoracoplasty should be considered for the following purposes:

1. To arrest unilateral disease.

2. To close empyema of the pleura or cavities of the lung.

3. To allow the shrinkage of scar tissue, to relieve the distortion of the heart and mediastinum.

The disease should have reached a chronic stage and the contralateral lung should be healed or free from disease.

Thoracoplasty was first done for the treatment of pulmonary tuberculosis by de Cérenville of Switzerland in 1885, but in a conservative manner compared to later methods. Brauer proposed removing all of the second to the ninth ribs inclusive with the periosteum and intercostal muscles. Friedrich performed this radical operation for him in 1907. Later they found it necessary to remove the first and tenth ribs, the periosteum with the intercostal muscles were left in position because of the danger of lung herniae.

Various modifications by a number of men followed over a period of several years until the operation as practiced generally today was outlined which is usually spoken of as the Wilms-Sauerbruch extrapleural paravertebral thoracoplasty. It is still a question whether the upper or lower ribs should be removed first; the consensus of opinion leans toward the upper removal as the first stage.

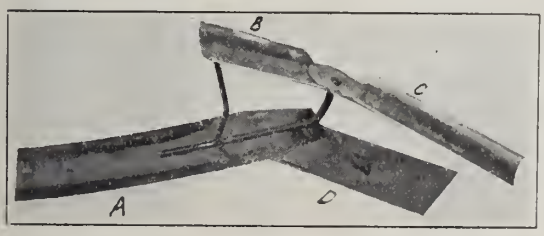
The technique of the operation is as follows: The patient lies with the operative side up and the arms resting upon a special support. The upper ribs are resected through an incision starting 6 to 8 c.m. from the midline near the upper border of the trapezius muscle about the level of the seventh cervical spinous process. It is carried downward and slightly inward along the angles of the ribs to the sixth rib where the incision curves outward around the inferior angle of the scapula thus allowing sufficient scapular displacement. The rhomboids and serratus posticus superior muscles are severed together with a good portion of the trapezius, levator scapulae and latissimus dorsi muscles. The erector spinae muscles are separated from the ribs and retracted

**M. Lauwers, Jour. de Chir., April, 1929, p. 483, Abst. J.A.M.A., July 27, 1929, p. 338.



Fig. IX. R. S. Same patient after thoracoplasty. Good compression of cavity and relief of fever, cough and expectoration. In the right side the lesions are healed.

toward the midline. The periosteum is cut parallel to the rib along its posterior surface and removed with an Alexander periosteal stripper alone or in conjunction with a Hedblom periosteal elevator. The ribs are severed as far laterally as possible and up to the tips of the transverse process, tip areas and the ribs are disarticulated by a twisting upward thus removing all of the rib at the spinal end. This is possible with all but the first rib which must be cut. The Lilienthal rib guillotine is used to sever the first rib. Occasionally a rib may break in disarticulating and the sharp edges must be rongeured smooth. Four or five ribs may be removed at this time, depending upon the condition of the patient. All bleeding should be



DOUBLE ARM REST FOR THORACOPLASTY
A. Portion going under patient on the operating table.
B. Arm rest.
C. Adjustable forearm rest.
D. Adjustable rest for opposite forearm.

stopped. The muscles are sutured in two rows with chromic catgut and the skin with dermal suture. A long rubber tissue drain is used under the muscles coming out at the lower part of the incision.

We have had difficulty in getting sufficient compression of the apex in some cases. To accomplish this we free the apex by finger dissection, press it down, and after dividing the periosteum with



Fig. . R. S. Same patient, external appearance not badly distorted.

the intercostal muscles from the second, third and fourth ribs as far laterally as possible, they are freed, turned upward and stitched to the periosteum of the first rib. This makes a fill or compression which becomes more marked as new callus forms from the turned up periosteum. Because of the compression and position of the scapula there is little danger of lung hernia.

The lower ribs are removed at another stage, the incision starting about 6 to 8 c.m. from the spinous processes at the level of the fourth or fifth rib (depending upon the highest rib to be removed) cutting parallel to the spine down to the tenth intercostal space where it curves anteriorly to the posterior axillary line. This cuts through part of the trapezius, rhomboideus major, latissimus dorsi, and serratus posticus inferior muscles. The ribs are removed down to and including the eleventh as described above, taking as much as 15 c.m. when possible. The muscles are sutured with one or two rows of chromic catgut and the skin with dermal suture. A long rubber tissue drain is used. If more than two stages are advisable because of the patient's condition then a fewer number of ribs are removed at each operation.

A statistical table showing details of 19 thoracoplasties appears on pages 554-556.

Thoracoplasties

(Surgical Procedures in Pulmonary Tuberculosis—Steinke and Hyde)

Number	Initials	Sex	Age	Duration of tuberculosis before admission into sanatorium	Date of diagnosis	Date of admission	Condition on Admission	Prognosis on Admission	Amount of rest cure before any operative measure	Side	PNEUMOTHORAX					
											Started	Stopped	Results or condition of lung before phrenicectomy	Date	Amount of rise	Results or condition of lung before thoracoplasty
D1783	K.T.	M	37	3 years	Mar. 1918	Dec. 1921	Unilateral chronic ulcerative. Inactive. Empyema with bronchial fistula and draining sinus from previous rib resection. Mixed infection.	Poor	4 mos.	Left	Unnecessary			Unnecessary		No Change
D1788	F.M.	M	48	14 months	Sept. 1920	May 1921	Bilateral chronic ulcerative. Right—Slight infiltration at 5th and 6th D.S. Left—Cavity 2nd to 6th D.S. Moderate infiltration below. Old pleurisy.	Fair	11 mos.	Left	Unsuccessful			None		No Change
D2027	O.J.	F	30	6 months	Mar. 1923	May 1923	Bilateral chronic ulcerative. Right—Fibro-caseation to 5tb D.S. Left—Fibro-caseation to 7th D.S. Multiple small cavities in upper.	Fair	At home 4 yrs.	Left	None			None		Increased cavitation left. Fibrosis in right
D2448	A.O.	M	32	5 years	1919	Dec. 1924	Unilateral chronic ulcerative. Left—Empyema with bronchial fistula, draining sinus from previous rib resection. Mixed infection.	Fair	None	Left	Unnecessary			None		No active tuberculosis
D2533	R.S.	F	21	6 months	July 1925	Aug. 1925	Unilateral chronic ulcerative. Right—Empyema with bronchial fistula.	Poor	6 mos. at bome then worked	Right	None		Did not remain in sanatorium long enough	None		Empyema
D2761	L.J.	F	45	27 years	1912	July 1923	Bilateral chronic ulcerative. Right—Slight infiltration 3rd to 5th D.S. Left—Fibro-caseation entire side. Multiple medium cavities to 9th D.S.	Poor	2 yrs.	Left	Unsuccessful			None		Right—Slight increase in densities. Left—cavities increased more mottling
D2675	R.B.	M	43	5 months	Sept. 1924	Jan. 1925	Bilateral chronic ulcerative. Right—Slight infiltration in apex. Left—Fibro-caseation over whole side. Cavity to 4th D.S.	Poor	3 mos.	Left	April 1925	June 1925	Unsuccessful	None		No change in right. Cavity increased
D2776	J.L.	M	27	5 years	July 1920	Sept. 1925	Bilateral chronic ulcerative. Right—Fibro-caseation to 8th D.S. Left—Cavitation to 9th D.S. Dense fibro-caseation.	Very poor	5 yrs. 1 yr. in anotber sana.	Left	Unsuccessful			None		Right—Small cavities in upper. Left—Whole side cavitated
D3345	M.N.	F	30	3 months	April 1926	May 1926	Bilateral acute exudative. Right — Broncho - pneumonia consolidation 2nd to 6th D.S. Disseminated below. Left—Slight infiltration to 5tb D.S.	Poor	13 mos.	Right	Unsuccessful			None		Right—Multiple cavities 2nd to 8th D.S. Left—Clear

(Turn to page 556 for horizontal tabulation on same cases)

D3383	E.M.	F	33	1 year	Jan. 1926	Sept. 1926	Bilateral chronic ulcerative. Right—Moderate infiltration to 6th D.S. Cavity 4th to 6th D.S. middle one-third. Left—Moderate infiltration to 6tb D.S.	Poor	6 mos.	Left	Bilateral April 1927	Bilateral Dec. 1927	Right—Effusion to 7th D.S. cavities reduced. Left—Cavitation to 6th D.S. No effect.	None		Right—Cavities closed, Lung field cleared. Small amount effusion remained in upper to 5th D.S. Left—Very large cavity to 9th D.S.
D3403	R.S.	F	20	2 years	Mar. 1925	Jan. 1927	Bilateral chronic ulcerative. Right — Disseminated areas over whole side. Small cavities in apex. Left—Disseminated over whole side, cavitation to 5th D.S. Tb. enteritis.	Very poor	On frame 10 mos.	Left	April 1927	Dec. 1927	Right—marked clearing. Left—Cavities increased, some clearing effusion	Aug. 7, 1928	5 c.m.	Right—Healed. Left—Empyema with bronchial fistula cavity smaller
D3565	G.C.	F	22	15 months	Apr. 1926	June 1927	Bilateral chronic ulcerative. Right—Slight infiltration to 4th D.S. and at 8th, 9th D.S. Left—Dense fibro-caseation to 8th D.S. Small cavities 4th to 6th D.S.	Poor	2 mos.	Left	June 1927	Mar. 1928	Right—Marked clearing. Left—Some clearing cavities smaller. Not good compression. Fluid formed.	Nov. 7, 1928	5 c.m.	Right—Healed. Left—Cavities unclosed, rest of field obscured by thickened pleura, fluid heart, mediastinum and elevated diaphragm.
D3615	L.V.	F	24	5 months	Oct. 1925	Dec. 1925	Bilateral acute exudative. Right—Consolidation to 5th D.S. infiltration to 8th D.S. Left—Slight infiltration at 3rd D.S. and 8th D.S.	Poor	5 mos.	Right	Dec. 1925	Nov. 1927	Right—Good compression, small cavities not closed, fluid formed which became purulent. Left—Clear.	None		
D3276	D.R.	M	23	4 months	Aug. 1926	Oct. 1926	Bilateral acute exudative to 4th D.S. Spread over whole left in six months.	Good	4 mos.	Left	Feb. 1927	Dec. 1927	Right—Cleared. Left—good compression until fluid formed which became purulent	Sept. 16 1929		No activity in lungs
A3255	V.S.	F	24	6 months	Apr. 1927	June 1927	Unilateral chronic ulcerative of whole left. Multiple cavities to 4th D.S. Large consolidation at 5th D.S.	Poor	6 mos.	Left	June 1927	Oct. 1927	Marked clearing fluid	Apr. 3, 1928	3 c.m.	Right—Clear. Left—large cavities 2nd to 5th D.S.
A3641	G.H.	F	31	1 year	Sept. 1925	June 1926	Bilateral chronic ulcerative. Right—Slight infiltration to 4th D.S. Left—Fibro-caseation over whole side. Cavitation to 4th D.S. Consolidation 5th and 6th D.S.	Poor	11 mos.	Left	July 1926	Dec. 1928	Right—Clear. Left—Good compression until fluid formed became purulent	None		Left upper lobe cavitation. Tb. empyema
A3849	M.H.	F	38	2 years	Sept. 1925	June 1926	Bilateral chronic ulcerative. Right—Slight infiltration to 5th D.S. Left—Moderate infiltration to 4th D.S. and below 7th D.S. Medium cavity at 8th D.S.	Good	2 years	Left	Apr. 1927	Feb. 1928	Right—Slight clearing. Left—Cavity not compressed, lung somewhat cleared. Fluid formed	Feb. 22, 1928	3 c.m.	Right—More clearing. Left—Cavitation to 7th D.S. Cavity at 8th D.S. unchanged
A3204	S.C.	F	34	2 years	June 1926	Mar. 1927	Bilateral chronic ulcerative. Right—Moderate infiltration to 7th D.S. Left—Dense fibro-caseation over whole side.	Poor	11 mos.	Left	Apr. 1927	Jan. 1928	Right—Slight clearing. Left—Lung clearing. Cavities unaffected. Fluid formed.	July 27, 1928	5 c.m.	Right—More clearing, a few very small cavities. Left—cavitation to 8th D.S. increased in size.
A3708	B.L.	F	42	9 months	Dec. 1928	Feb. 1929	Bilateral chronic ulcerative. Right—Slight infiltration to 4th D.S. Left—Dense fibro-caseation over whole side. Multiple cavities to 8th D.S.	Poor	11 mos.	Left	Unsuccessful			Nov. 4, 1929		Right—Increased to 6th D.S. increased density. Left—Cavities larger.

(Turn to page 557)

Thoracoplasties (con'd)

PHRENICECTOMY

Diaphragm	Mediastinum	Pleura	Chest Wall	Symptoms and clinical condition	Prognosis	Duration of tuberculosis before thoracoplasty	Anaesthesia	Date first stage	Ribs resected	Date second stage	Ribs resected	Immediate result	End result	Cause of death	Remarks
Immobile	Migrated to left	Very thick	Marked retraction	Very poor condition raises 1 box sputum	Very poor	5 yrs.	Gas and ether	Apr. 3, 1922				Unimp.	Dead	Staphylococci meningitis	Died two weeks after.
Fixed low	Moderate migration to left	Marked thickening in apex and base	Marked retraction	Toxic. Very poor condition. Raises 2 boxes	Very poor	2 yrs.	Gas and ether	Apr. 20, 1922	6 to 10	Mar. 6, 1923	2 to 5	Died same day	Dead	Cardiac flutter and dilitation	
Fixed low	Moderate migration to left	Moderate thickening	Slight retraction	Not observed	Poor	4 yrs.	Gas and ether	Feb 14, 1927				No record			
Fixed high	Moderate migration to right	Very thick	Marked retraction	Normal temp. and pulse condition good	Good	6 yrs.	Gas and ether	Apr. 5, 1925				Imp.	Symptomatic relief		Good health.
No record	No record				Poor	1 yr.	Nitrous oxide	Apr. 2, 1926	8 to 11			Unimp.	Dead	Myocarditis	
Fixed low	Marked migration to left. Heart in axilla	Very thick	Marked retraction	Very poor general condition. Raises 2 or 3 boxes	Very poor	29 yrs.	Gas and ether	July 11 1925	8 to 10	July 1925	1 to 7	Imp.	Prolonged life and relief of symptoms	Spread of disease	Died Jan. 1929 from spread of disease.
Moderate mobility	Slight migration to left	Slight thickening	Slight retraction	Very toxic raises a large amount of sputum	Very poor	15 mos.	Nitrous oxide	Dec 7, 1925	6 to 11			Unimp.	Dead	Empyema opposite side	Died Feb. 1926.
Fixed high	Marked migration to left	Very thick	Marked retraction	Very toxic raises large amount of sputum	Very poor	6 yrs.	Local	July 21 1926	9 to 11			Unimp.	Dead	Suicide second day after operation	
Fixed high	Marked migration	Moderate thickening	Moderate retraction	Normal temp. and pulse general condition good	Fair	16 mos.	Ethylene	June 14, 1927	9 to 11			Imp.	Marked benefit		Acute exacerbation in left, followed by pleurisy. Recovered. Has since given birth to a child; is doing own housework.

(Continued from page 555)

Moderate mobility	Moderate migration to right	Not thickened	Slight retraction	Sputum 1 box. Very poor general condition	Very poor	3¼ yrs.	Local	Jan. 30, 1929	1 to 5	Feb. 19, 1929	6 to 11	Unimp.	Dead	Acute cardiac dilitation	
Good elevation	Slight migration to left	Moderate thickening	Slight retracting	Cough and expectoration troublesome sputum 2 boxes. General cond. fair	Poor	3¾ yrs.	Ethylene	Nov 8, 1928	8 to 11	Nov. 22 1928	1 to 5	Imp.	Greatly benefited		Free from cough and expectoration. Doing some work.
Good elevation	Marked migration to left	Thickened some effusion	Slight retraction	General condition fair. Cough expectoration troublesome	Poor	2¾ yrs.	Amatol	Aug. 7, 1929	1 to 7			Imp.	Greatly benefited		Free from cough and expectoration. Still under rest cure.
Fixed	Migration to left	Very thick Tb.empyema	Marked retraction	General condition fair anaemia	Fair	3 ⅛ yrs.	Ethylene	Nov. 8, 1928	6 to 11	Nov. 22 1928	1 to 5	Imp.	Greatly benefited		Free from symptoms. Returned to work.
Fixed	Slight migration to right	Moderate thickening Tb. empyema	Moderate retraction	General condition very poor	Very poor	3⅙ yrs.	Amatol	Sept. 7, 1929	1 to 7	Sept. 16 1929	1 to 5	Imp.	Greatly benefited		Greatly improved until Feb. 1930. and acute reactivation of the right side occurred.
Elevated	Marked migration to left	Moderate thickening	Marked retraction	General cond. good cough and expectoration troublesome	Fair	2 yrs.	Ethylene	Nov. 8, 1928	6 to 8	Nov. 22 1928	1 to 5	Imp.	Greatly benefited		Cavity incompletely collapsed. Needs further operation. *Second stage operation has since been completed and the patient is making satisfactory improvement.
Fixed	Marked migration to right	Marked thickening	Marked retraction	Very toxic	Poor	2½ yrs.	Ethylene	Jan. 26, 1928	8 to 11			Imp.	Greatly benefited		Empyema drained through incision. Still draining. Needs second stage operation.
Moderate elevation	Slight migration to left	Adherent	Marked retraction	General condition fair. Cough and expectoration troublesome	Poor	5⅙ yrs.	Nitrous oxide	Jan. 25, 1930	1 to 6	Feb. 7, 1930	7 to 11	Imp.	Greatly benefited		Very little sputum. Still in sanatorium.
Elevated	Marked migration to left	Adherent	Marked retraction	Very Anaemic. Genl. condition fair. Cough and expect. troublesome	Poor	4½ yrs.	Amatol Gas Ether	Nov. 21 1929	1 to 5	Mar. 12 1930	6 to 11	Imp.	Greatly benefited		Cough and expectoration ceased. Still in sanatorium.
Fixed	Marked migration to left	Thickened and adherent	Marked retraction	Genl. condition fair. Cough and expect. troublesome	Very poor	1¾ yrs.		Mar. 12 1930	1 to 4	Mar. 21 1930	5 to 11	Imp.			Cough and expectoration very slight. Still in sanatorium.

Phrenice

Reason for Phrenicectomy	Number	Initials	Sex	Age	Duration of tuberculosis before admission into sanatorium	Date of Diagnosis	Date of Admission	Condition on Admission	Prognosis on Admission	Amount of rest cure before pneumothorax or phrenicectomy	Side	Started	Stopped
As an adjunct to thoracoplasty (8 other cases reported under thoracoplasties).	D3363	W.P.	M	45	5 years	Aug. 1926	Oct. 1928	Bilateral chronic ulcerative. Right—Tuberculous empyema bronchial fistula and old sinus from rib resection. Left—disseminated areas of infiltration.	Poor	3 mos.	Right	Not attempted	
"	D3529	K.K.	M	43	1 year	Oct. 1927	May 1928	Bilateral chronic ulcerative. Right—Moderate infiltration to 4th rib. Left—Cavitation to 5th D.S. Dense fibro-caseation below.	Very poor	None	Left	May 1928	Aug. 1928
"	D3203	G.R.	F	21	2 years	Apr. 1926	Aug. 1926	Bilateral chronic ulcerative. Right—Moderate infiltration to 4th D.S. Left—Cavitation to 5th D.S., infiltration to 8th D.S.	Poor	6 mos.	Left	Sept. 1926	Aug. 1928
"	A3538	J.P.	M	35	8 montbs	Aug. 1928	Aug. 1928	Bilateral chronic ulcerative. Right—Slight infiltration to 3rd D.S. Left—Large cavity to 5th D.S., another 6th to 8th D.S. Dense infiltration.	Poor	None	Left	Aug. 1928	Nov. 1928
As an adjunct to pneumotbotborax or after discontinued.	D2584	J.B.	M	26	4 years	Feb. 1921	Nov. 1924	Unilateral, chronic ulcerative, inactive. Large cavity 8th and 9th interspaces.	Fair	4 years at intervals 1 year in sanatorium	Right	Jan. 1926	July 1926
"	D3100	D.M.	M	30	8 montbs	Dec. 1925	Jan. 1926	Unilateral, acute exudative over whole right. Medium sized cavity in apex.	Poor	2 mos.	Right	Jan. 1926	Mar. 1927
"	D3214	C.B.	F	27	5 years	Aug. 1923	Aug. 1926	Bilateral chronic ulcerative. Right — Slight infiltration. Left—Multiple medium sized cavities. Peritonitis and pleurisy five years previous.	Poor	Five years at intervals	Left	Aug. 1927	Jan. 1928
"	D3246	J.M.	F	22	1 year	Sept. 1926	July 1927	Unilateral, chronic ulcerative. Left—Multiple small cavities to 6th D.S.	Poor	None	Left	June 1927	Mar. 1928
"	D3294	R.S.	F	22	7 months	Oct. 1926	Jan. 1927	Bilateral, acute exudative. Right—Massive to 7th D.S. excavated to 4th D.S. Left—2nd to 4th rib, small cavity at 4th rib.	Poor	3 mos.	Right	Apr. 1927	May 1928
"	D3530	J.C.	M	29	1 year	Oct. 1926	June 1927	Bilateral chronic ulcerative. Right — Small disseminate caseating areas to 8th D. S. Small cavity in apex. Left—Numerous discrete areas of caseation, cavities to 5th D.S.	Poor	None	Left	Oct. 1928	Jan. 1929
"	D3553	L.R.	F	31	14 montbs	Oct. 1928	Mar. 1929	Unilateral, acute exudative to 5th D.S. Numerous medium sized cavities.	Fair	4 mos.	Left	Oct. 1928	Jan. 1929
"	D3770	I.W.	F	22	2 years	Apr. 1927	May 1927	Bilateral chronic ulcerative. Unilateral broncho-pneumonic. Right—To 6th D.S. Left—Large patches, medium cavities to 6tb D.S.	Very poor	None	Left	May 1927	Oct. 1927
"	A3682	D.R.	M	15	Diagnosed Tb. hilum 6 yr. prev. 3 montbs	Feb. 1929	May 1929	Unilateral basal consilidation. Excavated afterwards.	Fair	None	Right	May 1929	Still receiving pneumothorax
As an independent procedure	D2860	M.J.	F	30	18 mos.	Sept. 1923	Sept. 1924	Bilateral chronic ulcerative. Right — Slight infiltration. Left—Multiple cavities and small areas of caseation to 7th D.S.	Poor	3 yrs.	Left	Unsuccessful	
"	D3008	V.E.	F	17	6 months	Feb. 1926	May 1926	Unilateral — Tb. bronchopneumonia whole left. Mdium sized cavities upper lobe. Rigbt—Slight infiltration.	Very poor	2 mos.	Left	Unsuccessful	

c t o m i e s

(Surgical Procedures in Pulmonary Tuberculosis—Steinke and Hyde)

PNEUMOTHORAX					Phrenicectomy		
Results or condition of lung before phrenicectomy	Diaphragm	Mediastinum	Pleura	Chest Wall	Date	Amount of rise	Results
No change	Immobile	Marked distortion, up and to right.	Marked thickening.	Marked retraction.	Dec. 21, 1928	None	No benefit. Thoracoplasty refused.
Unsuccessful—Cavity larger, increased density left base. Right shows some clearing.	Moderate mobility	Marked migration to left, beyond spinal border	Very thick and adherent	Marked retraction	Oct. 18, 1928	5 c.m.	No benefit and progressing. Cavity doubled. Loss of voice for two weeks. Refused thoracoplasty.
Marked clearing and symptomatic relief. Cavity not collapsed. Fluid developed.	Free mobility	Moderate migration to left.	Broad adhesions	No retraction	June 24, 1927	7½ c.m.	Benefited—no activity. Cavity reduced about one-half. Needs thoracoplasty.
Unsuccessful	Moderate mobility	Slight migration to left. Some distortion.	Adherent	No retraction.	Oct. 18, 1928	3¼ c.m.	Benefited—upper cavity reduced. lower cavity about one-fourth original size. Thoracoplasty April 23, 1930.
Hemorrhage and cough abated until adhesions prevented further	Moderate mobility	Slight migration to right	Interlobar. Thickening around cavity	Slight retraction	July 10, 1926	2½ c.m.	Clinically healed. Cavity closed. Has been working since.
Marked clearing and relief of symptoms until fluid developed. Cavity smaller.	Free mobility	Marked migration to right	Adherent	Slight retraction	June 4, 1927	4½ c.m.	Clinically healed. Cavity closed. No symptoms.
Partial pneumothorax. Symptomatic relief until fluid developed.	Free mobility	Marked migration to left	Broad adhesions	Slight retraction	Mar. 31, 1928	3 c.m.	Marked benefit. Cavities closed. No symptoms.
Marked clearing and symptomatic relief. Cavities incompletely closed.	Free mobility	Migration upper third to left	Adherent in upper	No retraction	Mar. 31, 1928	6 c.m.	Clinically healed. Cavities closed. No symptoms.
Marked clearing and symptomatic relief Cavities smaller Fluid formed	Free mobility	Moderate migration to left	Adherent interlobar thickening	No retraction	Aug. 7, 1928	6 c.m.	Clinically healed. Cavities closed on right. Small cavity in left unchanged.
Some clearing and symptomatic relief, fluid, cavity unaffected, new cavity developen in middle of field.	Moderate mobility fixed outer one-third	No migration	Adherent	No retraction	May 28, 1929	5 c.m.	No benefit—cavities larger. in left. More cavities in right. Disease progressing.
Some clearing and relief of symptoms. Cavities not closed collapse unsatisfactory.	Free mobility	Migrated to left	Adherent	No retraction	Feb. 6, 1929	5 c.m.	Clinically healed. cavities closed. No symptoms.
Very successful until fluid formed.	Free mobility	Moderate migration to left	Adherent	No retraction	June 30, 1927	5 c.m.	Clinically healed. Cavities closed. Normal life.
Cavity not closed.	Free mobility	Slight migration to left.	Not adherent	No retraction	Dec. 13, 1929	4 c.m.	Still under treatment. Cavity closed. No symptoms.
Right—small cavities in apex and medium sized to 2nd rib. Left—Large cavity to 4th D.S.	Moderate mobility	Marked migration in upper to left	Adherent and slightly thickened	Slight retraction	Feb. 14, 1929	4 c.m.	Benefited. No change in cavities. No areas of activity. Working part time.
No change	Free mobility	Slight migration to left	Adherent	No retraction	July 21, 1926	9 c.m.	No benefit. Cavity smaller. Rapidly progressive disease. Died 10 mos. later. Generalized Tb

Phrenice

Reason for Phrenicectomy	Number	Initials	Sex	Age	Duration of tuberculosis before admission into sanatorium	Date of Diagnosis	Date of Admission	Condition on Admission	Prognosis on Admission	Amount of rest cure before pneumothorax or phrenicectomy	Side	Started	Stopped
"	D3314	A.T.	M	35	3 months	Feb. 1922	Feb. 1922	Bilateral, chronic ulcerative. Right—Infiltration to 6th D.S. Left—Medium sized cavities to 7th D.S. Dense areas of caseation.	Very poor	15 mos.	Left	May 1923	Aug. 1925
"	D3325	J.C.	M	37	1 year	Aug. 1927	Oct. 1927	Bilateral, chronic ulcerative. Right—Medium sized cavity in upper lobe, fibrosis and moderate consolidation. Left—Slight infiltration apex.	Poor	8 mos.	Right	Apr. 1928	July 1928
"	D3328	F.B.	F	28	11 months	Aug. 1927	Oct. 1927	Unilateral, chronic ulcerative. Right—Fihro-caseation to 8th D.S. Several medium sized cavities 5th to 8th D.S. Thickened pleura and small amount of effusion.	Fair	6 mos.	Right	Not attempted	
"	D3331	B.P.	F	25	1 year	July 1927	June 1928	Bilateral, chronic ulcerative. Right—Slight infiltration at 5th D.S. Left—Fibro-caseation to 4th D.S. Small cavity in apex.	Good	1 yr.	Left	Mar. 1928	June 1928
"	D3341	J.F.	M	50	6 years	May 1923	June 1923	Bilateral chronic ulcerative. Right — Slight infiltration. Left — Disseminated over whole side, cavitation to 5th D.S.	Very poor	Cured 3 yrs. then worked 1 yr.	Left	Unsuccessful	
"	D3438	J.P.	M	27	1 year	Aug. 1927	June 1928	Bilateral chronic ulcerative. Right—Moderate infiltration to 6th D.S. Left—Dense fihro-caseation over whole side, cavitation to 5th D.S.	Poor	None	Left	Unsuccessful	
"	D3517	J.W.	M	58	4 months	Aug. 1927	Nov. 1927	Bilateral chronic ulcerative. Right — Moderate fihro-caseation to 6th D.S. Left—Cavitation to 6th D.S. Massive fihro-caseation below.	Very poor	12 mos.	Left	Unsuccessful Dec. 1927	Unsu cessf Jan. 192
"	D3582	B.D.	M	39	4 years	Aug. 1922	Aug. 1923	Bilateral chronic ulcerative. Right—Slight infiltration to 5th D.S., inactive. Left—Cavity 3rd to 5th D.S. A few small cavities 6th to 9th D.S. near mediastinum.	Poor	2 yrs.	Left	Unsuccessful July 1925	Unsu cessf Aug 192
"	D3611	F.G.	M	36	3 months	Oct. 1926	Nov. 1926	Bilateral chronic ulcerative. Right—Slight infiltration to 4th D.S. Left—Cavity to 5th D.S. Many small cavities to 7th D.S. Disseminated in hase.	Poor	None	Left	Unsuccessful Dec. 1926	Unsu cessf Mar 192
"	Out Pt.	M.D.	F	35	2 months	Apr. 1927	Home treatment	Unilateral, hasal consolidation, excavated.	Fair	8 mos.	Right	Spontantaneous	

The statistical tables show the details of thirty-three phrenicectomies, and nineteen thoracoplasties, performed at Springfield Lake Sanatorium and Akron City Hospital. We have endeavored to incorporate the progress of each case during the various types of treatment which were used and the results to date.

The clinical results of phrenicectomy exclusive of those in which it was an adjunct to thoracoplasty are:

Clinically healed 9, benefited 5, no benefit and progressing 3, dead 4.

Its effect upon cavities: 62 per cent either closed or greatly reduced; 12 per cent slightly smaller; and 25 per cent no change or larger.

Those who derived no benefit from the operation were desperate cases in whom thoracoplasty was out of the question and bed rest or pneumothorax was unsuccessful.

The thoracoplasties are to be divided into two groups. Those operated before 1927, and those operated after. Of the seven cases operated before 1927, five are dead; of the twelve cases operated after, ten are alive and in greatly improved health, one died and the other has not reported.

t o m i e s (con'd)

(Surgical Procedures in Pulmonary Tuberculosis—Steinke and Hyde)

PNEUMOTHORAX					Phrenicectomy		
Results or condition of lung before phrenicectomy	Diaphragm	Mediastinum	Pleura	Chest Wall	Date	Amount of rise	Results
Marked clearing and relief of symptoms. Fluid, adhesions, marked increase in size of cavities.	Moderate mobility	Marked migration to left	Adherent thickened	Marked retraction in upper	June 7, 1928	3 c.m.	No benefit. Cavities smaller. Slowly progressive disease. Symptoms increasing.
Poor compression. Not much benefit.	Moderate mobility	Marked migration to right. Much distortion	Adherent and thickened	Marked retraction in upper	Sept. 1928	5 c.m.	Benefited. Cavity one-half size. Symptomatic relief. Working.
Slight clearing and absorption of effusion.	Moderate mobility	Moderate migration to right	Adherent	Slight retraction	April 3, 1928	7 c.m.	Clinically healed. Cavities closed. Symptomatic relief.
Unsatisfactory from adhesions.	Moderate mobility	Moderate migration to left	Adherent	Slight retraction left upper	Oct. 18, 1928	6 c.m.	Clinically healed. Cavity closed. Symptomatic relief. Normal life.
Spread over whole right, cavity layer in left.	Limited mobility	Marked migration to left	Adherent and thickened	Marked retraction	Sept. 4, 1928	3½ c.m.	No benefit. Cavities larger. No symptomatic relief. Slowly progressive.
No change	Free mobility	Marked migration to left, distortion of trachea	Adherent and thickened	Marked retraction anteriorly	April 9, 1928	5 c.m.	Benefited. Cavities smaller. Still coughs and raises. Right side shows good healing. Doing some work Thoracoplasty has been advised.
No change	Inner one-third fixed outer two-thirds moderately mobile	Marked migration to left	Thickened and adherent	Marked retraction	Oct. 18, 1928	5 c.m.	No benefit. Cavities larger. No symptomatic relief. Slowly progressive. Loss of voice after operation.
Medium sized cavity in right. Cavities in left larger.	Slight mobility	Slight migration to left	Adherent	No retraction	April 5, 1928	4½ c.m.	No benefit. Cavities smaller in left, larger in right. No symptomatic relief. Died in hemorrhage Dec. 14, 1929.
Disseminated over whole right.	Fixed	Slight migration to left	Adherent	Slight retraction	April 5, 1928	2½ c.m.	No benefit. Cavities larger. No symptomatic relief. Died Feb. 20, 1930.
Cavity unclosed.	Free mobility	No migration	Not adherent	No retraction	Dec. 5, 1927	7 c.m.	Clinically healed. Cavity closed, good scarring. Symptomatic relief. Normal life.

The better results with the second group are due to the selection of more suitable cases and to improved methods of operation.

This table demonstrates the necessity for performing the operation before the disease has exhausted the strength of the patient, and its value to many whose outlook would otherwise be hopeless.

DISCUSSION

SAMUEL O. FREEDLANDER, M.D., Cleveland., Doctor Steinke has given an excellent survey of the indications for surgical treatment in pulmonary tuberculosis. As he has emphasized, the one most important factor is the careful selection of cases, and this can only be done by close cooperation between the internist and the surgeon.

All healing in tuberculosis depends upon fibrosis which in turn acts by contracting upon and compressing the lesion. Surgical procedures can only aid in compression. It is reserved for those cases, chiefly unilateral, in which the tuberculous lesions have become inactive and the hindrance to healing is due to uncollapsed cavities within the lung or pleura.

The two surgical procedures of most value, exclusive of pneumothorax are: Phrenicectomy and thoracoplasty. The simpler procedure, phrenicectomy, often gives surprising results. Cavities of enormous size may shrink and occasionally be obliterated. It makes cough less exhausting and

aids in collapse when pneumothorax is incomplete. In our series of 93 cases we have had no serious complications.

Thoracoplasty in order to be effective must be properly done. Its modern development is due to three things: (1) The recognition of the fact that the extreme posterior segments of the ribs must be resected for effective collapse. (2) The first rib must be divided, for the whole thorax hangs from it. (3) The operation is usually divided into stages.

I think it is of advantage to do the lower stage first, as the most frequent post-operative complication is aspiration pneumonia into the lower lobes. There seem to be a general opinion that the mortality rate in thoracoplasty is excessively high. This is not true. In a series of 23 cases there were two deaths within one week after the operation, and one death two months after the operation.

While it is estimated that only 1/3 per cent of patients suffering with pulmonary tuberculosis are fit subjects for surgical collapse exclusive of pneumothorax, yet so much can be done for these that it is the duty of the doctor to be alert not to miss them. It is gratifying to see patients return to economic activity who have spent years in institutions with a formerly hopeless prognosis. Any case of pulmonary tuberculosis which is not progressing properly should be carefully examined in order to estimate the possibility of surgical intervention.

The Practice of Medicine: The Early History and Economics

E. STARR JUDD, M.D., Rochester, Minnesota

THE development of the practice of medicine to its present status has been so rapid that there are many features of it that will require change. Progress in medicine in this country has all come about since the medical profession was organized to form the American Medical Association. A review of the early history reveals the sad state of affairs that existed before this organization.

The origin of the American Medical Association can be traced to a national convention of delegates from medical societies and colleges assembled by the Medical Society of the State of New York. This meeting was called for the purpose of raising the standards of premedical and medical education. This first national medical convention met at the New York University on May 5, 1846, after much opposition and indignation. This session continued the making and discussion of resolutions, all of which were to be referred to committees, and then were to be referred back to the meeting in Philadelphia the following year.

The national convention, composed of nearly 250 delegates, met at Philadelphia one year later and resolved itself into the first session of the American Medical Association. According to the historian, in this three days' meeting, the work of the society, which was to occupy the next fifty years, was outlined. All through the historical articles, repeated mention of raising the standards of medical education was made. A code of ethics was established, and a constitution was adopted which encouraged the formation of state and county societies. The person who deserved more credit than any other for the beginning of this great national medical organization was Nathan Smith Davis. Dr. Davis worked for the highest ideals in medical education, organization and journalism. He edited several medical journals, and he was the first editor of the *Journal of the American Medical Association.*

In these early days there was much discussion of higher standards of medical education. At that time, in many of the medical schools, the annual course was of only four months, and the curriculum was very inadequate. A great deal was said also about preliminary education. Discussion brought out the fact that medical colleges were resentful of any attempt at regulation, and that each one feared to raise its own standards lest some other college in some other state would offer a more attractive bargain to the prospective student.

It is hard now to realize that a little more than fifty years ago college authorities opposed the very modest requirements in preliminary education which had been suggested. They opposed the extension of the lecture term to six months because such standards would put unnecessary burdens on the students and deter many from studying to enter the profession. I doubt if any business or profession has made such a tremendous change in its requirements and in its education as has the medical profession. Although faculties of medical schools desired to make conditions easy for students, the practitioners of the time favored anything that would make it more difficult for medical graduates to increase in number.

For many years after the American Medical Association was organized there was much discussion as to who was entitled to membership in it. The original intention was that representation should be limited to state medical societies if such existed in a given region, and that local societies should be represented only when there was no state organization. However, medical col-

Read before the Fourth General Session, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

leges, hospitals, asylums, and so forth had representatives in the original organization.

Nathaniel Chapman was elected first president of the American Medical Association. Although he had not been active in its organization, he was nevertheless one of the oldest and most eminent teachers in the Union, and stood at the head of the profession. Evidently he was not very enthusiastic about the medical profession at that time, for in his presidential address he observed that the medical profession to which he belonged "once venerated, had become corrupt and degenerated to the forfeiture of its social position, and with it, the homage it formerly received."

It is natural that as early as 1848, Oliver Wendell Holmes would be the one who urged American physicians to produce their own literature instead of editing European works.

In 1850, for the first time, the American Medical Association held its annual meeting in the western city of Cincinnati and it is said that this meeting gave new and stronger impulse to the work of social organization throughout the profession in the western states. All previous regulations on medical education were reaffirmed.

The social organization was still more active at the meeting in Charleston in 1851. Entertainment of the delegates was featured by a steamboat trip up the river to visit a rice plantation and by an elegant and costly public dinner at which the historian, who was always an ardent teetotaler, "regrets to report, that for the first time in the history of the association, wines and strong drinks, which beguile the unwary and intoxicate the brain were freely furnished." Three years later, after a still more elaborate entertainment had been provided by members of the profession in New York, a resolution was adopted recommending to all future committees that they dispense with costly and extravagant entertainments. At this meeting in Charleston, for the first time, steps were taken to form a separate section for the reception and discussion of original scientific papers, which up to this time had been given very little attention on account of the urgency of policy and organization.

During the early part of the Civil War there were no meetings, but in 1863, the committee on medical education reported that reproach and distrust of the medical profession was felt everywhere, and that the chief cause of weakness of the medical profession was lack of preliminary education.

The attendance at the meetings was growing, and the work was becoming more complicated, so that questions that arose often could not be decided at open meeting. Therefore, in 1873, a judicial council of twenty-one members was created to take charge of and to decide all questions of ethical or judicial nature that might arise.

At the meeting in 1874, a plan of organization was discussed, but it seemed impossible to get properly accredited delegates to take the time to do the work and make the decisions, and it was not until eight years later, at the meeting in St. Paul, that effective steps were taken toward this end.

Up to 1882, the scientific papers had been published in the annual transactions and were essentially buried there. The annual membership dues at this time were three dollars and the annual income of the association varied from $2,000 to $6,000. The American Medical Association at this time was described as an organization without funds, without definite permanent membership, which held an annual mass meeting of delegates from various societies often with no mutual bonds.

At the meeting in St. Paul, in 1882, it was estimated that the publication of a journal would require $15,000 annually. It was decided to open the membership to all members of state and county societies, to increase the dues to five dollars annually, and to establish a weekly journal, with a charter and a board of nine trustees. In July, 1883, the first number of the *Journal of the American Medical Association* appeared. In 1897 the association was incorporated in the State of Illinois.

This publication of the *Journal* was of the greatest importance, but the organization itself was becoming so large and unwieldly that many difficulties arose at each meeting. There seemed to be no way of controlling so huge a membership for the organization and conduct of affairs. Many attempts were made to reorganize, and a committee which was appointed in 1886 had attempted for years to get action on its report, but this was finally laid on the table. A committee, consisting of McCormick, Foshay, and Simmons again began working on a scheme for reorganization. The outstanding feature of the new plan was the formation of a legislative body to be known as the House of Delegates, and from this time, the association has remained an absolutely democratic organization.

Since the completion of the organization of the medical men of this country into this democratic association, the standards of medical practice have been brought to a much higher level. The personnel of the profession is of much better character, and has a better understanding of moral responsibility.

It seems to me that it is fair to assume that our organization will never be completed. It is impossible to look into the future and tell just what problems will be presented from year to year. As new problems do arise, it becomes necessary to establish new councils and new bureaus in order to study and manage these problems satisfactorily.

No other class of public servants has received

so much advice on how to handle its own affairs as has the medical profession. Within the last year, many of the popular magazines have presented articles, not only telling us how to practice our profession, but furthermore offering threats that some form of state medicine will be instituted if our present plans are not changed. Personally, I can see no reason to fear that state medicine will be thrust on the country, for when the people came to this country they came to be free and independent. Freedom and independence are so thoroughly a part of our individual and national lives that it is inconceivable to me that any class of American citizens would be content with the practice of medicine as it would necessarily be carried out under the rule of the state. Certain branches of medical activity, such as public health, child welfare, sanitation, and so forth rightfully belong to the government. However, there is a certain personal relationship between the patient and the physician on which the practice of medicine hinges. Any form of the practice which does not take into consideration this personal relationship as its first responsibility is doomed to failure.

It is interesting to find that many of the articles which criticize the medical profession have either been written by non-medical men, or by physicians who have been in practice, and for some reason or other have given it up. Others have been written by physicians who have some personal interests due to their association with some industrial organization. So far as I know, no serious criticism has come from any person in the active practice of medicine.

The medical profession is frequently attacked because of the cost of medical care. Much of this criticism implies that there has been no increase in the cost of other services.

Dr. Wingate M. Johnson, writing in the *Atlantic Monthly* in March on the subject, "Medicine and the Middle Class," gives a comparison of the cost of medical care with some other expenditures of the average American family, which, he says, pays the physicians each year twenty-four dollars. This same average American family pays twenty-five dollars each year for drugs and patent medicines, chiefly the latter, for nongovernmental hospitals, fifteen dollars, and for nurses, each of these families pays an average of eight dollars each year. For passenger automobiles this same hypothetical family pays annually one hundred and fifty dollars, for tobacco sixty-seven dollars, for candy thirty-seven dollars, for gasoline thirty-seven dollars, for theaters and similar entertainment, thirty-five dollars, and for soft drinks, ice cream and chewing gum, thirty-four dollars.

It seems almost incredible at first glance that the average American family spends so much more for these luxuries than it pays for a physician's care. Although it is possibly true that a wrong impression may be gained from these statistics, nevertheless they do show that the cost of medical care is a small item in the average family budget.

It is not contended that the cost of medical care has not risen, but the increase certainly is not out of proportion to the increase in the expense of other necessities in life. No group is trying harder to keep down this expense than are the members of the medical profession themselves. Medical men are not benefited by this increase in costs.

If a well-trained physician will devote his energy, enthusiasm, and industry to the practice of the art and science of medicine, he will make a comfortable living but he will not become wealthy. The Committee on the Costs of Medical Care which has been at work nearly five years will turn in its report sometime next year, and it is hoped that some of these problems will be settled. The medical profession has cooperated in a hearty manner with this Committee on the Costs of Medical Care and will not only be tremendously interested in the report, but I feel will be glad to cooperate in any way to improve conditions.

One plan that has been suggested as a solution of these economic problems is that of health insurance. If the cost of this insurance could be brought within the means of everyone, it would be most helpful, but at present the expense is almost prohibitive.

Compulsory health insurance as employed in Great Britain, Germany, and the Scandinavian countries, it seems to me for many reasons is out of consideration for America. If it is applicable at all it is to a very limited group of people. Compulsory health insurance must not be fostered in this country if we are to maintain our present social standards and relationships.

NEW BOOKS

Modern Methods of Treatment. By Logan Clendening, M.D., Professor of Clinical Medicine, Lecturer on Therapeutics, Medical Department of the University of Kansas; Attending Physician, Kansas City General Hospital; Physician to St. Luke's Hospital, Kansas City, Missouri. With chapters on special subjects by H. C. Anderson, M.D., J. B. Cowherd, M.D.; H. P. Kuhn, M.D.; Carl O. Rickter, M.D.; F. C. Neff, M.D.; E. H. Skinner, M.D.; and E. R. DeWeese, M.D. Fourth edition. The C. V. Mosby Company, St. Louis, publishers.

Crippled Children. Their Treatment and Orthopedic Nursing. By Earl D. McBride, B.S., M.D., F.A.C.S., instructor in Orthopedic Surgery, University of Oklahoma, School of Medicine, etc. One hundred, fifty-nine illustrations. The C. V. Mosby Company, St. Louis.

The Rational Treatment of Acute Empyema

Department of Surgery, Western Reserve University at Cleveland City Hospital, Cleveland, Ohio

S. O. FREEDLANDER, M.D., Cleveland

THE confusion that exists in regard to the proper treatment of acute empyema is evidenced by the multiplicity of therapeutic methods which have been suggested and to which additions are constantly being made. New procedures for drainage are advocated with no attempt to differentiate cases. Each of the new devices or stunts is heralded as a great advance with the evidence based on a small, briefly observed series of cases so that the average practitioner, without a large individual experience of this disease, is left in bewilderment.

The controversy regarding the treatment of acute empyema hinges largely upon whether one should use open drainage with rib resection or closed drainage with an attempt to maintain negative pressure. This discussion is not new. It has appeared in surgical literature at intervals for at least sixty years. In 1869 Potain advocated closed suction drainage and a few years later Roser and König advised rib resection and ever since then adherents of both of these methods have continued the argument. After the influenza epidemics, especially in the eighties and nineties of the last century, there was much enthusiasm for the closed method of drainage. This died down after a few years, and there was a return to the open method. However, in the influenza epidemic of 1918 and 1919 there was an enormous mortality rate following the open operation with rib resection. This led to an investigation of some of the mechanical principles involved in opening the pleural cavity. The result was that so much emphasis was placed on the dire effects caused by acute pneumothorax such as mediastinal shift, pulmonary compression, et cetera, that it was forgotten that empyema was also an infectious disease which goes on to suppuration. After the initial drainage, there remained the neglected problem of treating a large, rigid, walled cavity with a thick layer of pyogenic granulation tissue. In the last ten years it has been generally advocated and widely accepted that acute empyema should be treated by closed drainage and a small tube between the ribs. The inadequacy of the size of drainage opening was supposed to be compensated for by some form of suction aided by the attempt to sterilize the cavity by chemical irrigation. The hazards of this method will be discussed later.

The acceptance of the principle of delayed operation until the basic disease has subsided, which is so important in influenzal empyema, has probably diminished the initial mortality rate. Inadequate drainage and incomplete healing, however, has increased the incidence of chronic empyema. The older method of adequate drainage with rib resection still has a large place in the therapy of empyema as seen in civil life.

The rational treatment of acute empyema depends upon the selection of the proper method for the individual case. Certain definite criteria such as age, the nature of the underlying disease, the increase of intrathoracic pressure, and toxemia from the exudate must be considered.

AGE

It is well known that empyema in infants under the age of two tends to be absorbed spontaneously or after aspiration alone. In these cases, therefore, aspiration should be carried out at intervals of about four days for at least three weeks before open operation is attempted. If after this time fever and toxemia continue, then it is safe to do a rib resection with open drainage. In older children as a rule empyema will not resolve spontaneously or under aspiration alone. In young people the mediastinal structures are easily displaced and the symptoms of increased intrathoracic pressure are more serious than in adults. It usually takes two to four weeks after the onset of pneumonia before the mediastinum becomes fixed and the lungs adherent. Aspiration is always done for diagnosis. Marked displacement of the mediastinum causing respiratory disturbance or cardiovascular disturbance must be relieved by aspiration. When there is marked toxemia in addition to respiratory distress, which appears before it seems safe to do an open drainage, the insertion of a small tube between the ribs connected with a closed system of drainage will be of great value. While in a few cases this will be curative, usually it must be looked upon as a temporary measure to tide the patient over a crises, and within a few weeks open drainage with rib resection will be necessary.

NATURE OF UNDERLYING DISEASE

For therapeutic purposes empyema can be divided into parapneumonic and postpneumonic. In the former, the exudate appears early in the course of the pneumonia, most commonly in influenzal pneumonia, but also in other types of broncho-pneumonia. The chief symptoms are due to the underlying disease. The pleural exudate is but a by-product so that therapy must be directed toward the pneumonia. It is only where the fluid, by its mechanical effect, causes respiratory or cardio-vascular embarrassment that it should be removed and then by the simplest means, aspiration. To do an open operation at this time would be a serious mistake for it would cause pulmonary collapse and mediastinal shift which by compres-

sion would diminish still further the respiratory surface which is already decreased by the pneumonic infiltration. Aspiration in these cases can be done at intervals of about four days. No operation should be attempted until at least three weeks have elapsed from the onset of the pneumonia. If these patients die in this interim, it will not be from the toxemia of the empyema but from the basic disease or its other complications. At the end of three weeks rib resection with open drainage probably will be perfectly safe unless the exudate is very large with marked mediastinal displacement, when it may be wise to combine rib resection with temporary closed drainage, as will be described later.

Postpneumonic empyema following lobar pneumonia is the most frequent type seen in practice except during influenza epidemics. The exudate comes on while the pneumonia is subsiding, that is during the second to fourth week so that by the time the exudate is manifest, the mediastinum is usually well fixed with the lung adherent. The symptoms are due to toxemia from the walled off pus. Since there is little mechanical disturbance of respiration, the indications are for adequate drainage which can best be done by rib resection. Occasionally in postpneumonic empyema in addition to toxemia, the patient shows signs due to increased intrathoracic pressure. As was stated above, this is especially true in young individuals. In these cases to be safe, after waiting the proper length of time, temporary closed drainage should be combined with rib resection.

In addition to parapneumonic and postpneumonic empyemas, there are the less frequent cases which follow the rupture of a pulmonary abscess, tuberculous cavity or septic infarct. The infection is usually so fulminating under these circumstances that immediate wide drainage is essential.

PROGNOSIS

Bacteriology

Clinical experience shows that the pure bacterial evaluation of acute empyema will lead to many errors. The presence of this or that organism can not determine treatment. Many streptococcus empyemas, which were formerly looked upon as especially serious, have an uneventful course. On the other hand pneumococcus empyemas or even sterile exudates often end unfavorably. In about 20 per cent of the cases a culture will be sterile even though the smear shows organisms.

Type of Exudate

Whether the exudate be serous, seropurulent or frankly purulent is not of much importance in the prognosis. In fact, a single empyema may show all of these in its various layers as for example serous above, seropurulent in the middle, and purulent below. A serous exudate may change into a purulent one without the presence of specific organisms. The foul exudates alone have a serious prognosis especially when they are metastatic from some other focus of necrosis.

Thus, it is seen that the clinical estimation of empyema is dependent largely upon the nature and severity of the basic disease. The more it, with its general symptoms, appears in the foreground the more will the empyema appear as a by-product. On the other hand, the collection of pus in the pleural cavity may assume the chief role either through pressure on the lung and mediastinum or through toxemia of the whole organism. The former is usually the case where the basic disease is still active, and the latter after the basic disease is healed or in convalescence. Of great importance is the observation in which phase of the illness the exudate appears. If the general symptoms are severe when the empyema appears, the prognosis is poor. All empyemas which appear at the end of or in the convalescence of the general disease, have a favorable outlook.

Treatment

Three principles underlie the therapy of empyema (1) drainage of pus, (2) removal of intrathoracic pressure without endangering the cardiovascular or respiratory systems, (3) re-expansion of the lung and obliteration of the cavity. The test of the clinician is to decide which is the most important in any particular case. When there is marked mediastinal displacement and respiratory embarrassment, and the toxemia as evidenced by fever and general condition is slight, the tension must be relieved. The pus as a toxic agent is unimportant therefore, the removal of a small amount of fluid by aspiration may re-establish the proper relationships. If toxemia is combined with pressure symptoms, the decision is more difficult. It is best to treat all cases first by aspiration. This serves as proof of the presence of pus, removes pressure, and delays active treatment until the general condition is improved. Thus, the essential problem is to provide adequate drainage at the proper time without disturbing the mechanical conditions within the thorax. A rather dogmatic but safe set of rules would be (1) do not operate until at least three weeks have elapsed since the onset of the pneumonia, (2) do a rib resection inserting a large tube with temporary closed drainage.

Rib Resection with Temporary Closed Drainage

The technique of rib resection need not be described in detail. Local anesthesia should always be used. The most dependent point anatomically is not always the most dependent point for drainage when the patient is recumbent. The removal of four to six centimeters of the eighth or ninth rib in the posterior axillary line is usually satisfactory. After the rib is resected and aspiration has proved the localization is correct, but before the pleura is opened, interrupted silkworm sutures are placed through all layers of the wound. The pleura is then opened and a large,

soft, rubber tube with two openings at one end and clamped at the other end is quickly inserted into the pleural cavity to a depth of about four centimeters. This tube is connected with a long rubber tube running into a large drainage bottle partly filled with water so that the end of the tube is immersed. The silkworm sutures are then tied and an extra one inserted through the tube. Several layers of cotton saturated with collodion are placed over the whole wound and snugly around the tube. The chest wall for a distance of about fifteen centimeters around the wound is dried with ether and then coated with a solution of rubber cement dissolved in ether, one to ten. Adhesive strips are then applied over this tightly, the edges overlapping the tube. No attempt is made to empty the exudate rapidly. The patient is returned to bed with the drainage bottle connected, and by controlling the tube with a screw clamp, the exudate is slowly drained off during the next twenty-four hours.

The advantage of the above procedure is that it provides adequate drainage without the immediate risk of pulmonary collapse. Since the dressings will remain tight for seven to ten days, it obviates troublesome and painful dressings during this period. By the time the dressings become loose, the lung is adherent and the mediastinum is fixed so that the drainage tube can be cut short and ordinary dressings applied.

POST-OPERATIVE TREATMENT

No empyema is cured until the cavity is obliterated. This is an old surgical dictum which still remains true. The use of massive frequent irrigations, which is necessary when drainage is attempted by means of a small tube between the ribs, only keeps the lung collapsed and hinders re-expansion. It is absurd to attempt the sterilization of a cavity lined by infected granulation tissue a centimeter or more in thickness by the use of any certain chemical. One is doomed to disappointment if he uses the number of bacteria as a criterion to determine the time when it is safe to remove the tube, because there is almost certain to be a recrudescence of the infection. Frequent irrigations, besides being harmful in delaying expansion of the lung, require almost constant nursing attention. The tube must not be removed until the cavity is obliterated even though this requires several months. It is not necessary to hospitalize the patient all this time for in most cases after four to eight weeks he can return to school or work with the tube still in. The temptation to remove the tube is often strong because the general condition of the patient is so good or the drainage so slight. More frequently the tube comes out by itself and since reinsertion may be painful or difficult, it is left out. To allow this while there is still a cavity is to court disaster for, although the sinus may close, sooner or later, there will be symptoms of toxemia and the sinus may reopen or the exudate may break into a bronchus establishing a fistula. Furthermore, the caliber of the tube must be kept large to the very end of the treatment although its length may be shortened. The size of the cavity can be determined either by the amount of fluid which it will hold, or by an *X*-ray after the injection of lipiodal or some other opaque substance. Re-expansion can be aided by the use of blow bottles or the playing of wind instruments, but the use of suction by means of pumps, et cetera, is harmful as the lung is pulled out unevenly and tends to pocket off the exudate.

SUMMARY

The treatment of acute empyema as advocated in the last ten years has over-emphasized the mechanical principles of increased intrathoracic pressure at the expense of adequate drainage. However, it has established the importance of the delayed operation until the basic disease has become quiescent. The multiplicity of devices suggested for drainage through small openings with the dependence upon chemical irrigation has done much harm in increasing the incidence of chronic empyema. Prognosis can not be based upon bacteriological criteria. It depends largely on the nature and severity of the basic disease. Adequate drainage can be safely secured at the proper time by rib resection with temporary closed drainage. No empyema is cured until the cavity is obliterated, and a large tube must be left in until this is accomplished, even though it takes several months.

At a recent meeting of the Portage County Medical Society, Dr. R. D. Worden, of Ravenna, reported on the advantages, which in his opinion, obtain by coating the bell of a metal stethoscope with soft rubber, by the process termed technically Electrical Deposition of rubber on metal.

"It always has been my practice to carry a metal stethoscope in my pocket in order that it may be warm when needed. In an effort to do away with the necessity for carrying a stethoscope in the pocket, I had the bell of my stethoscope coated with soft rubber by the process above referred to. As a result I found that it had not only the advantage of never causing a patient to complain of the stethoscope being cold, but in addition it is possible to apply the stethoscope over a hairy chest and eliminate all of the crepitating sounds which are ordinarily heard when the hard stethoscope bell is used over a hairy surface. A stethoscope so treated will stand boiling and other hard usage to which stethoscopes are ordinarily put."

Perforation of the Esophagus by a Chicken Bone

LOUIS GINSBURG, B.S., M.D., Toledo

ALL foreign bodies which become lodged in the esophagus are potentially dangerous. They should be removed at the earliest possible moment. Smooth inorganic foreign bodies are best tolerated, but sooner or later will produce ulceration of the esophageal wall with serious and sometimes fatal results. Organic foreign bodies, such as bones, are poorly tolerated by the esophagus. Their presence is highly irritating, probably due to some chemical changes which soon take place in the body juices. When the bone has a sharp point, there is added the further danger arising from perforation of the gullet and infection of the mediastinum.

Perforations of the esophagus may be divided, according to their location, into cervical and thoracic. The cervical portion of the gullet is very short, beginning at the disc between the sixth and seventh cervical vertebra and ending at the level of the first thoracic vertebra. The thoracic part is much longer, terminating about the level of the tenth thoracic vertebra.

Perforation of the cervical portion of the esophagus usually leads to cellulitis and abscess formation. The infection may rapidly pass downward into the mediastinum and chest. There may or may not be emphysema, particularly at the base of the neck.

A perforation occurring in the thoracic portion of the gullet usually leads to infection of the mediastinal region. Emphysema is almost always present, and is more general. There may be involvement of the large blood vessels, resulting in profuse hemorrhage. The vagus nerves may be affected either by the toxins produced or by the pressure from the accumulating pus, resulting in motor or sensory paralyses, like inability to swallow and laryngeal anesthesia.

HISTORY OF CASE

About three o'clock in the afternoon of November 5, 1928, a patient was brought into my office with the history of having swallowed a bone while eating chicken pie. The man was a well developed adult, 27 years of age. He complained of severe pain in the back between the scapulae, aggravated by swallowing, and accompanied by a feeling of faintness. The patient appeared to be in great pain. His face bore an anxious expression, and was blanched and sweaty. The patient held his head and neck rigidly. When he attempted to turn his head to one side, he turned the thorax simultaneously, as if the head and chest were one piece.

Examination of the hypo-pharyngeal region with the laryngeal mirror discovered no foreign body. After this brief examination, the patient was so faint and weak that he had to lie down on a couch, and for the same reason we had considerable difficulty in getting him out of the office to be transported to Mercy Hospital.

The patient was admitted to Mercy Hospital at 4:00 P. M. I ordered an *X*-ray of the upper portion of the esophagus. The hospital roentgenologist reported that he was "unable to recognize evidence of a foreign body."

The hospital interne examined the patient. The pertinent parts of his record are that the patient had "sharp pain in the back between the scapulae, with a feeling of general faintness." The patient had "slight nausea with pains at the fourth dorsal level, on swallowing." (The foreign body was probably passing down the esophagus.)

At 8:00 P. M. the patient was taken to the operating room and an attempt was made to locate the foreign body. Under local anesthesia, the esophagoscope was passed into the right sinus pyriformis and then into the crico-pharyngeal ring where considerable resistance was met. However, the esophagoscope was passed somewhat deeper into the esophagus, the mucosa of which was markedly swollen. The patient coughed a great deal, held himself rigid, and brought up volumes of fluid from the stomach. Further effort was terminated, with the idea of passing the 'scope at a later time, when the patient could be better controlled under a general anesthetic.

On the next day, November 6th, a white cell count was made. It was 14,650. At 12:35 P. M. a second esophagoscopy was performed. Under ether anesthesia, the esophagoscope was passed easily and at a depth of about 38 or 39 centimeters a very thin plate of bone was discovered lying transversely across the lumen of the esophagus wedged in laterally. On attempting to extract it, the body was found to be held firmly by the walls of the esophagus. For fear of tearing the gullet wall the foreign body was released and the tube withdrawn a few centimeters. On returning, the body was no longer observable. The esophagoscope was passed to its extreme length of 45 centimeters, yet the foreign body was no longer seen. It had apparently passed into the stomach, being very close to that organ when I had seen it.

When the patient was admitted to the hospital the temperature was 98, the pulse was 86, and the respirations were 20. By midnight the temperature was 99.6, the pulse was 110, and the respiration was 24. The next day at 6 A. M. the record showed T. 101.8, P. 92, and R. still 22. At 8:00 P. M. the record was T. 103, P. 100, R. 26.

About 7:00 P. M. of November 6th, an internist was called in consultation. In addition to the pain in the base of the neck and under the right scapula, the patient was then also complaining of

Read before the Eye, Ear, Nose and Throat Section, Academy of Medicine of Toledo, January 30, 1931.

Bronchoscopist to Mercy Hospital; Otolaryngologist to Toledo, and Women's and Children's Hospitals, Toledo.

severe pain in the abdomen, and was becoming toxic and slightly irrational.

The internist's findings were "subcutaneous emphysema above the clavicles. Scattered rales in the chest." He wrote further "The bone must have perforated the esophagus. Whether any of it is now in the mediastinum or not is impossible to say. The prognosis is very grave, because of the mediastinitis which is already present. My recommendation is: Rest, nothing by mouth, proctoclysis, and morphine, p. r. n."

On November 7th, an *X*-ray was ordered of the chest for foreign body (bone) in the esophagus or trachea; abdomen for perforation of stomach. The internist's clinical diagnosis was "perforation of the esophagus by a foreign body. Perforation of the stomach (?)."

The report on the second *X*-ray examination was: "Lung fields show unevenness in illumination, the right being denser than the left. Under the fluroscope there is a definite limitation of the excursion of the diaphragm of the right side. The barium swallowed outlines the entire esophagus and also passes from the esophagus into the trachea in about the region of the supra-sternal notch, and then trickles down into the bronchial tree of both sides. Conclusions: Fistulous tract between the trachea and the esophagus, apparently above the supra-sternal notch. There is evidence suggesting foreign body in the large bronchus of the left side."

Two leucocyte counts were made on November 7th. In the morning it was 9,950; in the afternoon it had dropped still further, going down to 7,000. The general condition of the patient was decidedly grave on this day.

Because of the continuance of the abdominal pain and the onset of right rectus rigidity, a general surgeon was called into consultation, on the next day, the 8th of November. His report follows: "Saw a young adult male, 28 years of age, in good state of nourishment, with anxious expression and apparently suffering acute pain. Pulse 104. Respiration 22. Small amount of emphysema over right back and in the neighborhood of the eighth rib. More marked emphysema over the root of the neck of both sides. Abdomen: Marked rigidity throughout. Right rectus muscle especially rigid. Small area of tenderness over the right flank. Recommendations: Further study of the *X*-ray to determine the location of the chicken bone; the origin of the air in the tissues. Some Bismuth by mouth, if permissable. No surgery. A duodenal tube for liquids and other nourishment, if necessary."

On November 8th, the internist and I passed a stomach tube on the patient in order to feed him in that way, and in the hope that any laceration of the esophagus might be protected and encouraged to heal. The notation on this procedure was as follows: "Yesterday morning on attempting to pass the stomach tube it was deflected to the right, high up in the neck. A resistance was encountered here, so the procedure was stopped. I felt that I had gotten through the laceration in the esophagus. Later, using a tube with a stilet bent in the form of an S, so that it would bear against the posterior wall of the esophagus, it slipped into the stomach easily."

The patient became progressively worse. He was very restless and irrational most of the time. On the morning of the 9th of November, the internist made the following notations: "Pulse and respirations very rapid. Condition critical. Right base is dull. Tubular breathing above area of dullness (i.e., at level of about fifth rib). Cardiac dullness pushed to left, apex beat being in anterior axillary line. I feel that the patient has developed fluid in the right chest, with a terminal pericarditis. Probably some areas of bronchopneumonia."

The patient expired at 11:10 A. M., on November 9th, almost exactly five days after the onset of the illness. During all the time that the patient was in the hospital, the special day and night nurses were instructed to watch all vomitus and stool for the foreign body. But it was not discovered there.

AUTOPSY REPORT

An autopsy was performed on the afternoon of November 9th, by the pathologist at Mercy Hospital. His report reads as follows:

"The mediastinum was opened and found to contain much pus. The trachea and the esophagus were removed entire; the trachea from the thyroid cartilage to the tracheal bifurcation, and in the case of the esophagus from the larynx to the stomach. The trachea showed several little pin-point scratches in the mucous membrane, but no perforations at any point. The bronchi leading off from the right main bronchus, supplying the middle and lower right lobes, were full of blood-tinged mucous exudate, especially marked in the bronchioles supplying the lower lobe. The bronchioles supplying the upper lobe were not affected. Long chains of streptococci in almost pure culture were found in smears from this exudate. No foreign body was found either in the trachea or the bronchial tree as far as it could be traced. The right pleural cavity contained about a pint of clear serous fluid and the lung was covered with fibrin. The right lung was smaller than the left one and was collapsed. There were no consolidations. The left lung was full of air and showed only a slight degree of hypostatic congestion in the lower lobe. The peribronchial lymph nodes at the hilus of the left lung were quite enlarged and infiltrated with lime salts.

"The pericardium was thickened and the pericardial fluid was increased in amount. The pericardium was adherent to the heart by fibrinous bands and strands, giving the heart a shaggy appearance. The muscle and valves appeared normal.

"The esophagus showed, just below the level of the larynx, a small abrasion of the mucous membrane, approximately 1/8 inch long and an area of ecchymosis in the deeper tissues immediately surrounding it. Several of these small excoriations, not larger than a pinhead, were seen in the

mucosa throughout the length of the esophagus. At the gastric end of the esophagus we saw an excoriation 1½ inches in length and approximately 1/16 inch wide in the mucosa, with ecchymosis in the tissue immediately surrounding. There were no perforations of the esophagus anywhere throughout its whole length. Examination of the stomach showed the blood vessels of the mucosa of the fundus slightly injected. There were no ulcers, scars, or thickenings. The intestines and appendix appeared normal. A search through the contents of the stomach and of the 30 feet of intestines, inch by inch, failed to reveal the presence of a foreign body of any kind.

"Gross findings: Purulent mediastinitis. Pulmonary atelectasis. Acute fibrinous pleurisy. Acute fibrinous pericarditis."

Cause of death: Septicemia, following mediastinitis.

COMMENT

Viewing the history of this case in retrospect and in the light of the evidence presented by the autopsy, I have reconstructed some of the details of the case that had previously been puzzling. To my mind it appears clear that the perforation took place at the moment that the piece of chicken pie was "gulped down". During esophagoscopy I had seen a petechial spot, about 1 or 2 mms. in diameter, on the posterior wall of the esophagus, and about 3 or 4 cms. from its mouth. At the time, I did not pay much attention to this, thinking that it was a superficial lesion. From the later history of the case, I have come to the conclusion that this circumscribed hemorrhagic area probably represented the site of puncture by a needle-like piece of chicken bone. I regret that this area was not sectioned and examined microscopically, because I have a strong suspicion that such an examination would have shown the presence of a thin pencil of fresh granulation tissue extending through the entire esophageal wall in this region.

After making the small puncture wound through the posterior wall of the esophagus, the sharp splinter of bone, probably passed down into the lower part of the gullet where I saw it through the esophagoscope. It escaped the grasp of the forceps and passed into the stomach, and became digested in the course of its sojourn in the stomach and intestines, because the minutest examination of the contents of the entire gastro-intestinal tract failed to discover the fragment of bone.

The mistaken *X*-ray finding of a fistulous tract between the trachea and the esophagus was due to the fact that some of the liquid barium had passed through the larynx, which had become insensitive because of some affection of the vagus nerves probably produced by toxin elaborated by the infection in the mediastinum. For the same reason, the internist and I drew the false conclusion that the stomach tube pased through a laceration in the esophagus when we attempted to pass a feeding tube into the stomach.

In favorable cases of perforation of the cervical portion of the esophagus, early prophylactic mediastinotomy after Marschik is indicated, and sometimes leads to saving life. This consists in making an opening in the neck through an incision in front of the sternomastoid muscle and dissecting bluntly until the esophagus is reached. The upper thoracic esophagus can also be approached through the neck. When the lesion is lower down, the operation of extra-pleural posterior mediastinotomy is indicated.

Our reasons for not performing an external operation in this case were as follows: 1, The fulminating nature of the case, as indicated by the rapid development of subcutaneous emphysema and infection of the mediastinum. 2, The poor condition of the patient, as shown by the extremely low leucocyte count. (In almost all the cases that the author had read about in the literature the white cell count was in the neighborhood of 25,000 to 28,000.) 3, The complicating and confusing symptoms of some abdominal crisis.

SUMMARY

This paper presents the history of a case of perforation of the esophagus by a chicken bone. Peculiar to this case are the following facts: 1, The perforation must have occurred at once when the foreign body was swallowed. 2, The infection of the mediastinum was fulminating in character. 3, The case was complicated by paresis or paralysis of the larynx and symptoms of an abdominal crisis. 4, Autopsy did not reveal the foreign body.

316 MICHIGAN STREET.

NEW BOOKS

Ante-Natal Care, Including the Abnormalities Associated with Pregnancy and a Section on Post-Natal Care. By W. F. T. Haultain, O.B.E., M.C., B.A., M.B. (Camb.), F.R.C.S.E., M.R.C.P.E., M.C.O.G. and E. Chalmers Fahmy, M.B. (Edin.) F.R.C.S.E., M.R.C.P.E., M.C.O.G. With foreword by Professor R. W. Johnstone, C.B.E., M.A., M.D., F.R.C.S.E., F.C.O.G., M.R.C.P.E. Second Edition. William Wood and Company, 156 Fifth Ave., New York, Publishers.

A Handbook on Diseases of Children, including Dietetics and the Common Fevers. By Bruce Williamson, M.D., Edin., M.R.C.P. Lond. Physician to the Royal Northern Hospital, London, Ass't. Phys. to the Prince of Wales General Hospital, London, Lecturer in Medicine, N.E. London Post-Graduate College; formerly Senior President, Royal Medical Society, Edinburgh. William Wood and Company, 156 Fifth Ave., New York, publishers.

The Criminal, the Judge and the Public. A Psychological Analysis. By Franz Alexander, M.D., visiting professor of psychoanalysis at the University of Chicago, and Hugo Staub, Attorney at Law, Berlin. Translated from the German by Gregory Zilboorg, M.D., Bloomingdale Hospital, White Plains, New York. The McMillan Company, New York.

Ohio Physicians Had a Prominent Part in Annual Meeting of A. M. A. Held in Philadelphia

Approximately 300 Ohio physicians attended the Eighty-Second Annual Meeting of the American Medical Association at Philadelphia, June 8 to 12, one of the best attended and most important gatherings ever held by the medical profession of the nation. The extent and variety of the scientific exhibits attracted special interest.

Members of the Ohio State Medical Association, as usual, took a prominent part in the business and scientific activities of the gathering.

The Ohio medical profession was ably and actively represented in the House of Delegates by Drs. C. W. Waggoner, Toledo; Ben R. McClellan, Xenia; Wells Teachnor, Sr., Columbus; E. R. Brush, Zanesville; C. W. Stone, Cleveland; C. E. Kiely, Cincinnati, and J. P. DeWitt, Canton.

Dr. Teachnor was a member of the important House of Delegates reference committee on legislation and public relations, and Dr. McClellan served on the House of Delegates reference committee on reapportionment.

Dr. J. H. J. Upham, Columbus, member of the Board of Trustees of the A.M.A. and a member of the Committee on Scientific Exhibit, and Dr. Geo. Edw. Follansbee, Cleveland, chairman of the Judicial Council of the A.M.A., also took active part in the business sessions of the meeting. Dr. Upham was among physicians from various parts of the country who spoke over radio Station WIP-WFAN in a series of addresses on medical and health subjects arranged as a sidelight feature of the annual meeting. Dr. Upham spoke at noon Tuesday, June 9, on "Health Hazards of the Declining Years".

Among Ohio physicians who took part in the scientific program as essayists, discussants, lecturers, exhibitors, demonstrators or officers of scientific sections were:

Russel L. Haden, Cleveland; Howard T. Karsner, Cleveland; Robert Carothers, Cincinnati; John A. Judy, Dayton; Jennings M. King, Jr., Wellsville; Edward H. Wilson, Columbus; H. N. Cole, Cleveland; Henry DeWolf, Cleveland; J. M. McCuskey, Cleveland; H. G. Miskjian, Cleveland; G. S. Williamson, Cleveland; J. R. Rauschkolb, Cleveland; R. O. Ruch, Cleveland; Karl G. Zwick, Cincinnati; Milton B. Cohen, Cleveland; Jack A. Rudolph, Cleveland; Henry J. Gerstenberger, Cleveland; John D. Nourse, Cleveland; J. I. Hartman, Cleveland; G. R. Russell, Cleveland; L. P. Harsh, Cleveland; David Shields, Cleveland; H. L. Stitt, Cincinnati; C. E. Wooding, Cincinnati; H. L. Reinhart, Columbus; W. F. Lyons, Columbus; E. R. Hayhurst, Columbus; Paul A. Davis, Akron; Samuel Brown, Cincinnati; Samuel S. Berger, Cleveland; Claude S. Beck, Cleveland; George W. Crile, Cleveland; John P. Gardiner, Toledo; J. L. Bubis, Cleveland; Derrick T. Vail, Jr., Cincinnati; W. B. Chamberlin, Cleveland; A. D. Ruedemann, Cleveland; William V. Mullin, Cleveland; G. C. Large, Cleveland; Samuel Iglauer, Cincinnati; A. Graeme Mitchell, Cincinnati; George Martin Guest, Cincinnati; A. J. Beams, Cleveland; C. J. Wiggers, Cleveland; Bernhard Steinberg, Toledo; Alphonse R. Vonderahe, Cincinnati; W. James Gardner, Cleveland; Joseph Fetterman, Cleveland; Elmore B. Tauber, Cincinnati; Walter G. Stern, Cleveland; James A. Dickson, Cleveland; George I. Bauman, Cleveland; Robert B. Cofield, Cincinnati; Ralph G. Carothers, Cincinnati; John A. Caldwell, Cincinnati; John R. Davis, Toledo; John D. Osmond, Cleveland; E. P. Edwards, Cleveland; J. V. Greenebaum, Cincinnati; Robert J. May, Cleveland; H. S. Applebaum, Cleveland; A. M. Young, Cleveland; B. S. Kline, Cleveland; L. G. Bowers, Dayton.

Dr. Helena Teresa Ratterman, Cincinnati, and Dr. Charles Lukens, Toledo, did an excellent job of upholding the honor of Ohio's golfing physicians in the links championships held in connection with the annual meeting.

Dr. Ratterman, by turning in the low gross, as well as low net score, won the handicap golf tournament staged by the Medical Women's National Association at the Whitemarch Country Club on Tuesday, June 9.

Dr. Lukens, competing in the annual tournament of the American Medical Golfing Association at the Aronimink Country Club, took third prize among physicians 60 years of age or over, turning in a net score of 77.

At the final session of the House of Delegates, Dr. Edward H. Cary, Dallas, Texas, emeritus dean of the College of Medicine, Baylor University, was elected president-elect, succeeding Dr. E. Starr Judd, Rochester, Minnesota, who was elevated to the presidency. Dr. George C. Yeager, Philadelphia, general chairman of the Philadelphia committee on arrangements, was elected vice president.

Dr. Olin West was re-elected secretary; Dr. Austin A. Hayden re-elected treasurer; Dr. Frederick C. Warnshuis, Grand Rapids, Michigan, re-elected speaker of the House of Delegates, and Dr. Albert E. Bulson, Fort Wayne, Indiana, re-elected vice speaker.

Dr. Thomas S. Cullen, Baltimore, was elected to succeed himself as a member of the Board of Trustees. The following appointments by President Judd were confirmed: Dr. Walter F. Donaldson, Pittsburgh, member of the Judicial Council; Dr. Dean Lewis, Baltimore, member of the Council on Medical Education and Hospitals, and Dr.

John E. Lane, New Haven, Connecticut, to succeed himself as a member of the Council on Scientific Assembly.

New Orleans was selected by the delegates as the place for the 1932 annual meeting.

Dr. Stone, of the Ohio delegation, speaking on behalf of the Cleveland Academy of Medicine, tendered the Association a cordial invitation to hold its 1933 meeting in that city. Dr. Stone's appropriate remarks were received with applause from the House of Delegates, indicating that the invitation from Cleveland will probably be given favorable consideration at the New Orleans meeting.

A number of important resolutions were adopted by the House of Delgates following considerable debate and thorough consideration.

One presented by Dr. H. H. Shoulders of Tennessee and adopted, requested the Congress of the United States and the American Legion to abandon the policy of rendering hospital and medical benefits to veterans of the World War with non-service connected disability, and to substitute a plan of disability insurance benefits to be paid veterans upon satisfactory proof of disability and to be administered by the Veterans' Bureau.

Among other resolutions adopted was one calling for a survey by the Council on Medical Education and Hospitals of the A.M.A. of discrimination in various foreign countries against graduates of American medical colleges on the question of reciprocity; one creating a commission within the American Medical Association to study the question of specialization and define the qualifications required of the physician who desires to limit his practice to a special field; one establishing a permanent committee on legislation to cooperate with the Board of Trustees and the Bureau of Legal Medicine and Legislation of the A.M.A. in the handling of legislative matters at Washington or any state capital, and one reaffirming the stand of the Association that it is the one body in organized medicine entitled to speak for the vast majority of physicians of the country.

Detailed information on the proceedings of the House of Delegates will be found in issues of the *Journal* of the American Medical Association published subsequent to the close of the Philadelphia meeting. Those articles, minutes and comments will be of interest to every member.

According to the registration records, Ohio physicians in attendance were:

REGISTRATION

Akron: (13) T. H. Boughton, J. M. Canter, P. A. Davis, Wm. D. Lyon, W. E. McCorkle, J. S. Millard, M. M. Miller, Harvey H. Musser, U. D. Seidel, Carl R. Steinke, E. V. Thiehoff, Joseph M. Ulrich, Louis A. Witzeman.

Canton: (13) J. P. DeWitt, Emerson Gillespie, George B. Hansel, G. A. Kelley, W. A. McConkey, E. O. Morrow, Charles O. Paradis, H. M Schuffell, L. D. Stoner, H. V. Weaver, H. Welland, George F. Zinninger, Pauline Zinninger.

Cincinnati: (56) E. Asbury, Mary Knight Asbury, Albert J. Bell, Ruth G. Bernheim, Clarence W. Betzner, Mark E. Bowles, Foster J. Boyd, W. L. Brodberger, Albert L. Brown, Samuel Brown, William Brueggeman, John A. Caldwell, Robert Carothers, R. B. Cofield, Stephen E. Cone, Louis Feid, Jr., Nancy E. Finney, Joseph A. Freiberg, Alfred Friedlander, C. Frederich, C. J. Gamble, Otto P. Geier, Carmel A. Gerson, Samuel Goldblatt, Ralph W. Good, Henry M. Goodyear, J. Victor Greenebaum, Albert L. Haas, Chas. E. Hauser, Louis G. Heyn, Chas. E. Howard, Samuel Iglauer, C. E. Kiely, W. W. Klement, Arthur L. Knight, Carey McCord, A. Graeme Mitchell, Roger S. Morris, M. S. Muskat, T. A. Ratliff, Helena T. Ratterman, Horace Reid, Moses Salzer, Henry A. Springer, H. L. Stitt, Walter H. Stix, K. L. Stoll, Emil R. Swepston, Elmore B. Tauber, Derrick T. Vail, Jr., Alphonse R. Vonderahe, A. M. Wigser, C. E. Wooding, Mendel Zeligs, M. M. Zinninger, Karl G. Zwick.

Cleveland: (50) Herman S. Applebaum, George I. Bauman, A. J. Beams, Claude S. Beck, Samuel S. Berger, Edward J. Braun, Myer Brody, J. L. Bubis, Wm. D. Chamberlin, Milton B. Cohen, H. N. Cole, Geo. W. Crile, H. F. DeWolf, James A. Dickson, R. S. Dinsmore, James A. Doull, S. Englander, Warren C. Fargo, Joseph Fetterman, Geo. Edw. Follansbee, W. James Gardner, H. J. Gerstenberger, Maxwell Harbin, Charles C. Higgins, Russell L. Hoden, L .F. Huffman, Thomas E. Jones, Benjamin S. Kline, Howard T. Karsner, Charlotte E. Kusta, E. P. McCullagh, Wm. V. Mullin, E. W. Netherton, John W. Osmond, Wm. H. Phillips, Lawrence A. Pomeroy, U. V. Portmann, John E. Rauschkolb, Jack A. Rudolph, A. D. Ruedemann, A. G. Schlink, H. A. Schlink, Bradford C. Scudder, Edward L. Sherrer, Otis F. Simonds, Chas. W. Stone, J. J. Thomas, Carl J. Wiggers, Ivan I. Yoder, Irwin E. Yoelson.

Columbus: (23) A. A. Ahn, Shirley Armstrong, H. C. Beach, C. I. Britt, E. H. Chapin, Andre Crotti, F. T. Gallen, Emilie C. Gorrell, E. R. Hayhurst, Arthur G. Helmick, Roy E. Krigbaum, C. W. McGavran, Robert W. Nosker, Joseph Price, Edward Reinert, Chas. J. Shepard, Clayton S. Smith, Carl L. Spohr, G. A. Sulzer, Wells Teachnor, Sr., Erwin W. Troutman, J. H. J. Upham, H. L. Reinhart.

Dayton: (13) Sterling H. Ashmun, L. G. Bowers, A. B. Brower, Homer D. Cassel, M. E. Coy, Howard V. Dutrow, Wm. A. Ewing, J. A. Judy, J. Grant Marthens, Benedict Olch, F. C. Payne, Lydia L. Poage, Henry Snow.

Toledo: (17) A. L. Bershon, Lyman A. Brewer, Karl D. Figley, John Gardiner, Stanley D. Giffen, E. B. Gillette, C. E. Hufford, Charles Lukens, Louis A. Miller, John T. Murphy, Leonard Nippe, Clarence S. Ordway, Howard J. Parkhurst, B. S. Steinberg, Reynold A. Tank, C. W. Waggoner, Henry Lee Wenner, Jr.

Youngstown: (17) Edgar C. Baker, H. U. Buchanan, W. Stanley Curtis, Morris Deitchman, Wm. H. Evans, Edward C. Goldcamp, Sol M. Hartzell, J. Paul Harvey, John E. L. Keyes, Sidney McCurdy, James B. Nelson, Dean Nesbit, R. B. Poling, Colin M. Reed, Joseph A. Tuta, O. J. Walker, Hermon S. Zeve.

Miscellaneous: (85) George L. King, Jr., Alliance; Donald D. Forward, Ashtabula; Ellis C. Cope, Barton; T. H. Copeland, Bedford; H. E. Gibson, Blanchester; A. B. Headley, Cambridge; George F. Swan, Cambridge; C. D. Slagle, Centerville; Howard Jones, Circleville; Herbert W. Kendell, Covington; Ralph W. Holmes, Chilli-

cothe; Wm. E. Borden, Delaware; Wm. B. Hubbell, Elyria; Herman C. Stevens, Elyria; W. F. Moss, Foster; N. A. Hamilton, Franklin; James L. Curtin, Fremont; Ella G. Lupton, Gallipolis; Daniel R. Barr, Grand Rapids; O. P. Wolverton, Greenville; L. H. Hayhurst, Greenwich; J. C. Larkin, Hillsboro; Anne D. Marting, Ironton; W. F. Marting, Ironton; A. G. Cranch, Lakewood; C. Lee Graber, Lakewood; Robert J. May, Lakewood; Forrest W. Merica, Lakewood; Ralph H. Smith, Lancaster; L. E. Stenger, Lancaster; W. D. Hickey, Leipsic; O. S. Steiner, Lima; E. L. Crum, Lodi; J. C. Vance, Lowellville; Stanley C. Schiller, Mansfield; Joel D. Holston, Massillon; R. J. Pumphrey, Massillon; R. L. Mansell, Medina; H. E. Corl, Middlebranch; Mabel E. Gardner, Middletown; F. A. Lutz, Mt. Sterling; James F. Lee, Mt. Vernon; Julius Shamansky, Mt. Vernon; H. W. Wertz, Montpelier; W. E. Boyer, Newark; Charles J. Miller, New Philadelphia; A. C. Delaplane, Orrville; Benjamin S. Park, Painesville; G. C. Radcliffe, Peninsula; D. A. Berndt, Portsmouth; C. M. Fitch, Portsmouth; J. W. Fitch, Portsmouth; A. P. Hunt, Portsmouth; Herbert M. Keil, Portsmouth; G. E. Neff, Portsmouth.

C. F. Talley, Powell; Bernard H. Nichols, Ravenna; L. A. Woolf, Ravenna; Rolin D. Worden, Ravenna; H. L. Fiscus, Reinersville; Sterling W. Obenour, Roseville; Carl H. Reuter, Springfield; J. E. Miller, Steubenville; S. J. Podlewski, Steubenville; Albert H. Weinstein, Steubenville; A. P. Ormond, Stow; Paul J. Leahy, Tiffin; Edwards H. Porter, Tiffin; Roy E. Brown, Washington C. H.; Wm. H. Maddox, Wauseon; O. T. Sproull, West Union; Ray Vaughen, West Union; Jennings M. King, Wellsville; Earl F. Limbach, Willard; Robert Conard, Wilmington; Lyman A. Adair, Wooster; John W. Irvin, Wooster; J. Ross Jameson, Wooster; Alonzo C. Smith, Wooster; Ben R. McClellan, Xenia; L. L. Taylor, Yellow Springs; E. R. Brush, Zanesville; C. U. Hanna, Zanesville; W. A. Melick, Zanesville; H. T. Sutton, Zanesville.

Recent Court Decisions and Attorney General Opinions on Workmen's Compensation, Medical Fees, Vaccinations and Feeble Minded Committments

An interesting decision relative to the power of the State Industrial Commission in awarding compensation for medical and other services in excess of $200; whether or not sanatoriums and hospitals are in the same class under the terms of the Workmen's Compensation Law, and whether an applicant for compensation from the state insurance fund may select the places for his cure and the instrumentalities to effect it, was handed down recently by the Ohio Supreme Court in the case of Industrial Commission of Ohio v. Klaff.

Klaff, the defendant in error, following an injury in 1924, filed an application with the State Industrial Commission for compensation and medical expenses. He was not disabled for more than one week and medical expenses amounting to $9 were paid by the Commission.

That same year Klaff developed tuberculosis, according to testimony submitted at the hearing in common pleas court. In 1929, more than four years after his injury, he filed a supplemental application with the Commission for the allowance of compensation "by reason of his permanent and total disability" since the date of the former hearing. It was contended that while lifting heavy steel rails he suffered an injury to the tissues of his body which induced and developed tuberculosis. The Commission denied his application. The case was taken on appeal to the common pleas court which awarded Klaff compensation in the sum of $15.33 per week for life and compensation for the further sum of $3,000 which he claimed to have spent for medical, nurse and hospital services and medicines. The Commission prosecuted error to the court of appeals which affirmed the judgment of the trial court. On a motion to certify, the case was taken to the Supreme Court for disposal.

The bill for expenses submitted by Klaff included $590 for doctors' bills; $780 for drugs; $325 for sanitorium expense at Phoenix, Arizona; and items of $600 and $720 for expenses at two sanitoria in Albuquerque, New Mexico.

The Commission sought a reversal upon two grounds: (1) That there is no evidence tending to show that the accidental injury caused or had any relation to the tuberculosis which afterward developed. (2) That the judgment for $3,000 for medical and hospital expense, etc., was contrary to law.

On the first point, the Supreme Court made no decision, permitting the judgment of the lower courts to stand, on the ground that "those issues were presented by the court to the jury and were found in the plaintiff's favor; and a majority of this court do not feel inclined to reverse the case upon the ground that the plaintiff offered insufficient evidence to support that issue".

However, the judgment of the trial court relative to compensation for medical expenses, etc., was ordered modified by the Supreme Court which reduced the sum of $3,000 to $200.

Sections of the Workmen's Compensation Law which give to the State Industrial Commission the sole power of fixing the amount of compensation that shall be paid for medical, hospital, nursing services, etc., were cited by the court and emphasis placed on the provisions of the law which require unanimous approval of the Commission for medical bills exceeding $200 and which give the Commission full power to adopt rules and regulations with respect to furnishing

medical, nurse and hospital service and medicine to injured employes.

Relative to the medical services and treatments which the claimant declared he received, the Supreme Court said:

"Lexicographers recognize a distinction between 'hospitals' and 'sanatoriums'. The statute prescribes that hospital services may be disbursed from the fund, but it is silent in respect to sanatorium treatment. Modern medical science and boards of public health, both national and state, strongly recommend that tubercular diseases be treated in home localities. Our own state board of public health has issued a circular entitled 'If You Have Tuberculosis Get Well in Ohio'. * * *

"Were we to adopt the contention that the defendant in error advances it would lead into a situation where, as in this case, an applicant could select the places for his cure and the instrumentalities to effect it. If he can go to Arizona and twice to New Mexico, why may he not select Florida, or any other state, domestic or foreign, for a like purpose? In oral argument the applicant's counsel claimed that his client can continue to select future places and instrumentalities for the cure of his disease. We do not feel inclined to so construe the statute as to permit future depletions of the state fund without the authority or control of the Commission which has the fund in charge. This court is of the opinion that the trial court erred in awarding the claimant, as additional compensation, the sum of $3,000, or any sum in excess of $200."

* * * *

Attorney General Gilbert Bettman in a recent opinion interpreted the statutes governing the payment of compensation for the vaccination of indigent school children and the payment of compensation for medical services rendered indigents.

The opinion was given at the request of a prosecuting attorney of a Northwestern Ohio county where, due to a number of cases of smallpox, the board of education ordered that children either be vaccinated or be kept out of the schools. A number of children from indigent parents were vaccinated by local physicians and the physicians presented their bills for the services to the township trustees in some cases and to the board of education in other cases. The trustees and the board of education both rejected the bills, each contending that the other was responsible for payment.

In his opinion, Attorney General Bettman cited Section 7686 of the General Code, and stated:

"The foregoing section requires that a board of education make an application to the board of township trustees for means of smallpox vaccination before such cost may be charged against the township. Since there appears to have been no application, I do not believe that under the above section the township trustees, in the instant case, are chargeable for services of a doctor for smallpox vaccination. If an application was made to the township trustees, they might have contracted for one doctor to furnish such vaccination for a cost much less to the township than the cost of services of individual doctors."

Going further into an interpretation of the statutes relative to poor relief by townships, Mr. Bettman cited Section 3480, G.C., and declared:

"It is noted that this section requires a notice of the furnishing of medical relief to be given to the township within three days after the rendition of the services, and it is my opinion that if such notice was not given, the township trustees are not liable for such medical services. * * *

"I am therefore of the opinion:

"(1). Under Section 7668, General Code, application must be made to the trustees of a township by a board of education for the means of smallpox vaccination for indigent school children in order to charge the trustees for the expense thereof.

"(2). Under Section 3480, General Code, relative to poor relief, application for the payment of medical services rendered indigent poor must be made within three days after such service is rendered to the trustees of the township in order to charge the township trustees with the duty of allowing a claim therefor in such amount as they deem just and reasonable."

* * * *

Another opinion handed down recently by the attorney general, holds that the probate court, under the provisions of Section 1895, General Code, may designate the board of state charities to care for a child which has been committed to the institution for the feeble-minded, when by reason of the incapacity of such institution such child cannot be received and that in such cases the expense of maintaining the child until its reception in the institution shall be charged against the county.

Mental Patients in General Hospitals

The movement for the care and treatment of mental patients in general hospitals in the United States has made marked progress during the past decade, according to a survey by The National Committee for Mental Hygiene.

Questionnaires were sent to some 600 hospitals. Of the 421 hospitals that replied, 122 reported special facilities; 17 reported incidental services; and a total of 3,298 beds for mental patients was reported by 53 of the 56 hospitals that have special wards.

Fifty-six of the 122 hospitals reporting special facilities for mental patients have special mental wards. Ninety-seven of the 122 reported clinics. Thirty-one of the 122 reported both wards and clinics. Twenty-five of the 122 reported wards only. Sixty-six of the 122 reported clinics only.

Large Class of Applicants Take June Examinations Before Medical Board - - - The Questions Asked

Three hundred and seventy-six persons took the semi-annual examinations given by the State Medical Board at Columbus, June 2, 3 and 4.

While this was not a record number to be examined, it was one of the largest classes ever to appear before the Board for licenses.

Those who took the examinations for licenses to practice medicine and surgery numbered 228. Of this number 189 were graduates of Ohio medical schools and 39 were graduates of medical schools from other states.

In addition the following took examinations for licenses in their respective fields of practice: 28 osteopaths; 20 chiropractors; 7 cosmetic therapists; 4 mechanotheropists; 10 electrotherapists; 51 chiropodists and 28 masseurs.

Grades will be announced at the next regular meeting of the Board on July 7.

Questions asked the medical and surgical applicants in the written examinations follow:

MATERIA MEDICA

1. Explain the diuretic action of digitalis; the preparation to be used, and give dose.
2. Give the dose, mode of administration and indication for use of phenobarbital.
3. What is the source of ephedrin? Discuss its action on blood vessels and on bronchial muscle tissue.
4. Name two remedies which may be employed to increase blood clotting. Describe manner of use.
5. Give dosage, physiological action and indication for use of hyoscine hydrobromide.
6. Enumerate the poisonous effects produced by an overdose of camphor.
7. Give the dose and state the early symptoms of the beginning of intoxication by potassium iodide, digitalis, and quinine sulphate.
8. Give the symptoms, signs and treatment of insulin shock.
9. Name the official mercurial preparations employed in medical practice orally, giving action and dosage.
10. How does the administration of morphine with atropine facilitate anesthesia?

SURGERY

1. How would you treat a case of fracture of the symphysis pubis with rupture of the urethra?
2. Give in detail the results of a severance of the facial nerve outside of the skull.
3. Name four conditions with which aneurysm may be confused.
4. Name indications for ligation of common carotid artery.
5. Give symptoms and post operative treatment of ano-rectal fistula.
6. Name the possible causes of Postoperative Pulmonary Atelectasis. Give treatment both prophylactic and active.
7. A patient enters the hospital vomiting and suffering with acute colicky intermittent abdominal pain; temperature elevation is nil—pulse rapid—leukocyte count ten thousand—abdomen slightly distended and tender to palpation—the appendix had been removed at a previous operation; how would you proceed to make a diagnosis? What other signs and symptoms would you expect to find as proof of your diagnosis?
8. A man comes to you with the history of stepping off of a moving train, alighting on the ball of the right foot, he is seized with a sudden sharp pain in the calf of the leg, he is unable to walk but is able to stand comfortably if the heel of his shoe is elevated one inch, there is swelling and tenderness at the middle third posteriorly; state what occurred. Outline treatment.
9. A farmer (55 years of age) comes to you suffering with gangrene of the foot, what examinations would you make to arrive at the type of the malady? Outline the treatment for one type of gangrene.
10. Name and give reasons for your choice of anesthesia in operations for:
    (a) Brain Tumor
    (b) Costatectomy
    (c) Amputation of leg.

PRACTICE

1. Describe a case of well marked cardiac decompensation and give treatment.
2. Define and explain the following terms:
   Auricular fibrillation, heart block, paroxysmal tachycardia, extra systole and cardiac flutter.
3. Give the symptoms and treatment of pernicious anemia.
4. Discuss a case of lobar pneumonia with respirations 40, temperature 103°, pulse 148, finger nails bluish, alae nasi moving with respiration, systolic pressure 126 and diastolic 90; give treatment.
5. In a child who has had a chill or convulsion followed by fever, retraction of head on neck, positive Kernig's sign, what would you suspect, how verify diagnosis and what would be your treatment?
6. A patient who has a history of epigastric pain relieved by food, has a sudden attack of abdominal pain followed by collapse and the passage of black stools, what is the probable diagnosis and give treatment (a) immediate (b) subsequent.
7. Give the manifestations of chorea in a child of 8 years with possible complications. Give treatment.
8. Give the symptoms and prognosis of dementia praecox.
9. A child has a rather mild case of scarlet fever; the rash fades desquamation occurs, but the child appears pale, apathetic, has no appetite yet appears plumper than formerly. What should you suspect? How verify the diagnosis and give treatment?
10. A woman 50 years develops a pain in her chest, cough, occasionally bloody sputum, signs of fluid in pleural cavity on one side. On physical examination you note median scar of abdominal operation. What diagnosis is suggested, how verify and give treatment (if any)?

OBSTETRICS

1. Enumerate the more common causes of postpartum hemorrhage and describe the treatment of one.
2. Discuss the treatment of incomplete infected abortion with severe hemorrhage.
3. What are the factors that make up the expulsive forces of labor and how are they controlled?
4. If called at the outset of labor and you find a brow presentation, how would you manage same?
5. When would it be advisable to do a podalic version and when is the use of forceps justified?

DIAGNOSIS

1. Give the usual range of leukocyte count and differential features in:
    (a) Rutpured ectopic pregnancy
    (b) Typhoid Fever
    (c) Lobar Pneumonia.
2. Differentiate the following types of Jaundice:
    (a) The onset of which is a slow—persistent—deepening painless one, with a facial color of a brownish mahogany hue, attended with a dilated gall bladder
    (b) A jaundice that fades and deepens
    (c) An acute fixed jaundice.
3. Give the signs and symptoms of a new born babe suffering with brain trauma. Discuss the prognosis.
4. Give the etiology and physical signs of pericarditis with effusion.
5. Upon what evidence would you render a diagnosis of spinal cord tumor at the tenth dorsal vertebrae?
6. Detail fully the physical signs presented in acute osteomyelitis of the femur in a child.
7. Differentiate between undulant and hepatic fever.
8. If you were called to see a female patient who had been found unconscious on the floor of her home, how would you proceed to arrive at a diagnosis?
9. Make a differentiation between varicella and herpes zoster.
10. Evaluate the differential points of diagnosis in a forward dislocation of the lower end of the tibia (a) on the astragalus (b) on the oscalcis.

SPECIALTIES

1. What blood vessels may be involved in a severe epistaxis?
2. Name all diseases that may attack the maxillary antrum.
3. Give the anatomical divisions of the nose and tell what empties into each.
4. Name the extra-cranial, cranial and intra-cranial sequelae of middle ear abscess.
5. How would you find the opening of the eustachian tube to pass a catheter?

ANATOMY

1. Give function, origin and distribution of the phrenic nerve.
2. Locate the arch of the aorta. Give origin, distribution and name the branches.
3. Describe the pulmonary veins.
4. Describe the palmar fascia. What is the function? Name attachments.
5. Name the bones that contribute to the formation of the orbital cavities.

CHEMISTRY

1. (a) Give the amount of normal urine voided by an adult in 24 hours. (b) What bodily conditions cause an increase or decrease in elimination of urine? (c) Name five important reagents for examination of urine and give reason for selection.
2. What chemical tests would suggest the presence or absence of gastric carcinoma?
3. Name the two oxides of carbon and give the effect of each on animal life.
4. Describe oxidation and give example and chemical process.
5. What is H g I_2? Give synonym and properties.

BACTERIOLOGY, PATHOLOGY AND HYGIENE

1. What are the important blood chemistry findings in diabetes and nephritis?
2. What is meant by basal metabolic rate and what do excessive plus and minus variations indicate?
3. What is meant by agglutination test? Name four diseases in which this means of diagnosis is employed.
4. What is meant by aerobic and anaerobic bacteria? Name two examples of each and the diseases they produce.
5. What are the pathologic findings in—
   (a) colloid goitre
   (b) parenchymatous goitre
   (c) adenomatous goitre.
6. What is the reaction of the tissues to the presence of the tubercle bacillus and what changes follow in—(a) recovery, (b) non-recovery?
7. What is the pathology of an "enlarged" prostate and name some of the pathologic results.
8. What are the dangers of illicit spiritous liquors?
9. Discuss the dangers to health in occupations such as glass-grinding, sand-blast working and painting.
10. Discuss the community health dangers which might arise as in the recent drought and give precautionary measures which should be instituted under such conditions.

PHYSIOLOGY

1. Describe the immediate and late effects of a severe hemorrhage upon the quantity, composition and physical characteristics of the blood.
2. Why does the pancreas secrete after a meal?
3. Give the evidence indicating the existence of cerebral centers for speech in man and indicate their location.
4. By what mechanism is the sugar percentage of the blood controlled in man?
5. Discuss the metabolic changes occurring in a muscle during contraction and indicate their probable relationship to the mechanical changes. Is there evidence that the metabolism due to previous work is continued after the muscle is at rest?
6. In the case of each of the following statements if you agree, write YES; if you disagree, write NO.
   (a) The vagus stimulates the heart
   (b) The intestinal juice does not contain secretion
   (c) Stimulation of the oculomotor nerve constricts the pupil
   (d) Epinephrin increases blood sugar
   (e) Bile contains lipase
   (f) The refractive power of the eye is increased by contraction of the sphincter iridis
   (g) A rise of arterial pressure accelerates the heart-rate
   (h) Acceleration of the heart rate raises arterial pressure
   (i) Removal of the para-thyroids decreases blood calcium
   (j) A visual after image of a blue object is blue
   (k) Removal of the thyroid gland increases the metabolic rate
   (l) Fibrinogen is formed in the bone marrow
   (m) The knee jerk is a reflex
   (n) When viewing distant objects the pupil dilates
   (o) Hunger contractions involve the fundus of the stomach.
7. Explain the non-pulsatile character of the blood flow in veins.
8. In what way would you test and measure the efficiency of the cardiovascular system?
9. Discuss the characteristics, functions and origin of cerebrospinal fluid.
10. Explain the factors involved in the production of thirst.

MATERIA MEDICA (Homeopathic)

1. Describe the symptom that would lead you to give Kali Bichromium in cough.
2. What urinary symptoms call for Benzoic acid?
3. Does Natrum Mur. affect the nutrition? If so, how?
4. When would you give Silicea in middle ear disease?
5. What changes are made in the portal circulation by sulphur?
6. What is the action of phosphorus on the nervous system?
7. Describe the changes that are made in the heart by digitalis?
8. Describe the mucous secretion that you find would need Kali Sulph.
9. Name skin symptoms of Rhus Tox.
10. What changes are made in the intestinal tract by veratrum album?

Ohio Public Health Association Holds Annual Meeting

Annual meeting of the Ohio Public Health Association was held Thursday, June 4, at the Deshler-Wallick Hotel, Columbus, with about 75 persons in attendance.

Following the report of the Christmas Seal Sale Committee, made by John W. Bricker, Columbus, Dr. J. W. Wilce reported for the resolutions committee.

Resolutions adopted included an expression of sympathy relative to the death of Probate Judge J. B. Coonrod, Fremont, a member of the board of trustees of the Association; an expression of appreciation to the finance committees of the House and Senate of the State Legislature for appropriations for improvements at the State Tuberculosis Sanatorium at Mt. Vernon; a reiteration of the proposal by the association in favor of selection of the state director of health by the Ohio Public Health Council instead of his appointment by the governor; expressing approval of the proposed state welfare bond issue; urging local public health agencies to demand adequate funds for carrying on local public health work, and requesting members of the association to impress upon members of the State Legislature the need for adequate finances for the State Department of Health.

Professor J. E. Hagerty reported for the nominating committee and its slate of candidates for officers, members of the executive committee and board of trustees was adopted. The following were elected:

President, (re-elected), Dr. Kennon Dunham, Cincinnati; vice president, Mrs. A. B. Sharp, Steubenville; vice president, Mrs. James K. Lyman, Mt. Vernon; secretary, Dr. J. W. Wilce, Columbus.

Members of executive committee, exclusive of the officers: Professor J. E. Hagerty, Columbus; W. H. Dittoe, Youngstown; Dr. John E. Monger, Columbus; Dr. Robert H. Bishop, Cleveland; Dr. F. G. Barr, Dayton; Dr. F. C. Anderson, Mt. Vernon; Dr. E. R. Hiatt, Troy, and William J. Wolf, Hamilton. The Executive Secretary is Robert G. Paterson, P.H.D, Columbus.

Officers to be appointed by the executive committee: Treasurer, Thomas H. Dickson, Colum-

bus; auditor, Charles L. LaMonte, Columbus; counsel, John W. Bricker, Columbus.

Members of the Board of Trustees:

Representatives of local affiliated organizations: Mrs. Samuel L. Black, Columbus; Dr. Kennon Dunham, Cincinnati; Mrs. N. R. Fish, Shelby; Rev. J. Knox Montgomery, New Concord; Mrs. Henry Henz, Urbana; Dr. B. M. Tower, Conneaut; Paul H. Sprow, Milan; Dr. John Franklin, Chillicothe, and J. H. Forsythe, Granville.

Representatives of special health committees: Dr. John P. Murphy, Toledo; Dr. Richard A. Bolt, Cleveland; Dr. E. F. McCampbell, Columbus; Miss Anna M. Drake, Cincinnati; Dr. Foster A. Myers, Toledo; Sol Frieberg, Cincinnati; Dr. D. P. Snyder, DDS., Columbus, and Dr. Thomas A. Ratliff, Cincinnati.

Representatives at large: William J. Wolf, Hamilton; Dr. Warren C. Breidenbach, Dayton; Charles L. LaMonte, Columbus; Professor C. C. Stillman, Columbus; Dr. Harry F. Rapp, Portsmouth; William G. Hoffer, Willshire; Mrs. S. C. Frantz,(DeGraff, and Mrs. J. S. Steiner, Bluffton.

Progress on a health survey being conducted for the association from a financial grant from the Commonwealth Fund, was reported by Dr. Carl E. Buck and Homer H. Calver, members of the staff making the survey.

Medical Board and Industrial Commission Appointments

Previous to adjournment late in June, the Ohio Senate confirmed a number of appointments made by Governor White, including one to the State Medical Board and one to the State Industrial Commission.

Dr. Lee Humphry, Malta, was appointed to succeed himself as a member of the State Medical Board for a term ending March 18, 1938.

Dr. Humphrey has served three terms of seven years each on the Board, his initial appointment to that office having been made in 1910.

Thomas M. Gregory, Cincinnati, was appointed to succeed himself as a member of the State Industrial Commission for a term of six years ending June 30, 1937. Mr. Gregory is a former state senator from Hamilton County, former assistant Secretary of State and has completed one term of six years on the Industrial Commission.

No drug which will cure diabetes is known, although insulin is recognized as an effective treatment, and the public should not rely on claims made by manufacturers of nostrums, Dr. J. J. Durrett, chief of drug control, Federal Food and Drug Administration, said in a statement made public by the Department of Agriculture.

Write Legibly When Communicating with Ohio Industrial Commission!

Some unnecessary delay in handling the fee bills of physicians and in the final settlement of claims before the State Industrial Commission has occurred, according to a recent statement issued by the Commission, because of the inability of clerks in that department to decipher the signatures of physicians to fee bills and other documents submitted to the Commission.

In a recent letter mailed to the physicians of Ohio, G. L. Coffinberry, auditor-statistician of the Division of Workmen's Compensation, points out how illegible signatures of physicians slows up the routine of the department and solicits the cooperation of members of the medical profession in helping to make the work of the department more efficient.

Mr. Coffinberry's letter follows:

"*Dear Doctor:*

"It frequently occurs that the signature of the attending physician is so written as to make it extremely difficult, if not altogether impossible, for the clerks who look after the payment of doctor bills to determine the name.

"For years this department has been compelled to purchase at considerable expense medical directories, as a result of the failure of some physicians to write their names plainly. The procedure has been, in cases where the physician's name was illegibly written, to examine the list of physicians given in the directory for the town in which the injury occurs. This in itself involves a great deal of unnecessary labor, and does not always insure the correct name being set down for the benefit of the typists who make up our record and who write the checks. These directories receive such constant use that at the present time some of those of the latest issue are so worn soiled and torn as to be of no use. We are unable at this time to obtain any more of these directories. None will be available until sometime in July, 1931, at which time a new directory will be issued. In the meantime, we are making the remaining directories which we have on hand take care of the situation. This shortness of directories adds further difficulties to the situation.

"It frequently occurs that a typist who is engaged in the work mentioned thinks that she can decipher the physician's name. The clerks verifying the checks with the claim sheets often find that the name has been incorrectly written. This not only requires the work to be done over again, but causes considerable delay in the getting out of checks. The delay is greater since we have run short of directories.

"These difficulties will be avoided if each physician will, in addition to signing the bill or report, place a rubber stamp imprint of his name (and address) on the sheet under the signature. If no rubber stamp is at the time available, the name should be written out in print characters. We ask that you give us your cooperation in this matter.

"It will be our rule in the future that where a physician's name is illegible and no stamp or printed name appears, such bills will not be allowed to hold up the bills of physicians who cooperate with us as suggested herein, but will be laid aside until such time as conditions will permit a directory search without delay to other work.

"May we count on your cooperation in this matter?"

The Doctors Orchestra of Akron Establishes Unique Record



Those who attended the first concert by the Doctors Orchestra of Akron, given in Columbus in May, 1927, during the annual meeting of the Ohio State Medical Association, will be interested to learn that on June 7, at Springfield Lake Sanatorium, it gave its 32nd concert which closes the fifth season.

When heard in Columbus the Orchestra had been in existence but five months. Since that time it has improved until it is now rated as one of the best non professional orchestras in Ohio. Membership is limited to physicians, dentists, medical and dental students with a few members of physicians families. The medical-dental rule is maintained with only a few exceptions in the case of instruments which have not been obtainable in the professions and which are necessary for the proper rendering of the high grade music played by the Orchestra.

In spite of this restriction the membership includes present or ex-members of the Chicago, Toronto and Akron Symphony Orchestras and Sousa's, Akron Masonic, Akron Shrine, 8th Ohio Regt., 322nd U. S. Field Art., Ohio State University, Victoria Rifles of Canada bands and all holding doctor's degrees.

During its five years the Orchestra has given concerts for Ohio State Medical Association, Ohio Eclectic Medical Association, Summit County Medical and Dental Societies, Akron Alumni Nurses, one broadcast over WFJC and for the following hospitals—Akron City, Peoples, Children's, St. Thomas, Barberton Citizens, Springfield Sanatorium, and Linden Hall in Chagrin Falls.

The Orchestra started with 11 members which at the concert in Columbus in 1927 had grown to 21. Today there are 35 with an instrumentation of 9 violins mandolin, 2 violas, 4 violincellos, bass, piano, 2 flutes, 2 clarinets, bass clarinet, bassoon, saxaphone, 3 trumpets, horn, 2 trombones tuba, 2 drummers.

The sixth season will begin in September and the first concert will be given at the annual meeting of the Summit County Medical Society December 1. Dr. A. S. McCormick, Secretary of the Summit County Medical Society is the organizer and director of the orchestra.

The accompanying photograph was taken at practice in April.

Summary of Occupational Disease Reports Filed with Industrial Commission

A statistical summary of occupational disease claims filed with the State Industrial Commission during 1927, 1928 and 1929, made by the Division of Safety and Hygiene of the State Department of Industrial Relations, shows that during that period a total of 3229 occupational disease claims were filed, of which 2668 were found to be compensable.

This total includes 70 fatal claims, of which 52 were not compensable. Of the compensable death claims, 15 were found due to lead poisoning, one to brass or zinc, one to benzol poisoning and one to poisoning by one of the petroleum products.

Diseases of the skin headed the list of claims filed, there being 2060 in this group. In the skin disease group there were only 793 claims where the disability was for more than seven days, meaning that in more than 61 per cent of the claims filed for skin diseases there was no compensable disability. The total number of days lost through skin diseases was 39,020.

The summary shows that there were 89 claims for disability due to working in compressed air. The total number of days lost from this cause was 266.

There were 450 claims filed under the heading of mineral poisonings, 9 attributed to brass or zinc and 441, with 15 fatal, attributed to lead poisoning. The total number of days lost for lead poisoning cases was 124,196.

Twenty-six cases of tenosynovitis and prepatellar bursitis—added to the occupational disease list in July, 1929—were filed and found compensable, 12 for the former and 14 for the latter. The total number of days lost from these two causes was 671.

Of the 561 claims which were filed for conditions not compensable, 61 were for tuberculosis, 15 for asthma, 33 for bronchitis, 52 for various poisonings, 44 for various infectious or contagious diseases, 148 for various inflammatory conditions, 25 for neuritis and 8 for circulatory diseases.

A financial summary shows that a total compensation cost of $278,515 or an average of $104 for each compensable claim, including the 18 death claims. The total medical cost was $87,614 or an average of $32 for each compensable claim.

Your Suggestions Are Solicited on Annual Meeting Program Set-Up

Due to the cooperation and earnest efforts of the officers of the various scientific sections of the State Association; the studious work of the essayists and discussants, and the judgment exercised by the program committee of the Council, attractive and informative programs always have been provided for the annual meetings of the State Association.

The program presented each year at the annual gathering of Ohio physicians has measured up in every way to that offered at similar meetings of physicians anywhere in the country.

However, it is the belief of some members of the State Association who have given the question of annual meeting programs careful consideration and thought that there is always room for improvement, for increasing the interest of the annual meeting for the membership generally, and adding to the educational value of the program generally.

In an effort to obtain an expression of sentiment, and suggestions and comments regarding the possible re-arrangement of the usual schedule and division of the program for the annual meeting, and for improvements in the program generally, Dr. D. C. Houser, President of the State Association, has authorized the sending of a special communication to the chairmen and secretaries (present and past) of the scientific sections, and others who have taken part in annual meeting programs for the past few years.

The communication solicits suggestions as to what procedure should be followed in drafting the program for the 1932 annual meeting.

Reference is made to the fact that it has been customary for a number of years for each of the six scientific sections to hold two sessions each; that some of these sections have made satisfactory division of their programs to appeal to the members; that an average of six to ten out-of-state speakers have been secured for general and scientific sessions, and that an effort has been made to have as many members as possible participate in the program, as essayists or discussants.

One pertinent question asked is how, if the number of section sessions should be reduced as advocated by some members, can the interest be increased without decreasing the participation in the program of a large number of members, and without lessening the value of the scientific pages of the *Ohio State Medical Journal*, the major part of the scientific material appearing in it consisting of annual meeting papers and discussions.

Also the President, members of Council and many section officers have expressed the opinion that comments from members of the Association would be of great value in deciding what changes, if any, should be made in the annual meeting program set-up.

So, every member of the State Association who has some personal opinion on possible ways to improve the program for the next annual meeting or suggestions of a general nature along this line is respectfully requested to express his views in a communication to the Executive Secretary for the consideration of the Council when it begins soon to make preliminary arrangements for the 1932 annual meeting.

Some of the major points that might be considered are:

Should there be more or fewer section sessions?

Should there be a greater number or a less number of essayists and discussants scheduled for each section session?

Should there be any major changes in the present division of the six scientific sections?

How many general sessions should be held; on what major subjects, and at what time (before, after or between the section sections)?

How many sessions of the House of Delegates should be held and at what time?

How important are motion pictures, with or without sound, and what proportion of the time for general sessions should be allotted?

Since the time and general schedule for the next annual meeting will be decided by Council within the next few weeks, *a prompt reply* from those who have any suggestions or comments *will be necessary.*

It is hoped that many members will respond to this special invitation from the officers to voice their sentiments on a most important phase of medical organization activities.

Apparatus which furnishes light without casting shadows and which automatically brings emergency lamps into service when the main source of electricity fails has just been patented in the U. S. Patent Office as a means for improving illumination where surgical operations are performed.

Notorious "Plastic Surgeon" Forced Out of Ohio Practice

Henry Junius Schireson, self-styled plastic surgeon who has had numerous charges of unprofessional, unethical and dishonest conduct brought against him, will no longer be able legally to pursue his disreputable and dangerous activities in Ohio.

At a special meeting of the State Medical Board, held in Cleveland, May 14, Schireson, through his attorneys, relinquished his right to practice medicine and surgery in Ohio and consented, in writing, that an appropriate order be entered on the records of the Board, revoking his license. Such an entry has been made, and since Schireson has no appeal to the courts due to the fact that he voluntarily surrendered his license, his career of quackery, as far as Ohio is concerned, has probably ended.

Schireson obtained a license to practice medicine and surgery in Ohio in 1911 through reciprocity from the State of Vermont. He did not practice extensively in Ohio until about two years ago when he established in Cleveland a branch office of his "American Institute for Facial Rejuvenation", the main office of which was located in Chicago. He also set up a branch at Pittsburgh, and in several other cities. As a result of his activities in Cleveland, Schireson at the present time faces damage suits filed by patients from Cleveland and vicinity, totaling $197,000, as well as numerous threats of suits.

About the time he obtained a license in Ohio, Schireson applied for a license in Illinois. After an extensive investigation which uncovered the fact that Schireson had misrepresented his educational qualifications, the State Board of Health of Illinois rejected his application. During the next eight or nine years, Schireson plied his quackery in Michigan, Pennsylvania, and several other states, and managed to keep a step ahead of authorities on most occasions, although records reveal that he served at least two short prison sentences during that period.

In 1921, the Illinois Department of Registration and Education, then under the direction of W. H. H. Miller, who later was convicted of the fraudulent sale of medical licenses, granted Schireson a license to practice medicine and surgery in that state.

In 1928, Schireson was the subject of national and international discussion when he performed an operation to straighten the bowed legs of a Detroit woman who subsequently underwent an amputation of both legs due to streptococcic infection resulting from the leg-straightening operation.

Early in 1930, following an exhaustive investigation by its medical committee, the Illinois State Department of Registration and Education revoked Schireson's license to practice in Illinois. Schireson appealed the revocation and his appeal is still pending in the Illinois courts.

On June 23, 1930, the Ohio State Medical Board through Dr. H. M. Platter, its secretary, preferred charges against Schireson, alleging gross immorality and conviction of a felony, and took steps toward revocation of his Ohio license. The action followed numerous complaints from patients Schireson had treated in Cleveland and an investigation of his activities in Ohio and elsewhere. Several continuances on a hearing of these charges before the Ohio Board were granted, in the hope of a final decision of his appeal in the Illinois courts.

However, early in April the Ohio Board concluded another chapter of its long investigation of Schireson and his practices, and decided to take immediate action against him. The original charges filed against him were amended to include "grossly unprofessional and dishonest conduct", based on three specific offenses: (1) hiring solicitors; (2) using extravagant advertising tending to deceive and defraud the public; (3) payment of commissions for business. Notice was served on Schireson that his case would be heard in Cleveland on May 14. Schireson and his counsel tried desperately to obtain another continuance but the Ohio Board refused to yield. On the day of the hearing, Schireson's attorneys appeared before the Board, and notified it that Schireson would not stand trial and would surrender his Ohio license.

The A. M. A. Exposes "Magnetic Belt" Fallacy

"Theronoid" and its little brother, "Vitrona", both first cousins to "I-on-a-co", members of magnetic belt family and among the prize money-makers in the field of quackery, have been again dissected by the Bureau of Investigation of the American Medical Association and pronounced, as was to be expected, "wholly and utterly without therapeutic value".

"Theronoid" and "Vitrona", especially the former, have been widely exploited in Ohio. A number of Ohio radio stations have permitted the broadcasting of extravagant, misleading and ridiculous claims for these products throughout the state, despite vigorous efforts on the part of the medical profession and public health departments to protect the radio public from this and similar dangerous promotional campaigns.

In the May 16, 1931, issue of *The Journal of the American Medical Association*, there appears an extensive exposition of these three newer "magic collars". On page 1693 there is published a report by the Council on Physical Therapy of the A.M.A., on "Vitrona" and "Theronoid". The scientific tests and analyses made by the council when boiled down prove conclusively but one thing—"Vitrona," "Theronoid," and other similar

magnetic belts as therapeutic agencies are good horse collars.

On page 1718-19 of *The Journal, A.M.A.*, is found a historical summary of the rise and fall of some of the "magnetic belt" devices, including the slow death of "I-on-a-co; scientific exposures of the worthlessness of "Theronoid", and the cease and desist order recently issued by the Federal Trade Commission, directing the exploiters of "Vitrona" to discontinue advertising that it would cure, or help cure, disease, or had any curative or therapeutic value.

As the *A.M.A. Journal* declared:

"It may seem like a wicked waste of scientific effort and the time of busy men to have worked on these two self-evident fakes. ("Theronoid" and "Vitrona"). Unfortunately, it sometimes becomes necessary, in the interests of the public health, to produce scientific evidence of the fact that the moon is not made of green cheese."

This report made by the A.M.A. Bureau of Investigation and the Council on Physical Therapy should make enlightening reading for those Ohio radio stations, newspapers and other agencies who have been permitting "magic belt" promoters to use them as a medium for deceiving the public.

The May 23, 1931, issue of *The Journal of the A.M.A.* (Page 1816) calls attention to the fraud order that has been issued by the U. S. government against one "Walter Limber" who has been operating an electro-chemical ring selling scheme in Ohio. The headquarters of "Limber" (whether such a person exists is doubtful) was at 227 Fourteenth Street, Toledo, a private residence abutting the rear of the property of the Electro-Chemical Ring Company, a concern against which a fraud order was issued as long ago as 1915.

The product which the old company and "Limber" sold was a ring made out of ordinary commercial iron and which was sold under the claim that wearing it would result in the cure of such conditions as Bright's disease, diabetes, epilepsy, goiter, catarrh, cancer, etc.

Dr. W. L. Layport, Cincinnati, was elected president-elect of the Ohio State Eclectic Medical Association at its recent annual meeting at Cincinnati. Dr. S. W. Mattox, Marion, succeeded Dr. Ralph B. Taylor, Columbus, as president. Other officers elected were: Dr. George Hite, Toledo, vice president; Dr. G. E. Jones, Lima, recording secretary; Dr. J. F. Holtzmuller, Forest, corresponding secretary, and Dr. F. L. Thomas, Marion, treasurer. The 1932 meeting will be held at Marion.

A new child-welfare commission has been recently appointed in Connecticut to study the child-welfare progress made in the State since the recommendations of the commission of 1921 brought about sweeping changes in methods of child care.

NEWS NOTES of OHIO

Columbus—Dr. Luther C. Peters, Philadelphia, addressed the Columbus Eye, Ear, Nose and Throat Society recently.

New Lexington—Dr. Robert B. Drury, Columbus, spoke on modern discoveries in surgery before the New Lexington Kiwanis Club.

Ironton—Dr. J. W. Lowery has been appointed county jail physician; Dr. Cosper Burton, infirmary physician; and Dr. Anne Marting, physician at the children's receiving home.

Akron—Physicians of the Akron Area, Boy Scouts of America, have pledged $4,000 to be used for construction of a medical unit at the Boy Scout camp near here. The area includes Summit, Portage, and parts of Medina and Wayne counties.

Xenia—Dr. Hugh C. Schick, formerly of Cedarville, who is now taking post-graduate work in obstetrics and pediatrics at New York City, will join the staff of the McClellan Hospital here upon completion of his course.

New Holland—A dinner honoring Dr. John B. May on his 89th birthday was given by Mrs. May and their two daughters.

Minster—In celebration of his 50th anniversary as a practicing physician, Dr. R. A. Rulmann entertained the members of the Auglaize County Medical Society at a dinner at the Minster Commercial Club.

Oberlin—Dr. R. W. Bradshaw, physician at Oberlin College, attended the National Conference on College Hygiene, held at Syracuse, New York.

Hamilton—Dr. Walter Simpson, Dayton, delivered the commencement address at the Mercy Hospital School of Nursing.

Glouster—Dr. E. LeFever is convalescing from an illness due to an ear infection.

Lima—Dr. J. V. Pace has resigned as superintendent of the Lima District Tuberculosis Hospital to become head of the Indiana State Hospital.

Middletown—Dr. Mildred White Gardiner has been appointed acting township physician succeeding the late Dr. J. G. Grafft.

Kenton—Dr. W. N. Mundy, veteran Kenton physician, recently celebrated his 71st birthday.

Attica—Dr. Sherman Cook, formerly of Creston, has become an associate of Dr. E. W. Hall of this place.

Cincinnati—A review of some of the notable achievements in scientific medicine and a brief history of some of the outstanding men in this field were given by Dr. Clifford Straehley at a recent meeting of the Buckeye Club.

Cleveland—Assistant City Law Director Malvern E. Schultz is sponsoring a move to have the county psychiatric clinic expanded to accommodate police court mental cases.

Alliance—Dr. A. H. Mayer, Alliance, was low scorer in the recent golf tournament staged by the Stark County Medical Society. Others who received prizes were: Drs. J. W. Robinson, Lisbon; W. G. Siddall, Alliance; E. Gillespie, Canton; H. J. Giles, Canton; C. B. King, Canton; C. S. Palmer, Beach City; F. S. Van Dyke, Canton; J. B. Daugherty, Canton; R. D. Shirack, Canton; Wylie Scott, Canton; O. G. Wilson, Canton; J. J. Smith, Massillon; H. N. Bowmaster, Canton, and G. M. McGeorge, Salem.

Sandusky—Dr. Lyle S. Hill was the principal speaker at a recent meeting of the local Rotary Club.

Kent—Dr. A. O. DeWeese attended the National Conference on College Hygiene at Syracuse, New York.

Dayton—Major Eugene G. Reinartz, flight surgeon at Wright Field since 1928, has been transferred to San Antonio, Texas.

Pomeroy—Dr. W. S. Ellis, Pomeroy, has been appointed health commissioner of Meigs County, succeeding Dr. Jane Nye Gilliford, resigned.

Columbus—Dr. Emory R. Hayhurst, consultant in industrial hygiene, State Department of Health, has been appointed by President Hoover as one of the six physicians to represent the United States at the Sixth International Conference on Industrial Accidents and Diseases at Geneva in August.

Mt. Gilead—Dr. Charles F. Bowen, Columbus, addressed the local Kiwanis Club.

Gallipolis—Dr. S. M. Bossard, a member of the medical staff at the Ohio Hospital for Epileptics, has been promoted to the rank of major in the Medical Officers Reserve Corps.

LaRue—At a meeting of the LaRue Business Men's Association, addresses were made by Dr. H. G. Southard, state director of health; Dr. Finley Van Orsdall, chief of the division of communicable diseases, State Department of Health; Dr. N. Sifritt, health commissioner of Marion and Marion County; Dr. G. T. Wasson, health commissioner of Crawford County; Dr. J. M. Ruckman, LaRue, and Dr. J. C. Thuma, LaRue. The meeting was in honor of Dr. Sifritt, founder of the association.

Cincinnati—Drs. Mabel Gardner, Mildred Snider and Mildred White Gardiner were hostesses at a dinner given for the members of the Cincinnati Women's Medical Club and women physicians from surrounding counties.

Gnadenhutten—Dr. William Roche has been removed to his home here from a Canton hospital where he was taken following an automobile accident near Canton.

Cincinnati—Dr. Samuel Iglauer has been appointed director of oto-laryngology at the Cincinnati Children's Hospital, succeeding the late Dr. Walter E. Murphy.

Cincinnati—Dr. V. Bradley Roberts, this city, and Miss Katherine Pogue, Maysville, Kentucky, were married at the latter city, April 25. Dr. Robert Carothers and Dr. C. L. Bonifield, Cincinnati, attended the wedding.

Cleveland—Senior prize in obstetrics at the School of Medicine, Western Reserve University, has been awarded to Edward Payson Judd, Cleveland, who received the degree of doctor of medicine at the 1931 commencement exercises. The prize is awarded each year to the senior who shows the best knowledge, theoretical and practical, of the subject of obstetrics.

Bucyrus—Dr. and Mrs. W. L. Yeomans have sailed for Vienna where they will attend the International Rotary Convention. Dr. Yeomans expects to remain in Vienna for several months for post-graduate study.

Columbus—Rev. Frank G. Fowler, pastor of the Bexley M. E. Church, has been appointed superintendent of White Cross Hospital, succeeding Dr. John G. Benson who resigned to become associate superintendent of the Methodist Episcopal Hospital in Indianapolis.

Marion—Plans for establishing a five-county tuberculosis hospital in either Marion, Hardin, Union, Logan or Delaware counties, have been deferred for at least a year, according to a joint announcement made by the commissioners of the five counties.

Cleveland—Construction work on the new tuberculosis pavilion at the Cleveland City Hospital has been started.

Dayton—Dr. Thurman H. Lautenschlager of this city was granted the degree of bachelor of laws at the annual commencement exercises held by the University of Dayton.

Cambridge—Dr. D. L. Cowden, health commissioner, addressed a meeting of township trustees and clerks, at the court house, on June 6, on "Public Health Administration".

Colonel Robert U. Patterson, Medical Corps, U. S. Army, has been promoted to the rank of major general and has succeeded Major General Merritte W. Ireland as surgeon general of the regular army. General Ireland has been retired because of age limit regulations.

The following have been licensed through reciprocity by the State Medical Board to practice medicine and surgery in Ohio: Dr. Henry Ware Newman, Cincinnati, University of Michigan, and Dr. Paolo S. Francesco, Akron, Royal University of Palermo.

RADIUM THERAPY
DEEP X-RAY THERAPY
ELECTRO COAGULATION

BEN RENICK KIRKENDALL, M.D.
EDWARD TAYLOR KIRKENDALL, M.D.

137 E. State Street, Columbus, Ohio
Or Mt. Carmel Hospital

Office Phone Adams 7656 Res. Phone Gahana, Ohio 44 F. 14

W. H. MILLER, M. D.

X-Ray

328 East State Street Columbus, Ohio

Complete Diagnosis and Therapy

Diseases of Chest
Gastro-Intestinal Tract
Genito-Urinary Tract
Gall Bladder
High Voltage X-Ray Therapy
Portable X-Ray
Electro-Coagulation
Fractures and Dislocations

PROMPT AND FULL REPORT

Deaths in Ohio

George W. Burnett, M.D., Greenville; Miami Medical College, Cincinnati, 1881; aged 81; former member of the Ohio State Medical Association; died May 8. Dr. Burnett had practiced in Darke County for 50 years. He served a number of years as a member of the city board of health, and for the past eight years had been connected with the Darke County health unit as statistician. Surviving him are his widow, two sons and a daughter.

Clarence C. Carter, M.D., Lancaster; Medical College of Ohio, Cincinnati, 1884; aged 68; member of the Ohio State Medical Association and the American Medical Association; died May 6. Dr. Carter served his internship at Cincinnati General Hospital, and was on the staff of the Columbus State Hospital for a number of years before locating in Lancaster. He is survived by two sisters.

Zenas R. Chamberlain, M.D., Walbridge; Eclectic Medical College, Cincinnati, 1903; aged 61; died May 12, at Toledo Hospital. Dr. Chamberlain had practiced in Wood County before locating in Walbridge. He is survived by his widow, one daughter, four brothers and three sisters.

Winfield S. Drake, M.D., Zanesville; Western Reserve University School of Medicine, 1882; aged 83; died May 9, of pneumonia. Dr. Drake practiced for many years in Nashport and Irville, Muskingum County, before moving to Zanesville 14 years ago. He is survived by his widow, a granddaughter, and a great grand daughter.

William J. Emery, M.D., Akron; Western Reserve University School of Medicine, 1890; aged 73; died May 3, while visiting at Euclid, Ohio. He had practiced in Akron for 50 years. His widow and two brothers survive him.

Alfred E. Fletcher, M.D., Byesville; Columbus Medical College, 1887; aged 75; died May 14, following a brief illness of pneumonia. He had practiced for more than 40 years in Byesville and Guernsey County. Surviving him are his widow, one son, Dr. Fred Fletcher, of Columbus; two sisters and one brother.

James S. Frizzell, M.D., Buena Vista; Medical College of Ohio, Cincinnati, 1880; Jefferson Medical College of Philadelphia, 1884; aged 83; member of the Ohio State Medical Association and the American Medical Association; died May 26, following a long illness. Dr. Frizzell had practiced in Buena Vista and Scioto County for 50 years. His widow and two sisters survive him.

Oscar P. Griggs, M.D., Ashtabula; Cleveland University of Medicine and Surgery, 1881; aged 80; died May 27. He practiced for a short time in Kent and Kingsville before establishing an office in Ashtabula in 1884. He is survived by his widow, two sons, one daughter and a sister.

Albert F. Klohs, M.D., Cleveland College of Physicians and Surgeons, 1906; aged 50; died May 29. He had practiced in Cleveland since his graduation. Two brothers and a sister survive him.

Joseph K. McCready, M.D., Columbus; Ohio State University College of Medicine, Columbus, 1923; aged 36; member of the Ohio State Medical Association and Fellow of the American Medical Association; died May 18 at Grant Hospital. Dr. McCready was a veteran of the World War. He is survived by his parents and three brothers.

Josiah Medberry, M.D., Columbus; Columbus Medical College, 1878; aged 78; died May 23, of pneumonia. Dr. Medberry for 30 years was professor of anatomy at Columbus Medical College, Ohio Medical University, and Starling-Ohio Medical College, retiring when the latter college became a part of Ohio State University. Surviving him are his widow, a daughter and a brother.

William Mendenhall, M.D., Trotwood; Medical College of Ohio, Cincinnati, 1891; aged 73; died May 13, following a long illness. Dr. Mendenhall started in practice in Darke county, later moving to Montgomery county. His widow and two children survive him.

Jesse P. Penberthy, M.D., Bryan; Western Reserve University School of Medicine, Cleveland, 1890; aged 63; died May 10. Dr. Penberthy had practiced in Bryan since 1905. He was formerly county coroner and County Home physician.

George T. Rankin, M.D., Akron; University of Pensylvania School of Medicine, Philadelphia, 1899; aged 56; member of the Ohio State Medical Association and Fellow of the American Medical Association; died May 9, of heart disease. Dr. Rankin, a native of Akron, had practiced in that city since his graduation. For a number of years he was chief of staff at City Hospital, and was a member of the city's staff of surgeons at the time of his death. He is survived by his widow, one brother, Dr. Fred T. Rankin, and two sisters.

Thomas M. Wright, M.D., Troy; Kentucky School of Medicine, Louisville, 1876; aged 82; member of the Ohio State Medical Association and the American Medical Association; died May 30 of pneumonia. Dr. Wright had practiced in Troy for almost 55 years. His widow and one daughter survive him.

RADON

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Gold Radon implants for interstitial use. The scientific means of applying radiation intratumorally. Certificate of guarantee furnished with each preparation assuring accurate dosage.

RADON COMPANY, Inc.
1 East 42nd St., New York
Telephones: Vanderbilt 3-2811; 3-2812

RADIUM RENTAL SERVICE
BY
THE PHYSICIANS RADIUM ASSOCIATION

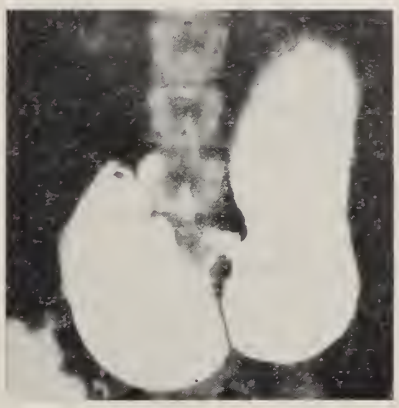
Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to Physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

CAREFUL CONSIDERATION WILL BE GIVEN INQUIRIES CONCERNING CASES IN WHICH THE USE OF RADIUM IS INDICATED.

The Physicians Radium Association
1307 Pittsfield Bldg., 55 E. Washington St.,
CHICAGO, ILL.
Telephones Central 2268-2269
Wm L. Brown, M.D., Director.

BOARD OF ADVISORS
William L. Baum, M.D. Bennett R. Parker, M.D.
Frederick Menge, M.D. Walter S. Barnes, M.D.
Louis E. Schmidt, M.D. S. C. Plummer, M.D.

X-Ray Film Consultation



A service for Physicians who do their own X-Ray work and are in doubt as to the interpretation. Detailed reports will be made.

A brief case history sent with the films will assist in the diagnosis.

Correspondence solicited.

HUGH J. MEANS, M.D.
683 East Broad St.,
Columbus, Ohio

X-RAY DIAGNOSIS AND THERAPY

LABORATORY
Service and Consultation

James A. Beer, B.Sc., A.M., M.D.

21 East State Street Columbus, Ohio
Telephone, ADams 3847

This laboratory is approved by the Council on Medical Education and Hospitals of the American Medical Association

Langdon-Meyer Laboratories

OFFER A COMPLETE 24 HOUR SERVICE ON WASSERMANNS— INCLUDING, WATER-BATH; ICE-BOX; AND KAHN TEST.

Fee—$5.00

Send for our Fee Table

519 Main Street **CINCINNATI, OHIO**

Leon B. Santee, M.D., Marlboro; University of Pennsylvania School of Medicine, Philadelphia, 1878; aged 78; member of the Ohio State Medical Association; Fellow of the American Medical Association; and former president of the Stark County Medical Society; died May 14, following an illness of several years. Dr. Santee had practiced in Marlboro over half a century. Surviving him are a daughter, a brother and a sister.

H. L. Root, M.D., Kinsman; Starling Medical College, Columbus, 1894; aged 64; died May 5. He had practiced at Kinsman for 37 years. Two daughters survive him.

KNOWN IN OHIO

James D. Blair, M.D., Franklin, Pennsylvania; Jefferson Medical College of Philadelphia, 1904; aged 53; died June 2 of pulmonary hemorrhage. Dr. Blair practiced in Franklin, Pennsylvania until 1926 when he became assistant physician at the sanatorium at Gabriels, New York. In 1929 and 1930 he was connected with the American Legion hospital at Battle Creek, Michigan, and at the time of his death was assistant to the superintendent of the Clark County Sanatorium, Springfield, Ohio. His widow and two children survive him.

Harry M. Hall, M.D., Wheeling, West Virginia; Western Reserve University School of Medicine, Cleveland, 1898; aged 54; member of the West Virginia State Medical Association; Fellow of the American Medical Association, and Fellow of the American College of Physicians; died suddenly on June 5 of heart disease. Dr. Hall, former president of the West Virginia State Medical Association, was recognized as an active and enthusiastic leader in medical organization in his own state as well as the nation. Dr. Hall was a keen observer of social and economic problems affecting public health, scientific medicine and medical practice, and had written, presented and published a number of papers on these subjects. He addressed the Wednesday evening session at the annual meeting of the State Association in Toledo, May 13, on the subject of "Immortality and the Doctor".

HOSPITAL NOTES

—Dr. R. E. Whelan has been elected chief emeritus of the staff at St. Elizabeth's Hospital, Youngstown. He was one of the founders of the hospital 20 years ago.

—Mrs. Jennie C. Grabill, formerly of Port Clinton, has been appointed superintendent of the Van Wert County Hospital.

—Extensive improvements have been made in the surgical ward of the Ashtabula General Hospital.

—The new $175,000 addition to the East Liverpool City Hospital has been completed, bringing the bed capacity of the institution to an even 100.

—Dr. W. H. Booth and Dr. C. L. Smith have been elected to the medical staff of the Fremont Memorial Hospital.

—Rev. A. G. Lohmann, retiring superintendent of Deaconess Hospital, Cincinnati, and Miss Alice Thatcher, former superintendent of nurses at Christ Hospital, Cincinnati, have been granted honorary life memberships in the Ohio Hospital Superintendents' Association.

—A site at Werk Road and Bridgetown Pike has been purchased for the proposed Western Hills hospital, Cincinnati. Plans for the structure are now being drawn and a financial campaign being planned.

—Miss Esther Wilson, for several months acting head of the Salem City Hospital, has been named superintendent of that institution.

—Most Rev. John T. McNicholas, archbishop of Cincinnati, officiated at the laying of the cornerstone of the new $2,000,000 Good Samaritan Hospital, Dayton.

Columbus Radium Laboratory

Radium and Deep X-Ray Therapy

EDW. REINERT, Ph.G., M.D.
350 E. State St., Columbus, O.
Bell, Main 1537

CHAS. F. BOWEN, M.D.

SPECIALIZES in

Superficial Malignancies

Removal of Foreign Bodies

Radium and X-Ray

Diagnosis and Therapy

332 E. State Street
COLUMBUS, OHIO

THE NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL
(ORGANIZED 1881)

THE PIONEER POST-GRADUATE MEDICAL INSTITUTION IN AMERICA

We Announce

FOR THE GENERAL SURGEON

A Combined Surgical Course Comprising

GENERAL SURGERY
TRAUMATIC SURGERY
ABDOMINAL SURGERY
ORTHOPEDIC SURGERY
GYNECOLOGICAL SURGERY
UROLOGICAL SURGERY
PROCTOLOGY
THORACIC SURGERY
GASTRO-ENTEROLOGY
ORTHOPEDIC SURGERY
LABORATORY
X-RAY DIAGNOSIS

CADAVER COURSES in all branches of Surgery
SPECIAL COURSES in all Medical and Surgical specialties

For Information Address

Medical Executive Officer, 345 West 50th Street, New York City

News Notes From County Societies and Academies

First District

ACADEMY OF MEDICINE OF CINCINNATI

D. T. Vail, Jr., M. D., Secretary)

May 25—The annual election of officers of the Academy of Medicine of Cincinnati was held on Monday evening, May 25, for the annual term beginning September 1, resulting as follows: President-elect, Dr. Parke G. Smith; secretary, Dr. H. H. Shook; treasurer, Dr. E. O. Swartz; trustee (three-year term) Dr. John A. Caldwell; delegates to State meeting, (three-year term) Drs. J. Victor Greenebaum and Otto Seibert; alternates, Drs. R. L. Crudington and Albert Brown. Dr. William M. Doughty, elected May, 1930, will take the office of President in September. "Experimental Gastroenterostomy", a talking motion picture, taken in the Department of Anatomy, Northwestern University, Chicago, was presented. On Friday afternoon and evening, May 29, The Academy held its annual outing at Hyde Park Country Club. The retiring president, Dr. Howard L. Schriver announced that the Academy would hold no meetings until September 28.—News Clipping.

Clermont County Medical Society met on Wednesday, June 17 in Grant Memorial Building, Bethel, with members of the Adams and Brown County Medical Societies as guests. Dinner at 12 o'clock was followed by the program which included a paper on "Hyperthyroidism Masked as Heart Disease", by Dr. E. R. Arn of Dayton; and a paper on "Practical Obstetrics", by Dr. Daniel J. Davies, of Cincinnati. Dr. John A. Caldwell, Councilor of the First District, Cincinnati, and Dr. Howard L. Schriver, retiring president of the Cincinnati Academy of Medicine, spoke on medical organization.—Bulletin.

Warren County Medical Society held its regular meeting on Tuesday afternoon, June 2, at Harmon Hall, Lebanon, with Dr. E. M. Huston, Dayton, Councilor of the Second District, as guest speaker. Dr. B. H. Blair, delegate, gave a detailed report of the recent annual meeting of the State Association in Toledo. The next meeting of the Warren County Medical Society will be held in September.—News Clipping.

Second District

Darke County Medical Society met Friday evening, May 8, at the Cul-Mur tea rooms, Greenville. Following a dinner, Dr. J. E. Griewe, of Cincinnati, gave an illustrated lecture on "The Influence of the Peripheral Circulation".—News Clipping.

Greene County Medical Society held its regular meeting at the Court House, Xenia, on Thurs-

URINE
BLOOD
SPUTUM
EFFUSIONS
STOMACH CONTENTS
WASSERMAN & KAHN PRECIPITIN TESTS
GONORRHEAL COMPLEMENT FIXATION TEST
BLOOD CHEMISTRY
PROTEIN SENSITIZATION TESTS
BASAL METABOLISM
AUTOGENOUS VACCINES
FAECES
GENITO-URINARY SURGICAL and GYNECOLOGICAL PATHOLOGY
DARK FIELD ILLUMINATING FOR SPIROCHETA PALLIDA
MEDICO-LEGAL POST-MORTEMS
X-RAY

LABORATORY
Clinical and Pathological
Approved by the American Medical Association
Columbus, Ohio 370 E. Town Street

DIRECTOR
J. J. Coons, B. Sc., M.D., D. Sc.
Dorris Coss, B. Sc., M. Sc.
Frances Coup, A. B.
Flora Moone

PROMPT SERVICE
Immediate Report on Frozen Sections of all Tumors.
ESTABLISHED 1904

The New Squibb Building, New York City

Following three quarters of a century of growth and development since the founding by Dr. E. R. Squibb of a pharmaceutical laboratory, which has become the modern institution of E. R. Squibb and Sons, the new building of that concern at 745 Fifth Avenue, New York City, overlooking Central Park, in an impressive setting, is one of the modern architectural developments in that section of America's greatest city and is a tangible demonstration of the progress of this company in its field.



Summer Diarrhea

The following formula provides a means of supplying the principal fuel utilized in the body for the production of heat and energy and furnishes immediately available nutrition well suited to protect the proteins of the body, to prevent rapid loss of weight, to resist the activity of putrefactive bacteria, and to favor a retention of fluids and salts in the body tissues:

Mellin's Food . . 4 level tablespoonfuls
Water (boiled, then cooled) . **16 fluidounces**

ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods

The usual custom is to give one to three ounces of this mixture every hour or two until the stools lessen in number and improve in character. The food mixture may then be gradually strengthened by substituting one ounce of skimmed milk for one ounce of water until the amount of skimmed milk is equal to the quantity of milk usually employed in normal conditions. Finally the fat of the milk may be gradually replaced, but as milk fat is likely to be digested with much difficulty after an attack of diarrhea it is good judgment to continue to leave out the cream until the baby has fully recovered.

Further details in relation to this subject and a supply of samples of Mellin's Food sent to physicians upon request.

Mellin's Food Company - - - Boston, Mass.



To the PEDIATRICIAN:



"Babies deprived of mother's milk find a food closely resembling it chemically and physically in formulas prepared with evaporated milk . . . In the transformation of raw cow's milk into evaporated milk, the protein and fat are given physical properties like the protein and fat of breast milk. . . . Laboratory tests, therefore, would indicate that Unsweetened Evaporated Milk is the best form of cow's milk for preparing the feeding formula."—*Archives of Pediatrics, October, 1930.*

Wilson's Evaporated Milk brings to you the maximum of wholesomeness and safety in your feeding formulas. Clinical samples, also information and literature will be forwarded to physicians upon request.

WILSON'S MILK COMPANY
728 CHAMBER OF COMMERCE BLDG., INDIANAPOLIS, IND.

day morning, May 7. "Fracture of the Spine and Back Sprain", was the subject of an interesting talk by Dr. James Walker, of Dayton. Following the program, members enjoyed a luncheon at the Coll-Inn tea room.—News Clipping.

Miami County Medical Society met on Friday afternoon, June 5, at Memorial Hospital, Piqua, for its regular meeting. Dr. J. W. Phillips, Ohio State University College of Medicine, Columbus, presented a paper on "Some Phases of Human Sensitization". A six o'clock dinner was served at the hospital, following the afternoon program. —Bulletin.

Montgomery County Medical Society held its regular meeting in the Fidelity Medical Building, Dayton, on Friday evening, May 15. The program was devoted to a discussion of the subject of "The Doctor in Court, with the following speakers: Attorneys R. N. Brumbaugh, S. S. Markham, Judge Robert C. Patterson, and Drs. E. M. Huston, W. A. Ewing and L. G. Bowers.

The annual meeting of the Montgomery County Medical Society was held on Friday evening, June 5, with a dinner at the Dayton Country Club. "The Conquest of General Paresis" was the subject of an address by Dr. Paul deKruif, formerly Professor of Bacteriology, University of Michigan, and a member of the Research Staff of the Rockefeller Institute. At the business session, proposed amendments to the Constitution and By-Laws were acted on. Officers elected, to be installed at the October 1st meeting, are: President, Dr. F. K. Kislig; first vice president, Dr. C. C. Borden; second vice president, Dr. C. C. Payne; delegate to state meeting (three-year term) Dr. A. W. Carley; alternate, (three-year term) Dr. H. H. Hatcher; board of censors (three-year term), Dr. A. F. Kuhl; milk commission, (three-year term), Dr. H. C. Haning and R. C. Pennywitt; legislative committeeman, Dr. Webster S. Smith.

Preble County Medical Society met at the Central Hotel, Eaton, on Thursday evening, May 28. The guest speaker was Dr. Joseph L. DeCourcy, of Cincinnati, who spoke on "Management of Gastric and Duodenal Ulcer".—News Clipping.

Shelby County Medical Society held its regular meeting on Friday afternoon, May 1, at Wilson Memorial Hospital, Sidney. "Symptoms and Treatment of Goiter" was the subject of an address by Dr. John F. Beachler of Piqua.—News Clipping.

The eighty-fourth semi-annual joint meeting of the Miami and Shelby County Medical Societies was held at the Sidney Country Club on Thursday, June 4. Following a dinner, papers were presented by Dr. M. A. Wagner, Toledo, on the subject of "Some Interesting Infantile Intestinal Conditions", and by Dr. Walter M. Simpson, Dayton, on "Recent Developments in Undulant Fever".—News Clipping.

LABORATORY APPARATUS

Coors Porcelain Pyrex Glassware
R. & B. Calibrated Ware
Chemical Thermometers
Hydrometers Sphygmomanometers

J. T. Baker & Co's C. P. Chemicals

Stains and Reagents
Standard Solutions

BIOLOGICALS

Serums Bacterins Media
Antitoxins Vaccines Pollens

We are completely equipped, and solicit your inquiry for these lines as well as for Pharmaceuticals, Chemicals and Supplies, Surgical Instruments and Dressings.

The Rupp & Bowman Co.
319 Superior St. Toledo, Ohio

HYCLORITE

HYCLORITE SOLUTION SODIUM HYPOCHLORITE

Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed.

For Hand and Skin Sterilization.

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity.

NON-POISONOUS
NON-IRRITATING

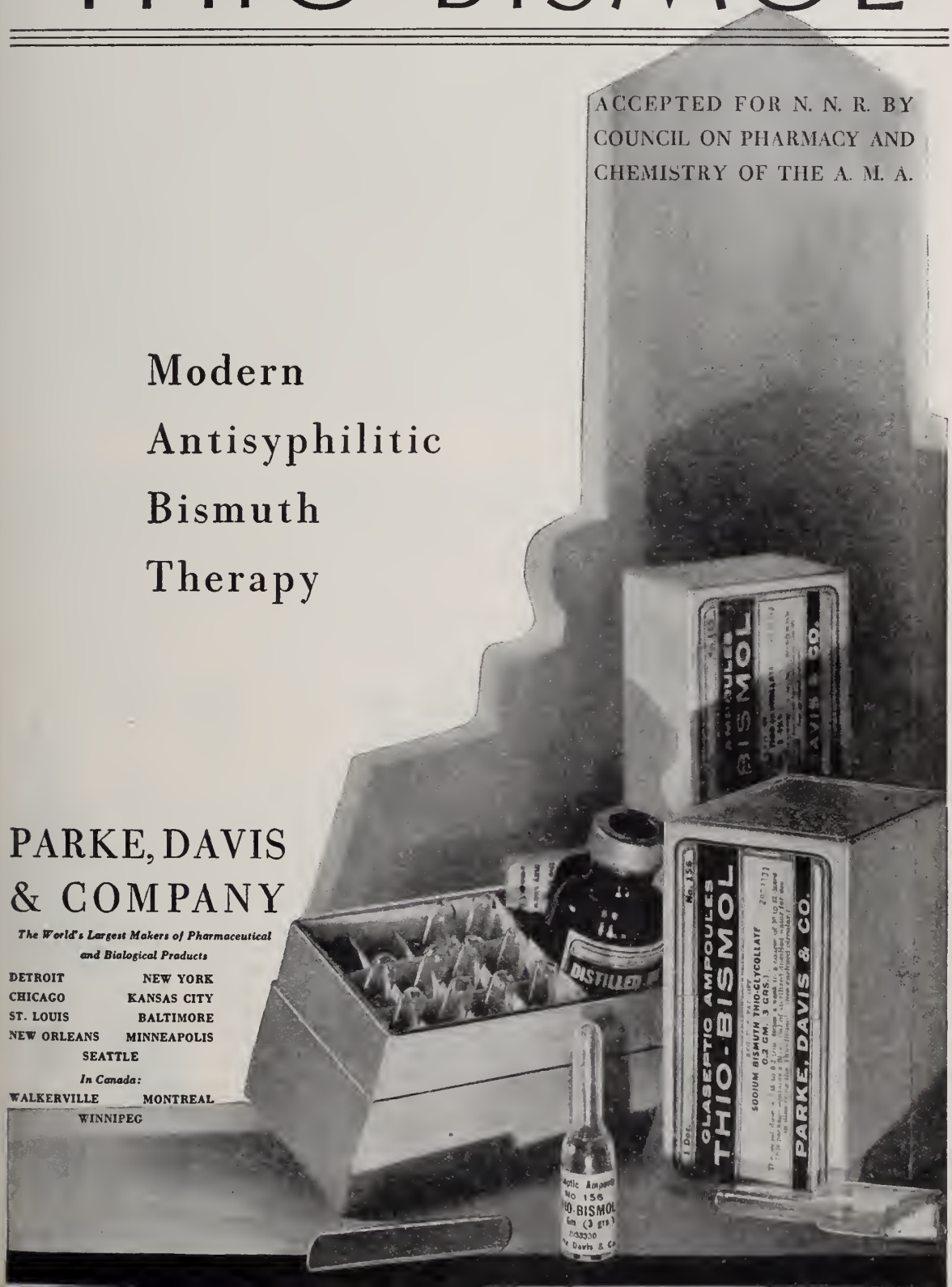
Write for Literature

BETHLEHEM LABORATORIES
INCORPORATED
300 Century Building,
PITTSBURGH, PENNA.

THIO-BISMOL

ACCEPTED FOR N. N. R. BY COUNCIL ON PHARMACY AND CHEMISTRY OF THE A. M. A.

Modern
Antisyphilitic
Bismuth
Therapy



PARKE, DAVIS & COMPANY

The World's Largest Makers of Pharmaceutical and Biological Products

DETROIT NEW YORK
CHICAGO KANSAS CITY
ST. LOUIS BALTIMORE
NEW ORLEANS MINNEAPOLIS
SEATTLE

In Canada:

WALKERVILLE MONTREAL
WINNIPEG

Third District

Marion Academy of Medicine met at Hotel Harding, Marion, on Tuesday evening, May 5. The program which followed the dinner, included an address on "Modern Conception of Gastro-Intestinal Disturbances in Infants and Childhood" by Dr. Arthur G. Helmick, of Columbus. Dr. A. F. Linscott, local dentist, discussed the care of children's teeth.—News Clipping.

Mercer County Medical Society met in Celina on Tuesday evening, May 19, as guests of Drs. P. W. Fishbaugh of Mendon and Byron Fishbaugh of Wabash. Dr. T. R. Thomas, of Lima, gave an interesting talk on "Diseases of the Gall Bladder". The meeting was concluded with a chicken dinner at the Court House restaurant.—News Clipping.

Van Wert County Medical Society held its regular monthly meeting on Tuesday, May 18, and was largely attended by the local society and guests from surrounding territory. In the afternoon a hernia clinic was conducted at the Van Wert County Hospital by Dr. Charles T. Souther, of Cincinnati. Four patients were operated upon, demonstrating four distinct types of hernia and treatment. At the evening meeting, Dr. Souther spoke on 'The Diagnosis of Abdominal Pain", presenting an instructive address of great value to the general practitioner. The program for this month was sponsored by Drs. Cress and Beach.

The public was invited to attend the meeting of the Van Wert County Medical Society, held Tuesday evening, June 2 in the Presbyterian Church, Van Wert. Dr. Gilbert Fitz-Patrick, of Chicago, chairman of the executive committee of the American Society for the Control of Cancer, spoke on the subject of "Cancer", in connection with the Canti moving picture film, which portrays the growth of normal and cancer tissue.—News Clipping.

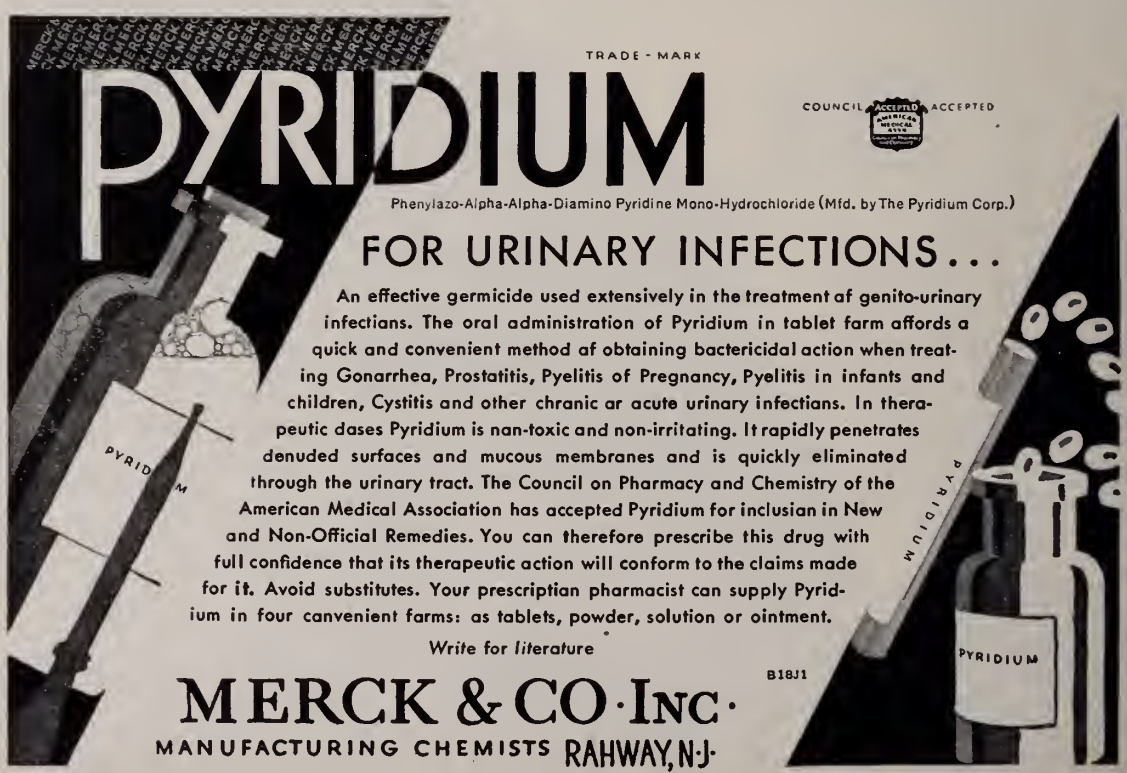
Fourth District

Sandusky County Medical Society met in the Council Chamber, at Fremont, on Thursday evening, May 28. An interesting paper on "Arsphenamine", was presented by Dr. C. A. Kingman. At the business session, members decided to abandon meetings for the next four months, resuming again in October.—News Clipping.

Wood County Medical Society sponsored the meeting held in the Assembly Room at the Court House, Bowling Green, on Thursday evening, May 21, to which the public was invited. Students of Bowling Green State College furnished the program,—a debate on "Shall We Have State Medicine?" The Society held a dinner and business meeting at The Woman's Club, at 6 P. M.—News Clipping.

Fifth District

Ashtabula County Medical Society held its regular monthly meeting at The Swallows Restaurant, Ashtabula, on Tuesday evening, May 19. Guest speakers were Drs. M. E. Blahd and A. Loveman, Cleveland, who presented a symposium on "Gastric Diseases". Dr. Wm. J. McCarthy,





Only Fresh Milk

from tuberculin tested cows, from dairy farms that have fulfilled the sanitary requirements of the City of Cleveland Board of Health, is used as a basis for the production of S. M. A. In addition, the milk must meet our own rigid standards of quality.

IN ADDITION S. M. A. HAS THESE FEATURES



Prevents Rickets and Spasmophilia.
No modification is necessary for normal full term infants.
Resembles breast milk both physically and chemically.
Simple for the mother to prepare.
Gives excellent nutritional results in most cases, and these results are obtained more simply and more quickly.



MAY WE SEND YOU SAMPLES?

S. M. A. was developed ot the Bobies ond Childrens Hospitol of Cleveland, ond is produced by its permission exclusively by

S. M. A. CORPORATION • • • CLEVELAND, OHIO
West of Rockies: 437-8-9 Phelan Bldg., San Francisco, Cal. ©SMAC In Canada: 64 Gerrard St., East, Toronto

Ashtabula, was elected to membership in the Society, by transfer from the Academy of Medicine of Cleveland.—E. H. Merrell, Secretary.

Lake County Medical Society and the Lake County Bar Association united in a dinner meeting at Randell Tavern, Painesville, May 26, at which Dr. George W. Crile, Cleveland, was the guest speaker. His topic was "Diseases Due to Emotional Strain and their Surgical Treatment". Preceding Dr. Crile's speech, short addresses were made by the president, Dr. W. R. Carle; the president of the Bar Association, Mr. Martin K. Tuttle, and the vice-president of the Medical Society, Dr. W. P. Ellis. The meeting was very largely attended.—F. J. Dineen, Secretary.

Lorain County Medical Society held its May meeting in the parlors of the Congregational Church, Wellington, commencing with a five o'clock dinner. The program included a report of the State Meetings, by Dr. S. V. Burley, delegate, and talks on "Sojourning in the South", by Drs. Pipes and Gunn.

The June meeting of the Lorain County Medical Society was held at Oberlin Inn, June 12, with a five o'clock dinner. Dr. O. E. Townsend, Elyria, presented a case report, and Dr. Milton B. Cohen, Cleveland, spoke on "Medical Economics".—Bulletin.

Medina County Medical Society met at the Evanon Inn, Medina, on Thursday afternoon, May 21. Dr. W. S. Hart, Elyria, secretary of the Lorain County Medical Society, gave a talk on the "Problems of the County Medical Society and Methods Useful in Stimulating the Interest of the Members". This was followed by a roundtable discussion led by the president of the Society, Dr. R. L. Mansell, Medina, and participated in by Dr. A. S. McKitrick, of Elyria, Mr. H. Van Y. Caldwell, executive secretary of the Academy of Medicine of Cleveland, Dr. Clyde L. Cummer, councilor of the Fifth District of the Ohio State Medical Association, and by members of the local Society. The program was followed by a delightful dinner.—News Clipping.

Sixth District

Mahoning County Medical Society held its regular meeting on Tuesday evening, May 19, with Dr. Joseph Brennemann, of Chicago, as guest speaker. His subject was "Acute Abdominal Conditions in the Child".—John U. Buchanan, correspondent.

The Fourth Annual Post Graduate Day of the Mahoning County Medical Society was held on Thursday, June 18 at the Hotel Ohio, Youngstown. A course of lectures by a faculty group from the Johns Hopkins University School of Medicine, included the following:

Dr. Emil Novak, Associate Professor of Clinical Gynecology. "The Treatment of Chronic Endocervitis."

BACKWARD and PROBLEM CHILDREN

Require Intensive Scientific Training in a Suitable Environment

The Bancroft School

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. Winter quarters in New Jersey, summer camp on the coast of Maine. An incorporated educational foundation, operated not for profit, controlled by a Board of Trustees, offering the highest type of education attainable at rates within the reach of all. Organized to give the fullest possible cooperation to physicians.

Illustrated Catalog on Request

The Bancroft School Haddonfield, N. J.

CLASSIFIED ADVERTISEMENTS

Rates for advertisements under this heading are 50 cents per line, payable in advance. Minimum charge of $1.00 for each insertion. Price covers the cost of remailing answers. Forms close 16th of the month preceding publication.

Situation Wanted—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan Chicago. Established 1896. Member of Chicago Association of Commerce.

Speeches, special articles, papers on special subjects, prepared from the latest data and authorities, for busy physicians. Prompt service extended at reasonable rates in an expert manner to your requirements. Authors' Research Bureau, 516 Fifth Ave., New York.

For Sale—Medical books, equipment and instruments used in general practice, including obstetrical and nose and throat. Estate of physician deceased. Communicate with Miss Eva Van Natta, Sycamore, Ohio.

For Sale—Office fully equipped. Price less than inventory. Heart of Akron's rubber and residential district, available now. Stands investigation. Specializing. Dr. Harry Anker, 1096 South Main St., Akron, Ohio.

Wanted—Resident physician with some hospital training for active management of private institution caring for mental and nervous patients. A very attractive opportunity for efficient service. State briefly qualifications and other important facts of self. Address C. T. G., care *Ohio State Medical Journal*.

Dr. Sidney Lange has been notified by the American Medical Association Council on Medical Education and Hospitals that his laboratory in the Doctors Building, Cincinnati, is placed on the approved list for the practice of "General Radiology". This classification includes the use of radium and short wave (high voltage) *X*-ray therapy, in addition to roentgenography and roentgenotherapy.

Due to a typographical error in the preliminary list published in the *Journal* of the American Association, Dr. Lange's laboratory was incorrectly classified under "Roentgenology" only.

Having recovered from his recent illness, Dr. Lange has again taken over full charge of his laboratory.

More than 1000 physicians and educators from all parts of the country attended the recent dedication of the Duke University, Medical College and Hospital.

The Wendt-Bristol Company

Two complete ethical stores in Columbus

51 E. State St. 721 No. High St.

for the convenience of the Physicians and Surgeons—and the many people they serve

Two Prescription Departments

maintained in a high class manner with eight registered Pharmacists

Other Complete Departments

OFFICE EQUIPMENT
PHYSIO THERAPY APPARATUS
HOSPITAL SUPPLIES
HEALTH FOODS

W-B Pharmaceutical Supplies

JOBBING STOCKS ALL LEADING MANUFACTURERS

Antitoxins and Vaccines in Special Refrigeration Plants

Prompt Service on Phone Orders

Physicians' Service

QUALITY FIRST

We are exclusive manufacturers of Pharmaceuticals, U. S. P. and N. F. Preparations, Specialties, Tablets, Ointments, Ampoules, Suppositories, Effervescents, etc., for Physicians Dispensing and Prescribing.

NOTHING SOLD AT RETAIL EXCEPT ON ORDER OF PHYSICIAN

Offices and Laboratories
330-336 OAK STREET, EAST
One-half Square North of Grant Hospital and Carnegie Library.

THE COLUMBUS PHARMACAL CO.
COLUMBUS, OHIO



To improve lactation

—when nursing infants do not thrive

ACTUAL RESULTS conclusively prove that Cocomalt is an important factor in stimulating lactation. It increases the flow and improves the quality of milk. *Because of its high caloric value* Cocomalt amply meets the demands made upon the nursing mother's strength and energy by the drain of lactation. Cocomalt is of assistance not only when lactation is inadequate—but for growing children, convalescents, nervous, run-down men and women.

A perfect galactagogue—quickly assimilated

Cocomalt provides all the necessary food elements for the production of milk. It contains Vitamins A, B Complex and D.

Mixed with milk, hot or cold, Cocomalt increases the caloric value of each glass 70%—adding 45% more protein, 48% more mineral salts, 184% more carbohydrates. It is easily digested, imposes no strain upon the digestion.

Available in 5 lb. cans for hospital use. Or at grocers and leading drug stores, in ½ lb. and 1 lb. sizes. Mail coupon for *free* trial can.

Cocomalt

DELICIOUS HOT OR COLD



ADDS 70% MORE NOURISHMENT TO MILK

R. B. DAVIS Co., Dept. AT-7, Hoboken, N.J.
Please send me, without charge, a trial can of Cocomalt.

Name .....

Address .....

City ..... *State* .....

The Ohio State Nurses' Association

Official Registries for Nurses

District No. 1—42 Hawthorne Ave., Akron. Ohio. Phone: Lincoln 0600
District No. 3—601 Mahoning Bank Bldg., Youngstown; Phone 44581; 44582
District No. 4—2157 Euclid Ave., Cleveland, Ohio. Phone: Prospect 1951
District No. 8—Room 1112 Chamber of Commerce Bldg., Cincinnati, Ohio Phone: Main 7142
District No. 9—1930 Robinwood Ave., Apartment 40, "The Scotwood," Toledo, Ohio. Phone: Main 7962
District No. 12—The Normandie Hotel, Room 610, Columbus, Ohio. Phone Adams 1569
District No. 15—Portsmouth General Hospital, Portsmouth, Ohio. Phone: 559

CURDOLAC FOODS LENGTHEN DIABETIC LIVES

Curdolac Breakfast Cereal
Curdolac Casein Bran Improved Flour.
Curdolac Casein Compound.
Curdolac Soya-Bran Breakfast Food.
Curdolac Soya-Bran Flour.
Curdolac Soya Cereal Johnny Cake Flour.
Curdolac Soya Flour.
Curdolac Wheat-Soya Flour.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

These foods are lower in blood sugar producing nutrients than many starch-free products
Samples and literature on request.

CURDOLAC FOOD COMPANY Box 299 Waukesha, Wis.

Dr. Thomas B. Futcher, Associate Professor of Clinical Medicine. "The Problem of Arthritis in General Practice."

Dr. William F. Rienhoff, Jr., Instructor of Clinical Surgery. "The Surgical Status and Treatment of Chronic Peptic Ulcer With Some Experimental Observations."

Dr. Louis Hamman, Associate Professor of Clinical Medicine. "The Diagnosis of Obscure Fevers."

INTERMISSION FOR LUNCH

Dr. Emil Novak, "Recent Developments in the Physiology of Menstruation."

Dr. Thomas B. Futcher, "Manifestations of Hyperfunction and Hypofunction of the Endocrine Glands, Seen in General Practice."

Dr. William F. Rienhoff, Jr., "Clinical Observations Before and After Operation in Cases of Hyperthyroidism."

Dr. Walter E. Dandy, Associate Professor of Clinical Surgery. "Diagnosis and Treatment of Injuries of the Head."

Dr. Louis Hamman, "Diagnosis of Coronary Occlusion."

Banquet at the Youngstown Club, First National Bank Building, 6:30 P. M. Sharp.

Dr. Walter E. Dandy, "Diagnosis and Treatment of Lesions of the Cranial Nerves."

Dr. Thomas B. Futcher, "Diagnosis and Treatment of Diabetes Insipidus."

Dr. Emil Novak, Endocrinology and Oranotherapy in Gynecology."—Bulletin.

Portage County Medical Society met at the home of Dr. A. O. DeWeese, Kent, on Wednesday evening, June 3. Following a report of delegate to the recent State Meeting, Dr. Waggoner reported on two cases of gall bladder disease. Dr. B. H. Nichols, Cleveland Clinic, gave an illustrated address on "Some Problems in *X*-ray Examinations of the Skull", showing new method of air injection for diagnosing tumors and forms of epilepsy. Discussion was opened by Dr. A. M. Landsborough.—Bulletin.

Summit County Medical Society held its regular meeting at the Akron City Club on Tuesday evening, June 2, with an attendance of more than 100 members. Dr. George W. Crile, Cleveland, addressed the Society on the subject of "Relation of Residual Hyperthyroidism to Peptic Ulcer".—News Clipping.

Seventh District

Belmont County Medical Society met in the American Legion Rooms, St. Clairsville, on Thursday afternoon, April 30. Leo F. Ey, Chief of the Division of Laboratories, State Department of Health, spoke on "Undulant Fever".

The June meeting of the Belmont County Medical Society was held Thursday afternoon, June 4. Dr. E. G. Horton, of Columbus, addressed the Society on the subject of "Poliomyelitis".—News Clipping.

Eighth District

Athens County Medical Society met in Nelsonville on Monday, May 4, with Dr. R. R. Kahle, Columbus, as guest speaker. In his talk on "Abdominal Surgery". Dr. Kahle stressed the importance of early diagnosis and prompt operation in appendicitis.—News Clipping.

Guernsey County Medical Society met at luncheon hour at the Romance Restaurant, Cambridge, on Thursday, May 7. Dr. Charles F. Shively addressed the members of the society on the subject, "The Nervous Child".

In using lactic acid milk for infant feeding, physicians find Mead's Powdered Non-curdling Lactic Acid Milk No. 1 (containing Dextri-Maltose) the simplest and most satisfactory medium for the preparation of lactic acid milk in the home or hospital. The proper amount of carbohydrate incorporated in this product correlates the lactic acid content, so that it is always ready for use. This product never curdles. Samples and literature sent on request. Mead Johnson & Company, Evansville, Ind., U.S.A.

"MESCO" Laboratories

The "MESCO" Laboratories manufacture the largest line of Ointments in the world. Sixty different kinds. We are originators of the Professional Package. Specify "MESCO" when prescribing Ointments. Send for lists.

MANHATTAN EYE SALVE CO.
Louisville, Kentucky

HERE

is one of the advertisements of The Sugar Institute

THE advertisement reproduced here is one of the series appearing in newspapers throughout the country. In order to keep the statements in accord with modern medical practice, they have been submitted to and approved by some of the leading authorities in the field of human nutrition in the United States. The Sugar Institute, 129 Front Street, New York.

fresh vegetables CAN BE MADE MORE tasty



SEASONED WITH sugar

As you make your selection of vegetables remember that their distinctive flavor can be heightened with sugar.

THE combination of sugar and salt improves the flavor of vegetables in a most pleasing way. It emphasizes the mild taste of spinach; mellows the tartness of tomatoes; blends deliciously with the flavor of peas, carrots, string beans, cabbage, asparagus, onions and other vegetables.

In serving raw vegetables in salads, add at least as much sugar as salt to the French dressing. The smooth, zestful result will delight you.

"A dash of sugar to a pinch of salt" is also a fine seasoning for meat dishes, or soups and stews composed of meat and vegetables. Flavor and season with sugar. The Sugar Institute.

"Flavor and season with Sugar"

Variety of "Gyp" Games Worked on Doctors

Ohio is at the present time being overrun by an unusually large number of imposters, swindlers, fake solicitors, etc.

Many of these "gyp" artists are using hard-times and unemployment as themes for their song and dance.

Physicians especially among professional men have been singled out as easy victims by all kinds of imposters and reports from various sections of the state indicate that a number of physicians have been far too gullible for their own good in their dealings with fakers.

One member of this gentry who has reaped a fair return recently from physicians in Central Ohio has resorted to the old gag of representing himself as a son of a college classmate of the physician-victim. According to reports, the fellow has a fair knowledge of medicine, indicating that he probably is a former student in medical school. After a chat about "dear old dad" and "dear old Alma Mater", he broaches his hard-luck story to the physician and hints at a loan for railroad fare home. When he believes his chances of obtaining a loan unfavorable, he asks the physician to cash a check for him. Several who have cashed the young man's check have discovered to their sorrow that it was worthless. Those who have lent him money also are singing the blues.

Another type of swindler who is meeting with considerable success is the fake magazine salesmen. This imposter's plan is to solicit subscriptions for magazines of national reputation and to offer sets of books as premiums. His subscription blank calls for the payment of approximately $10 in ninety days. After securing the signature on the subscription blank, he explains in an indifferent manner that if the subscription is paid in cash, or by check, there will be a discount of $1.00 or so. In several instances, he has obtained payments by check from physicians, cashing the checks and leaving town the next day. Of course, the subscriptions he sold were worthless since he is not a bona fide salesman for the companies he said he represented.

As pointed out numerous times in *The Journal*, physicians should constantly be on guard against imposters. The physician should maintain a "show me" attitude and should by all means investigate before he invests in any dealings where money is involved. Credentials of salesmen or solicitors should be examined carefully *and verified.* Checks, contracts and documents presented by strangers always should be investigated and checked.

Mercurochrome 220 Soluble

(Dibrom-oxymercuri-fluorescein)

The Stain Provides for Penetration

—and—

Fixes the Germicide in the Tissues

Mercurochrome is bacteriostatic in exceedingly high dilutions and as long as the stain is visible bacteriostasis is present. Reinfection or contamination are prevented and natural body defenses are permitted to hasten prompt and clean healing, as Mercurochrome does not interfere with immunological processes. This germicide is non-irritating and non-injurious when applied to wounds.

Hynson, Westcott & Dunning

Inc.

BALTIMORE, MD.

Nonspi

For Excessive Armpit Perspiration

Physician's samples sent without cost or obligation.

THE NONSPI COMPANY
117 West 18th St.
NEW YORK, N. Y.

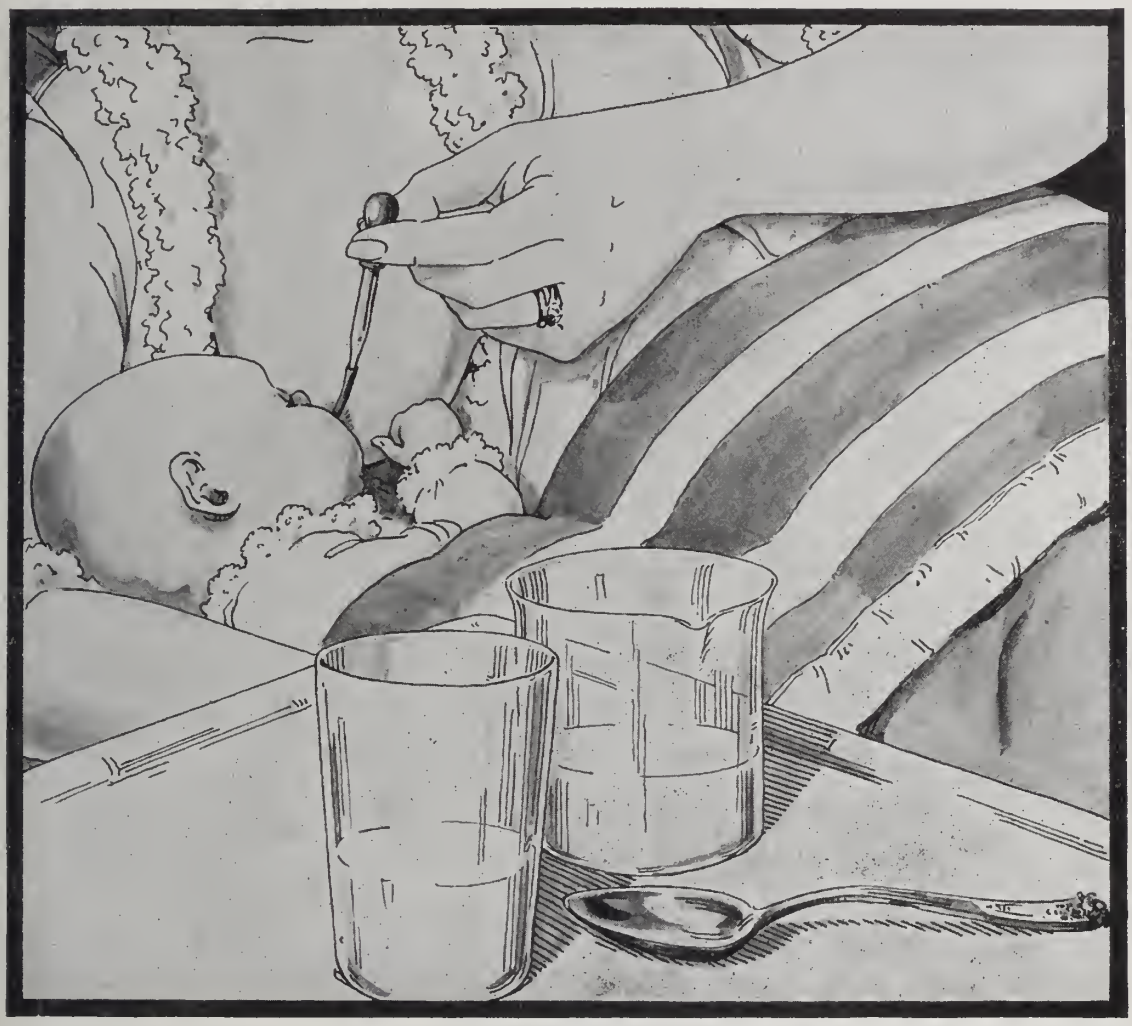
Send free NONSPI samples to:

Name.....

Street.....

City.....

NONSPI



MEDICINE-DROPPER METHOD

OF FEEDING THE NEWLY-BORN



SIMILAC fed with a medicine dropper, simultaneously with the breast, during the newly-born period, reduces the initial loss in weight and prevents inanition fever, according to the results reported by a number of physicians.

The use of the medicine dropper instead of the rubber nipple nursing bottle, at this time, teaches the newly-born a very important lesson—that of nursing at its mother's breast.

Ask for Index Card, "Feeding the Newly-Born."

M & R DIETETIC LABORATORIES, INC.,
COLUMBUS, OHIO

OHIO STATE MEDICAL ASSOCIATION

STANDING COMMITTEES
(Constitutional)

PUBLIC POLICY

John B. Alcorn, Chairman, (1933) Columbus
C. W. Stone, (1932) Cleveland
J. H. J. Upham, (1934) Columbus
D. C. Houser, (ex-officio) Urbana
H. M. Platter, (ex-officio) Columbus

PUBLICATION

Andrews Rogers, Chairman, (1934) Columbus
Gilbert Micklethwaite, (1932) Portsmouth
A. B. Denison, (1933) Cleveland

MEDICAL DEFENSE

J. E. Tuckerman, Chairman, (1934) Cleveland
F. P. Anzinger, (1932) Springfield
W. H. Snyder, (1933) Toledo

MEDICAL EDUCATION AND HOSPITALS

Ben R. McClellan, Chairman, (1934) Xenia
R. H. Birge, (1932) Cleveland
John F. Wright, (1933) Toledo

MEDICAL ECONOMICS

J. Craig Bowman, Chairman, (1933) Upper Sandusky
E. O. Smith, (1932) Cincinnati
A. B. Brower, (1934) Dayton

SPECIAL COMMITTEE

MILITARY COMMITTEE

H. H. Snively, Chairman Columbus
David H. Moore Urbana
Harry D. Jackson Circleville

COUNCIL COMMITTEES

AUDITING AND APPROPRIATIONS

S. J. Goodman, Chairman Columbus
C. L. Cummer Cleveland
E. M. Huston Dayton

ARRANGEMENTS 1932 ANNUAL MEETING

E. M. Huston, Chairman Dayton
H. S. Davidson Akron
I. P. Seiler Piketon

Delegates and Alternates to American Medical Association

DELEGATES

Wells Teachnor, Sr., (1932) Columbus
Ben R. McClellan, (1932) Xenia
E. R. Brush, (1932) Zanesville
C. W. Stone, (1932) Cleveland
J. P. DeWitt, (1933) Canton
C. E. Kiely, (1933) Cincinnati
C. W. Waggoner, (1933) Toledo

ALTERNATES

D. H. Morgan, (1932) Akron
A. C. Messenger, (1932) Xenia

C. L. Cummer, (1932) Cleveland
G. F. Zinninger, (1933) Canton
L. H. Schriver, (1933) Cincinnati
John Sprague, (1933) Athens

SECTION OFFICERS FOR 1931-1932

MEDICINE

Leo C. Bean, Chairman
Gallipolis
C. S. Mundy, Secretary
125 15th Street, Toledo

SURGERY

M. E. Blahd, Chairman
1420 Medical Arts Bldg., Cleveland
C. R. Steinke, Secretary
1027 Second National Bldg., Akron

OBSTETRICS AND PEDIATRICS

E. G. Horton, Chairman
350 E. State Street, Columbus
B. H. Carroll, Secretary
240 Michigan Street, Toledo

EYE, EAR, NOSE AND THROAT

Albert L. Brown, Chairman
2700 Union Central Bldg., Cincinnati
Ivor G. Clark, Secretary
188 E. State St., Columbus

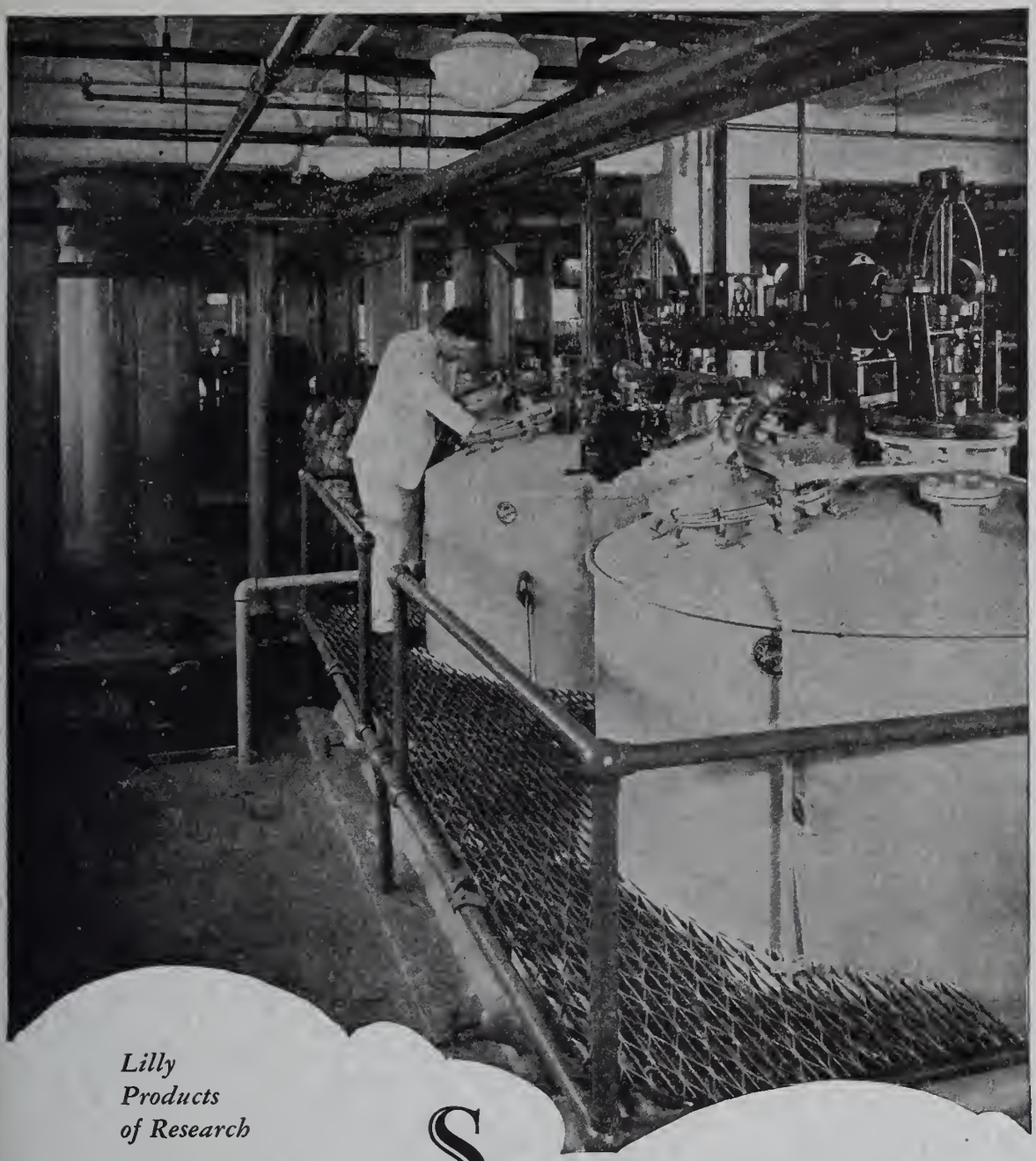
NERVOUS AND MENTAL DISEASES

John D. O'Brien, Chairman
332 Market Ave. N., Canton
J. Fremont Bateman, Secretary
Box 36, Elmwood Place

PUBLIC HEALTH AND INDUSTRIAL MEDICINE

R. C. Engel, Chairman
3102 Independence Rd., Cleveland
R. H. Markwith, Secretary
Court House Annex, Akron

Eighty-Sixth Annual Meeting, Dayton, May, 1932.



Lilly
Products
of Research

STILLS AND CONDENSERS used in the production of Insulin, seen from the second floor level—a view in the laboratories of Eli Lilly and Company, Indianapolis, in which are made

ILETIN (INSULIN, LILLY)

The first Insulin commercially available in the United States

LIVER EXTRACT No. 343 EPHEDRINE PREPARATIONS

AMYTAL SODIUM AMYTAL PARA-THOR-MONE

and an extensive line of Pharmaceutical and Biological Products

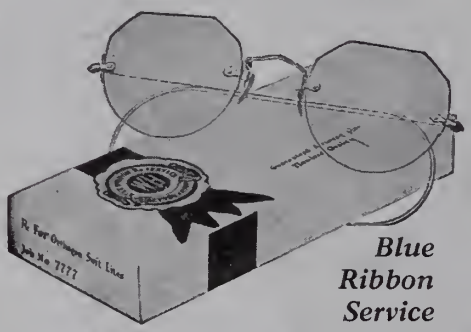
For Use Under the Direction of Physicians

For proper glare protection

√-CHECK

LOOK for the W-H Protection Policy

ORTHOGON SOFT-LITE LENSES



Blue Ribbon Service

Orthogon Soft-Lite √

—it means complete corretcion plus glare protection for your eye patients—it means that they receive the full benefit of your ℞ for glasses. Orthogon Soft-Lite Lenses are made only by Bausch & Lomb. For maximum eye comfort and efficiency—check "Orthogon Soft-Lite" on your optical prescriptions.

The WHITE-HAINES OPTICAL COMPANY

"There's a W-H house near you"

Columbus Cleveland Cincinnati Dayton
Lima Zanesville Springfield
Marion Youngstown

ROCKY GLEN SANATORIUM

McCONNELSVILLE OHIO

FOR THE TREATMENT OF TUBERCULOSIS

"Rocky Glen Gets Results"



LOUIS MARK, M.D., Medical Director, 9 Buttles Ave., Columbus, Ohio
D. G. RALSTON, M.D., Resident Medical Director
H. A. PHILLIPS, Superintendent — A. A. TOMBAUGH, M.D., Resident Physician
Established 1911 — In The Picturesque Highlands of Ohio

STONEMAN PRESS, COLS., O

PRINTED IN U.S.A.

The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY BY
THE OHIO STATE MEDICAL ASSOCIATION
AS A MEDIUM OF SERVICE TO ITS MEMBERS

AUGUST 1, 1931 VOLUME XXVII
Number - - 8

Vital Medical Economics and Governmental Questions Involved in Extension of Medical Service to All Ex-Service Men, Pages 643 to 646 of this Issue.

Program Arrangements for Annual Meeting and Many Other Important Matters Decided by Council at July Meeting, Pages 647 to 652.

THE N.Y. ACADEMY OF MEDICINE
AUG 1931
LIBRARY

Summary of Contents

ORIGINAL ARTICLES

Simple Ulcer of the Intestine. S. C. Lind, M.D., Cleveland 621
Head Injuries. Extracranial, Cranial and Intracranial. Edson J. Brown, M.D., Cleveland 627
Spinal Anesthesia. Subarachnoid Radicular Conduction Block. Paul D. Scofield, M.D., Litt. B., Columbus 634
Poisonous Snake Bite: Etiology and Treatment with Case Report. W. Gordon Hartnett, M.D., Toledo 636
The Lymphocyte in Lymphatic Leucemia With Notes on Prognosis and Treatment. Bruce K. Wiseman, M.D., Columbus 639

EDITORIAL

Experiments in Sickness Insurance 617
Economic Principles vs. Radical Changes 618
Rash or Reasonable Deductions 619
Vital Functions of County Societies 619
Conviction and Principles 620
Broad Field Open to New Physicians 620

STATE NEWS

Vital Medical-Economic and Political Problems Involved in Gradual Extension of Medical Service and Other Benefits to All Ex-Service Men 643
Still Another Warning Against Fraud Artists 646
Committee Appointments, Annual Meeting Program Plans and Details, Policy Matters and Other Questions Decided at Council Meeting 647
Post-Graduate Medical Lectures in Lima, September 8 to 12 652
New Physicians Licensed in Ohio Number Two Hundred and Twenty; Other Action by State Medical Board 653
A Number of New Laws Now Effective in Ohio: State's New Taxation System Adopted by Legislature 655
Deaths in Ohio 657
News Notes of Ohio 658
Public Health Notes 660
Hospital Notes 666
News Notes from County Societies 672
Classified Advertisements 674
Federal Trade Commission Proceeds Against Patent Medicine 678



They'll soon be starting school

SUMMER will soon be over and children will be leaving play to take up their studies in school. At this time, physicians are calling the attention of parents to the need for immunizing their children against smallpox and diphtheria.

In the important work of prevention and treatment of smallpox, diphtheria, and other diseases, the House of Squibb has for many years been supplying the medical profession with the finest biological products that painstaking care and skill can produce.

SMALLPOX VACCINE SQUIBB

—is a highly potent, glycerinized vaccine. It is prepared under strictest aseptic conditions and is not released until it has been shown by independent workers to be capable of producing 100% successful vaccinations in previously unprotected individuals.

SMALLPOX VACCINE SQUIBB

—is marketed in packages containing 1, 5, and 10 capillary tubes, a small rubber bulb and a sterile needle for each vaccination.

SQUIBB DIPHTHERIA PRODUCTS

DIPHTHERIA TOXIN FOR SCHICK TEST—To determine susceptibility to diphtheria.

DIPHTHERIA TOXIN-ANTITOXIN MIXTURE—For active immunization of susceptible persons against diphtheria. Prepared with concentrated Diphtheria Antitoxin from sheep, hence eliminates possibility of sensitizing against horse serum proteins.

DIPHTHERIA TOXOID SQUIBB—(Anatoxin Ramon)—a non-toxic product for active immunization against diphtheria.

DIPHTHERIA ANTITOXIN SQUIBB—For treatment and temporary prophylaxis.

E·R·SQUIBB & SONS, NEW YORK

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

THE SAWYER SANATORIUM

White Oaks Farm, Marion, Ohio

TREATS NERVOUS AND MENTAL DISEASES



THE PATIO

Provides Thorough Diagnosis, Scientific Treatment, Homelike Surroundings, Complete Equipment, Individual and Personal Professional Attention, Splendid Cuisine, all the modern conveniences of the best private homes. Located on an 130-acre farm. Presided over by men and women devoting all their time to the work.

Send for Booklet, Address

SAWYER SANATORIUM WHITE OAKS FARM MARION, OHIO

The Ohio State Medical Association

Ohio State Medical Journal

Entered as second class matter July 5, 1905, at the Postoffice at Columbus, Ohio, under act of Congress of March 3, 1879: Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Oct. 3, 1917. Authorized July 10, 1918.

Published monthly by
THE OHIO STATE MEDICAL ASSOCIATION
131 East State Street, Columbus, Ohio
Telephone: ADams 7045

This journal is published for and by the members of the Ohio State Medical Association. The Publication Committee does not assume responsibility for opinions expressed by individual essayists. It endeavors to maintain a high standard of advertising. Its advertising policy is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

Subscription $3.00 per year; single copies 30 cents.
Issued under the direction of the Publication Committee.

PUBLICATION COMMITTEE
Andrews Rogers, M.D., Chairman (1934) ..... Columbus
Gilbert Micklethwaite, M.D., (1932) ..... Portsmouth
A. B. Denison, M.D., (1933) ..... Cleveland

EXECUTIVE STAFF
Don K. Martin ..... Editor-Manager
Alice B. Haney ..... Advertising Manager

Officers 1931-1932

PRESIDENT
D. C. Houser, M.D. ..... Urbana

PRESIDENT-ELECT
H. M. Platter, M.D. ..... Columbus

TREASURER
James A. Beer, M.D. ..... Columbus

EXECUTIVE SECRETARY
Don K. Martin ..... Columbus

State Council

First District
John A. Caldwell, M.D. ..... Cincinnati

Second District
E. M. Huston, M.D. ..... Dayton

Third District
O. P. Klotz, M.D. ..... Findlay

Fourth District
B. J. Hein, M.D. ..... Toledo

Fifth District
C. L. Cummer, M.D. ..... Cleveland

Sixth District
H. S. Davidson, M.D. ..... Akron

Seventh District
E. B. Shanley, M.D. ..... New Philadelphia

Eighth District
E. R. Brush, M.D. ..... Zanesville

Ninth District
I. P. Seiler, M.D. ..... Piketon

Tenth District
S. J. Goodman, M.D. ..... Columbus

Ex-Officio, The Ex-President
C. W. Waggoner, M.D. ..... Toledo

CORRECTED ROLL OF DISTRICT AND COUNTY SOCIETIES

Societies	President	Secretary	
First District			
Adams	Ray Vaughn, West Union	O. T. Sproull, West Union	3d Wednesday in April, June, Aug., Oct.
Brown	R. B. Hannah, Georgetown	Geo. P. Tyler, Jr., Ripley	4th Wednesday in Feb., May and Nov.
Butler	P. E. Decatur, Hamilton	H. N. Ward, Hamilton	2d Wednesday, monthly.
Clermont	H. E. Cover, Bantam	Allan B. Rapp, Owensville	3d Wednesday, monthly.
Clinton	Kelley Hale, Wilmington	Robert Conard, Wilmington	1st Tuesday, monthly.
Fayette	E. H. McDonald, Bloomingburg	J. F. Wilson, Washington C. H.	1st Thursday, monthly.
Hamilton	L. H. Schriver, Cincinnati	D. T. Vail, Jr., Cincinnati	Monday evening of each week.
Highland	J. D. McBride, Hillsboro	W. B. Roads, Hillsboro	1st Wednesday in Jan., April, July and Oct.
Warren	S. S. Stahl, Franklin	James Arnold, Lebanon	1st Tuesday in May, June, July, Sept., Oct. and Nov.
Second District	Howard Harris, Springfield	H. R. Huston, Dayton	
Champaign	E. W. Ludlow, Urbana	L. A. Woodburn, Urbana	2d Thursday, monthly.
Clarke	D. W. Hogue, Springfield	Wm. M. Runyan, Springfield	2d and 4th Wednesday noon.
Darke	E. A. Fisher, Yorkshire	W. D. Bishop, Greenville	Friday each month.
Greene	W. C. Marshall, Yellow Springs	Marshall M. Best, Xenia	1st Thursday, monthly.
Miami	M. I. Miller, Troy	G. A. Woodhouse, Pleasant Hill	1st Friday, monthly, except July and August.
Montgomery	H. H. Herman, Dayton	Miss M. E. Jeffrey, Dayton	1st and 3d Friday each month.
Preble	J. I. Nisbet, Eaton	C. M. Treffinger, Eaton	3d Thursday, monthly.
Shelby	M. F. Hussey, Sidney	B. S. Stephenson, Sidney	1st Friday, monthly.
Third District	F. M. Douglass, Toledo	E. E. Rakestraw, Findlay	
Allen	W. W. Beauchamp, Lima	E. B. Pedlow, Lima	3d Tuesday, monthly.
Auglaize	F. F. Fledderjohann, New Bremen	C. C. Berlin, Wapakoneta	2nd Thursday, bi-monthly.
Hancock	E. E. Rakestraw, Findlay	J. H. Marshall, Findlay	1st Wednesday, monthly.
Hardin	R. C. McNeill, Kenton	W. N. Mundy, Forest	1st Thursday, monthly.
Logan	Ben S. Leonard, West Liberty	O. C. Amstutz, Bellefontaine	1st Friday, monthly.
Marion	F. E. Mahla, Marion	Kenneth D. Smith, Marion	1st Tuesday, monthly.
Mercer	M. L. Downing, Rockford	F. E. Ayers, Celina	2d Tuesday, monthly.
Seneca	R. E. Hershberger, Tiffin	Robert Benner, Tiffin	3rd Thursday, monthly.
Van Wert	S. A. Edwards, Van Wert	R. H. Good, Van Wert	3d Tuesday, monthly.
Wyandot	B. A. Moloney, Upper Sandusky	J. Craig Bowman, Up. Sandusky	1st Thursday, monthly.
Fourth District	(With Third District in Northwestern Ohio District)		
Defiance	Geo. DeMuth, Sherwood	D. J. Slosser, Defiance	3d Thursday, monthly.
Fulton	L. C. Cosgrove, Swanton	Harold Heffron, Metamora	Semi-monthly.
Henry	T. P. Delventhal, Napoleon	F. M. Harrison, Napoleon	3d Wednesday, monthly.
Lucas	B. G. Chollett, Toledo	A. P. Hancuff, Toledo	Friday, each week.
Ottawa	Geo. Boon, Oak Harbor	Gordon S. Sloan, Elmore	2d Thursday, monthly.
Paulding	L. R. Fast, Paulding	Gaile L. Doster, Paulding	3d Wednesday, monthly.
Putnam	H. H. Sinks, Columbus Grove	Oscar J. Fatum, Ottoville	1st Tuesday, monthly.
Sandusky	J. L. Curtin, Fremont	L. N. Bates, Fremont	Last Thursday, monthly.
Williams	H. W. Wertz, Montpelier	H. J. Luxan, Montpelier	3d Thursday, monthly.
Wood	O. S. Canright, Haskins	F. V. Boyle, Bowling Green	3d Thursday, monthly.
Fifth District	C. L. Cummer, Councilor	Chrm. Com. on Arrangements	Cleveland.
Ashtabula	P. J. Collander, Ashtabula	E. H. Merrell, Geneva	1st Tuesday, monthly.
Cuyahoga	S. C. Lind, Cleveland	Clarence H. Heyman, Cleveland	3d Fri. March, May, Sept., Nov., Dec.
Erie	H. W. Lehrer, Sandusky	G. A. Stimson, Sandusky	Last Thursday, monthly.
Geauga	Clara J. Swan, Chardon	Isa Teed-Cramton, Burton	Last Wednesday, Apr. to Dec.
Huron	John A. Sipher, Norwalk	B. C. Pilkey, Norwalk	2d Thursday, monthly.
Lake	W. R. Carle, Perry	F. J. Dineen, Painesville	4th Tuesday, monthly.
Lorain	W. S. Baldwin, Lorain	W. E. Hart, Elyria	2d Tuesday, monthly.
Medina	R. L. Mansell, Medina	J. K. Durling, Wadsworth	3d Thursday.
Trumbull	H. J. Meister, Warren	R. H. McCaughtry, Warren	3d Thursday, monthly, except June, July, August.

Societies	President	Secretary	
Sixth District	J. G. Blower, Akron	J. H. Seiler, Akron	2d Wed., Jan., April & Oct.
Ashland	G. B. Fuller, Loudonville	H. M. Gunn, Ashland	1st Friday, bi-monthly.
Holmes	L. E. Anderson, Mt. Hope	C. T. Bahler, Walnut Creek	1st Tuesday, quarterly, Jan., April, July, October.
Mahoning	A. W. Thomas, Youngstown	J. P. Harvey, Youngstown	3d Tuesday, monthly.
Portage	A. O. DeWeese, Kent	E. J. Widdecombe, Kent	1st Thursday, monthly.
Richland	D. C. Lavender, Mansfield	C. H. Bell, Mansfield	3d Thursday, monthly.
Stark	H. M. Schuffell, Canton	F. S. VanDyke, Canton	2d Tuesday monthly except July and August.
Summit	C. C. Pinkerton, Akron	A. S. McCormick, Akron	1st Tuesday, monthly.
Wayne	W. B. Turner, Wooster	R. C. Paul, Wooster	2d Tuesday, monthly.
Seventh District			
Belmont	A. T. Hopwood, Holloway	C. W. Kirkland, Bellaire	2d Wednesday, monthly at 1:45 p.m.
Carroll	(With Stark Co. Society)		
Columbiana	E. W. Miskall, East Liverpool	T. T. Church, Salem	2d Tuesday, monthly.
Coshocton	J. G. Smailes, Coshocton	J. D. Lower, Coshocton	4th Thursday, April, June, Sept., December.
Harrison	J. M. Scott, Scio	R. P. Rusk, Cadiz	3d Wednesday, monthly.
Jefferson	M. H. Rosenblum, Steubenville	John Y. Bevan, Steubenville	Last Friday, monthly.
Monroe	G. W. Steward, Woodsfield	A. R. Burkhart, Woodsfield	2d Wednesday, monthly.
Tuscarawas	Jay W. Calhoon, Uhrichsville	R. E. Wolf, Uhrichsville	1st Thursday, monthly.
Eighth District			
Athens	H. T. Phillips, Athens	T. A. Copeland, Athens	1st Monday, monthly.
Fairfield	J. W. Whittus, Baltimore	C. W. Brown, Lancaster	2d Tuesday, monthly.
Guernsey	O. R. Jones, Cambridge	W. L. Denny, Cambridge	1st and 3rd Tuesday each month.
Licking	C. J. Dillon, Newark	D. A. Skinner, Newark	Last Friday, monthly.
Morgan	D. G. Ralston, McConnelsville	C. E. Northrup, McConnelsville	3d Wednesday, monthly.
Muskingum	O. I. Dusthimer, Zanesville	Beatrice Hagen, Zanesville	1st Wednesday, monthly.
Noble			
Perry	W. D. Porterfield, Junction City	F. J. Crosbie, New Lexington	3d Monday, monthly.
Washington	C. A. S. Williams, Marietta	E. W. Hill, Jr., Marietta	2d Wednesday, monthly.
Ninth District			
Gallia	O. A. Vornholt, Gallipolis	Milo Wilson, Gallipolis	1st Thursday, monthly.
Hocking	H. M. Boocks, Logan	M. H. Cherrington, Logan	Quarterly.
Jackson	Gomer E. Jones, Oak Hill	W. R. Riddell, Jackson	1st Tuesday, monthly.
Lawrence	F. R. Stewart, Ironton	Chas. H. Gallagher, Ironton	1st Thursday, monthly.
Meigs	P. A. Jividen, Rutland	Byron Bing, Pomeroy	1st Thursday, April, July and Oct.
Pike	Paul Jones, Stockdale	L. E. Wills, Waverly	1st Monday, monthly.
Scioto	Geo. Martin, Portsmouth	C. M. Fitch, Portsmouth	2d Monday, monthly.
Vinton	O. S. Cox, McArthur	H. S. James, McArthur	3d Wednesday, monthly
Tenth District			
Crawford	K. H. Barth, New Washington	A. E. Loyer, New Washington	1st Monday, monthly.
Delaware	D. S. James, Delaware	F. M. Stratton, Delaware	1st Tuesday, monthly.
Franklin	Joseph Price, Columbus	James A. Beer, Columbus	1st four Mondays.
Knox	W. H. Eastman, Fredericktown	J. Shamansky, Mt. Vernon	Last Thursday, monthly.
Madison	R. H. Trimble, Mt. Sterling	H. P. Sparling, London	4th Wednesday.
Morrow	C. E. Neal, Cardington	Todd Caris, Mt. Gilead	1st Wednesday, monthly.
Pickaway	Glenn D. Sheets, Williamsport	E. S. Shane, Circleville	1st Friday, monthly.
Ross	John Franklin, Chillicothe	W. C. Breth, Chillicothe	1st Thursday, monthly.
Union	H. G. Southard, Marysville	Angus MacIvor, Marysville	2d Tuesday, monthly.

A PRIVATE SANATORIUM WITH HOSPITAL FACILITIES

A quarter century of efficient operation

RATES: $25.00 PER WEEK AND UP



ALCOHOLIC treatment destroys the craving for alcohol, restores the appetite and sleep, and builds the patient up physically and mentally. Whiskey withdrawn gradually. Not limited to one pint of whiskey in ten days.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

DRUG treatment is one of GRADUAL REDUCTION. It relieves the constipation, restores the appetite and sleep. Withdrawal pains absent. No Hyoscine or rapid withdrawal methods used unless the patient desires same.

MILD mental cases have every comfort that their own home affords.

FEMALE PATIENTS: Mild mental separated from mild nervous. Female attendants only; absolute privacy; comfortable, well-appointed ladies' lounge.

Cherokee Road (Long Distance Phone East 1488)

DR. STOKES' SANATORIUM LOUISVILLE, KENTUCKY

Situated in the choice highland section of Louisville, just 20 minutes' ride from all railroad stations

CHICAGO SANITARIUM

FOR THE CARE OF NERVOUS AND MENTAL DISORDERS AND ALCOHOLISM

ALSO DRUG ADDICTION INTELLIGENTLY HANDLED



EVERY FACILITY for care and thorough investigation as well as management of Neuro-Psychiatric problems, including kindred physical infirmities pertaining thereto, is available in the new soundproof building. On admission every case is carefully studied from every angle; routine dental examination is included. Laboratory for routine and special tests is available. Facilities are had for cases for over night stay following a spinal puncture; X-ray is available and an elaborate hydro, physio and mechanotherapy is had.

WHERE HOME-LIKE SURROUNDINGS are a benefit to the patient, one such building is available. Varied entertainment is furnished by motion pictures, radios, books and musicales. The Sanitarium is conveniently located near Lake Michigan and only a few minutes from the Chicago loop, where excellent hotel facilities are available to relatives or friends of out-of-town patients.

DR. ALEXANDER B. MAGNUS, Med. Dir.

2828 Prairie Avenue, Chicago, Ill. ✦ Phone Victory 5600

Windsor Hospital

THE Windsor Hospital and Sanitarium is completely equipped with all the best apparatus for giving Hydrotherapy, Occupational Therapy, and other treatment for all types of Nervous diseases, acute and chronic.

Herbert Sihler
Director

Phone RAndolph 2744

4415 Chester Ave., N.E.
(Formerly 4415 Windsor Ave., N.E.)

CLEVELAND, OHIO
ESTABLISHED 30 YEARS

Any one can make belts, but belts which give compression without uplift may do serious injury

"STORM" The New "Type N" STORM Supporter



Pleases doctors and patients. Long laced back. Soft extension, low on hips. Hose supporters attached.

Adapted for ptosis, hernia, pregnancy, obesity, relaxed sacro-iliac articulations, kidney conditions, high and low operations.

Ask for Literature

KATHERINE L. STORM. M.D.

Originator, Owner, and Maker

1701 Diamond Street Philadelphia

THE COLUMBUS RURAL REST HOME

AT WORTHINGTON, OHIO—JUST NORTH OF COLUMBUS



One of The Cottages—Forty-five Acres of Woods and Lawn

NERVOUS AND MILD AFFECTIVE DISORDERS

A Secluded Spot for Rest and Treatment. Good Accommodations—Kind and Efficient Nursing. Medical—Physical—Psychotherapeutic Measures.

Medical Director
G. T. Harding, Jr., M.D.

Laboratory
Geo. T. Harding III, M.D.

Resident Physicians
Fred'k H. Weber, M.D.
Mary J. Weber, M.D.

Grandview Hospital

MENTAL AND NERVOUS DISEASES

2700 GLENWAY AVENUE, PRICE HILL
TELEPHONE, WARSAW 1784
CINCINNATI, OHIO

T. A. RATLIFF, M. D., Resident Medical Director

Especial feature of treatment

INDIVIDUAL CARE

with Modern Hospital Service

Equipment—modern; **Location**—accessible.
Grounds—a park of 25 acres, well wooded and retired
Descriptive Circular on request

THE ORCHARD SPRINGS SANITARIUM
near DAYTON, OHIO

A Private Hospital For Mental and Nervous Diseases — Established in 1911

This institution, with its modern facilities, its delightful and restful suburban location, and its well-trained efficient organization, has for 15 years been in a splendid position to render skilled beneficial service at reasonable rates.

GEORGE V. SHERIDAN
President

For detailed information, address
CHARLES B. ROGERS, M. D.
Resident Medical Director
R. F. D. No. 13, Dayton, Ohio
Telephone: Lincoln 213, Dayton City Exchange

HILLSVIEW FARMS

A sanitarium equipped for diagnosis and follow-up in convalescent cases.

Physical therapy department equipped and staffed by trained technicians for treatment of such Orthopedic conditions as Torticollis, Congenital or acquired Postural changes, Arthritis, anterior Poliomyelitis, Neuritis and allied Bone and Joint conditions.

We are especially interested in the Anemias, Diabetes and Arthritis.



Write for particulars, or telephone 2650.

WASHINGTON, PA.

Laboratory and X-Ray investigations under direction of Physicians of known and recognized ability.

Food preparations under direction of graduate dietitian. Dining-room and tray service. Milk and cream from our own herd of registered tuberculin tested Jerseys.

Mental cases and drug addicts not admitted.

Located high on the edge of Washington, thirty miles south of Pittsburgh.



THE OXFORD RETREAT
OXFORD, OHIO

For

Nervous
and
Mild Mental Cases

R. HARVEY COOK,
Physician in Chief

Write for Descriptive Circular

New Fire Proof Bldg. Opened June 1926



WHITING MINERAL SPRINGS
Sanitarium and Baths

Hydrotherapy scientifically applied for the treatment of rheumatism and allied diseases together with cases for elimination and rest cure.

Medical department thoroughly proficient and STRICTLY ethical.

First class and modern in every department with moderate rates.

DR. U. G. WHITING, Phy. & Mgr. MARTINSVILLE, INDIANA

THE MERCER SANITARIUM - MERCER, PENNA.

For Nervous and Mild Mental Disorders. Located at Mercer, Pa., 30 miles from Youngstown. Farm of 75 acres with registered tuberculin-tested herd. Re-educational measures emphasized, especially arts and crafts and outdoor pursuits. Modern laboratory facilities.

Address

W. W. Richardson, M.D., Medical Director

(Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.)

"REST COTTAGE"

College Hill, Cincinnati, Ohio

STAFF

F. W. Langdon, M.D. ..... Visiting Consultant
Robert Ingram, M.D. ..... Visiting Consultant
Emerson A. North, M.D. ..... Visiting Consultant
D. A. Johnston, M.D. ..... Medical Director
H. P. Collins ..... Business Manager
Box No. 4, College Hill, Cincinnati, Ohio



For purely nervous cases, nutritional errors and convalescents.

Completely equipped for hydrotherapy, massages, etc.

Cuisine to meet individual needs.

THE CINCINNATI SANITARIUM

INCORPORATED 1873



A strictly modern hospital fully equipped for the scientific treatment of nervous and mental affections. Situation retired and accessible. For details write for descriptive pamphlet.

For Mental and Nervous Diseases

STAFF

Charles E. Kiely, M.D.
Emerson A. North, M.D.
Visiting Consultants
D. A. Johnston, M.D. ... Medical Director
H. P. Collins ..... Business Manager
Box No. 4, College Hill, Cincinnati, O.



Receiving Hospital 2102 Cherry Street
MILD MENTAL AND NERVOUS DISEASES AND GENERAL INVALIDISM

THE TOLEDO SANITARIUM, Toledo, Ohio

2102 Cherry Street Phone Jeff. 3979
JAS. A. BELYEA, M.D., Manager LOUIS A. MILLER, M.D., Neurologist, Supervising Physician

Ferguson-Droste-Ferguson Sanitarium

✣

Ward S. Ferguson, M.D. - James C. Droste, M.D. - Lynn A. Ferguson, M.D.

✣

PRACTICE LIMITED TO
DIAGNOSIS AND TREATMENT OF

DISEASES OF THE RECTUM

✣

GRAND RAPIDS, MICHIGAN
6 Park Ave.—on Fulton Park

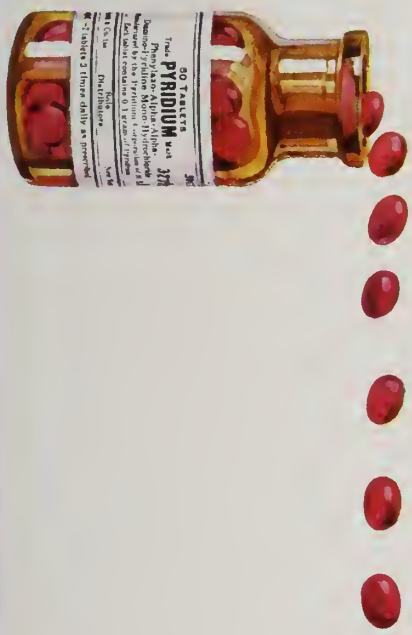
✣

Sanitarium Hotel Accommodations

"COUNCIL ACCEPTED"

TRADE **PYRIDIUM** MARK

PHENYLAZO-ALPHA ALPHA DIAMINO PYRIDINE MONO-HYDROCHLORIDE (A PRODUCT OF THE PYRIDIUM CORPORATION.)



FOR URINARY INFECTIONS

An effective germicide in a chemically stable form used extensively in the treatment of gonorrhea, urethritis, pyelitis, cystitis, prostatitis and other chronic or acute urogenital infections. In therapeutic doses Pyridium is neither toxic nor irritating. It rapidly penetrates denuded surfaces and mucous membranes and is quickly eliminated through the urinary tract . . . Pyridium is available through your pharmacist in four convenient forms: as 0.1 gm. tablets in tubes of 12 and bottles of 50 for oral administration; in solution for irrigations; as an ointment for topical application and as powder in 2, 5 and 10 gm. vials. Write for literature describing the clinical application of Pyridium.



MERCK & CO. INC.

MANUFACTURING CHEMISTS

RAHWAY, N. J.

COPYRIGHT, 1931, MERCK & CO. INC.

"COUNCIL ACCEPTED"

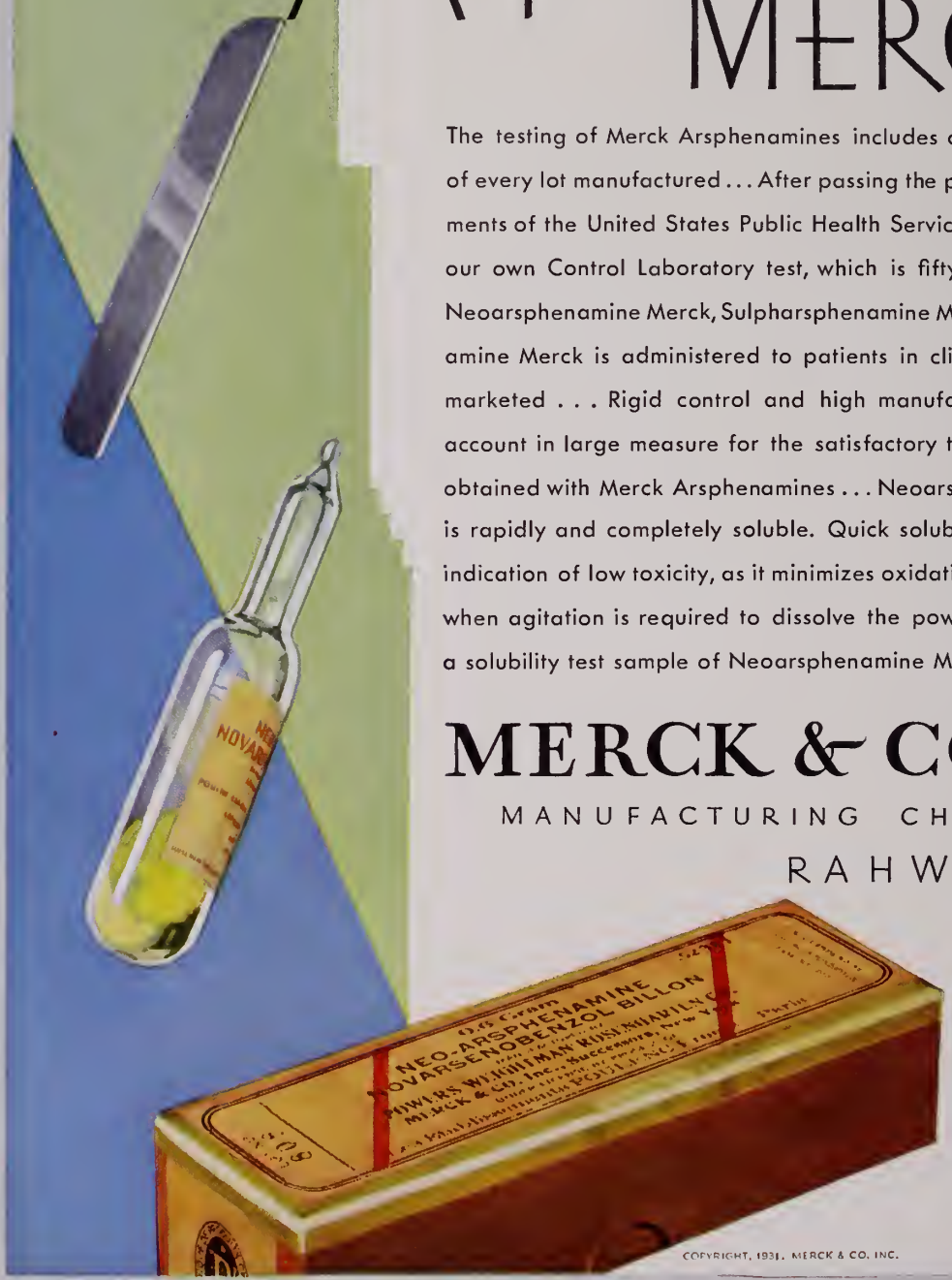
NEO-Arsphenamine MERCK

The testing of Merck Arsphenamines includes a "clinical control" of every lot manufactured . . . After passing the prescribed requirements of the United States Public Health Service for toxicity, and our own Control Laboratory test, which is fifty per cent. higher, Neoarsphenamine Merck, Sulpharsphenamine Merck and Arsphenamine Merck is administered to patients in clinics before being marketed . . . Rigid control and high manufacturing standards account in large measure for the satisfactory therapeutic results obtained with Merck Arsphenamines . . . Neoarsphenamine Merck is rapidly and completely soluble. Quick solubility is in itself an indication of low toxicity, as it minimizes oxidation that may occur when agitation is required to dissolve the powder . . . Write for a solubility test sample of Neoarsphenamine Merck.

MERCK & CO. INC.

MANUFACTURING CHEMISTS

RAHWAY, N. J.



COPYRIGHT, 1931, MERCK & CO. INC.



DR. GAVER SANITARIUM

71 Winner Ave. Phone Fairfax 8315 Columbus, Ohio

DRUG ADDICTION AND ALCOHOLISM NERVOUS AND MENTAL DISEASES

RATES REDUCED

EARL E. GAVER, Medical Sup't.

H. IRVING COZAD, M.D.
G. DEAN TIPTON, M.D.

FAIR OAKS VILLA
AND
COTTAGES

¶ Any NERVOUS or MENTAL CONDITION which in the judgment of the attending physician needs our care, protection or treatment will be received at any time that we have the suitable environment available.

CUYAHOGA FALLS, OHIO

28 Miles from Cleveland
4 Miles from Akron

Reached by
Pennsylvania Lines
B. & O. R. R.
Akron, Bedford, Cleveland Interurban
Kent, Ravenna Interurban



THE McMILLEN SANITARIUM

Cor. Nelson Road and East Fifth Ave.
SHEPARD—COLUMBUS, OHIO

R. A. KIDD, M.D., Superintendent

A PRIVATE NEUROPSYCHIATRIC HOSPITAL, modern in all particulars. Ideal location at the east edge of Columbus. Specialists services, laboratory facilities and well trained nurses. Fifty individual rooms. Patients taken for observation. Phone or write for information. ALCOHOLISM GIVEN SPECIAL ATTENTION.

PAUL W. PALMER, M. D.

21 E. State St. COLUMBUS, OHIO

Practice Limited to

DISEASES OF THE RECTUM

Hospitalization Arranged If Necessary

Office, Adams 2958 Res., Evergreen 1838

HAY FEVER

An Advertising Statement

HAY FEVER, as it occurs throughout the United States, is actually *perennial* rather than *seasonal*, in character.

Because in the Southwest—Bermuda grass, for instance, continues to flower until December when the mountain cedar, of many victims, starts to shed its pollen in Northern Texas and so continues into February. At that time, elsewhere in the South, the oak, birch, pecan, hickory and other trees begin to contribute their respective quotas of atmospheric pollen.

But, nevertheless, hay fever in the Northern States at least, is in fact seasonal in character and of three types, viz.:

TREE HAY FEVER—*March, April and May*
GRASS HAY FEVER—*May, June and July*
WEED HAY FEVER — *August to Frost*

And this last, the late summer type, is usually the most serious and difficult to treat as partly due to the greater diversity of late summer pollens as regionally dispersed.

With the above before us, as to the several types of regional and seasonal hay fever, it is important to emphasize that Arlco-Pollen Extracts *for diagnosis and treatment* cover adequately and accurately all sections and all seasons—North, East, South and West.

FOR DIAGNOSIS *each pollen is supplied in individual extract only.*

FOR TREATMENT *each pollen is supplied in individual treatment set.*

ALSO FOR TREATMENT we have a few logically conceived and scientifically justified mixtures of biologically related and simultaneously pollinating plants. Hence, in these mixtures the several pollens are mutually helpful in building the desired group tolerance.

IF UNAVAILABLE LOCALLY THESE EXTRACTS WILL BE DELIVERED DIRECT POST PAID SPECIAL DELIVERY

List and prices of food, epidermal, incidental and pollen proteins sent on request

THE ARLINGTON CHEMICAL COMPANY
YONKERS, N. Y.

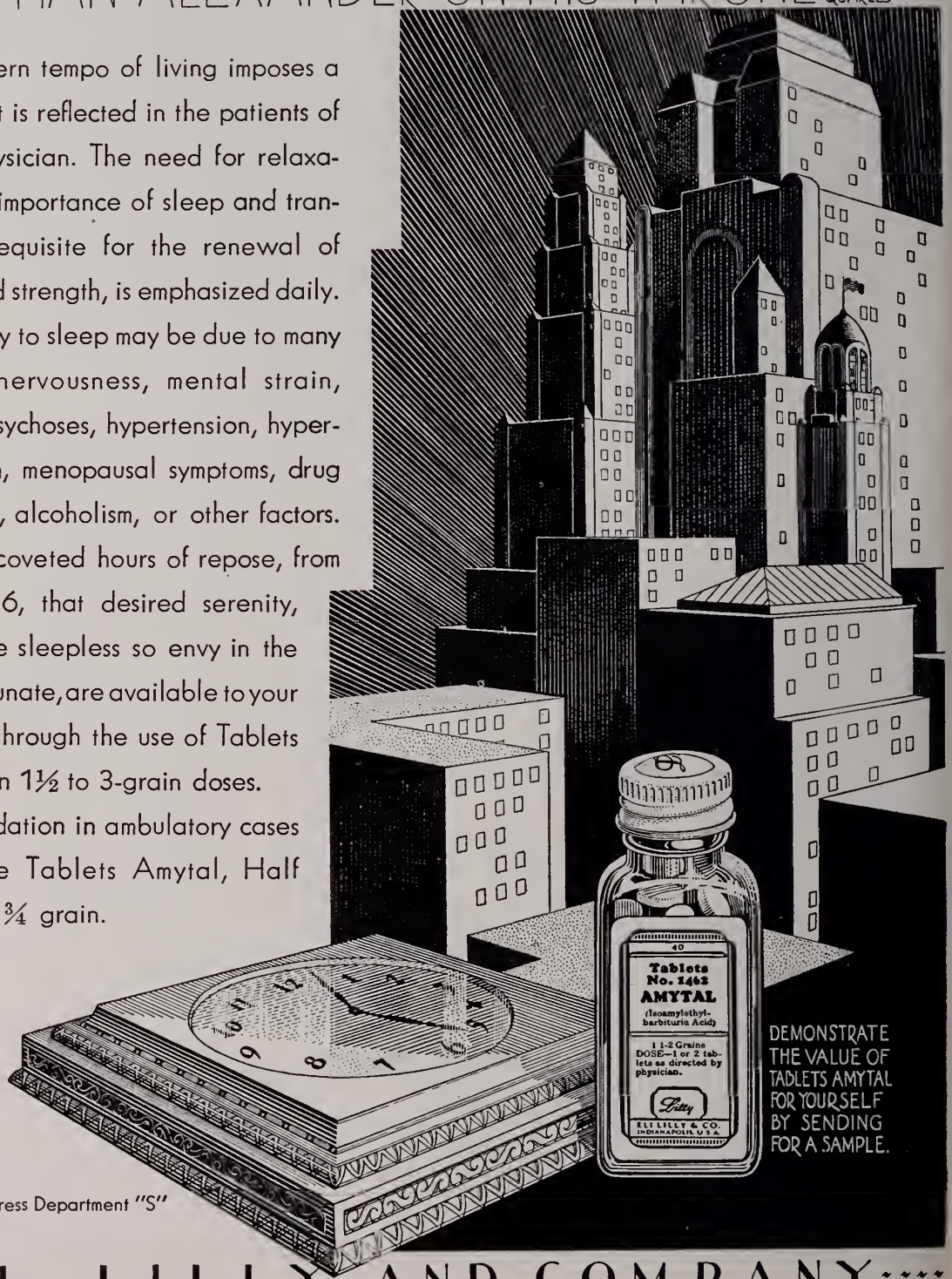
DIOGENES FOUND MORE REST IN HIS TUB THAN ALEXANDER ON HIS THRONE.—QUARLES

The modern tempo of living imposes a strain that is reflected in the patients of every physician. The need for relaxation, the importance of sleep and tranquillity requisite for the renewal of exhausted strength, is emphasized daily.

Inability to sleep may be due to many causes: nervousness, mental strain, various psychoses, hypertension, hyperthyroidism, menopausal symptoms, drug addiction, alcoholism, or other factors.

Those coveted hours of repose, from 10 until 6, that desired serenity, which the sleepless so envy in the more fortunate, are available to your patients through the use of Tablets Amytal, in 1½ to 3-grain doses.

For sedation in ambulatory cases prescribe Tablets Amytal, Half Strength, ¾ grain.



Address Department "S"

ELI LILLY AND COMPANY
INDIANAPOLIS, U. S. A.

from the laboratories of

HOFFMANN-LA ROCHE

Makers of Medicines of Rare Quality



DIGALEN *'Roche'. . for the heart*



These are the matched clubs with which Bobby Jones retained the amateur golf championship.

IN GOLF, THE CLUB IS ADAPTED TO THE SHOT. IN INFANT FEEDING, THE DIET MATERIAL IS ADAPTED TO THE INDIVIDUAL REQUIREMENT OF THE INDIVIDUAL BABY.

IT IS possible to play over the entire course with a single club and bring in a fair score. But playing with only one club is a handicap. The best scores are made when the player carefully studies each shot, determining in advance how he is going to make it, then selects from his bag the particular club best adapted to execute that shot.

For many years, Mead Johnson & Company have offered "matched clubs", so to speak, best adapted to meet the individual requirements of the individual baby.

We believe this a more intelligent and helpful service than to attempt to make one "baby food" to which the baby must be adapted.

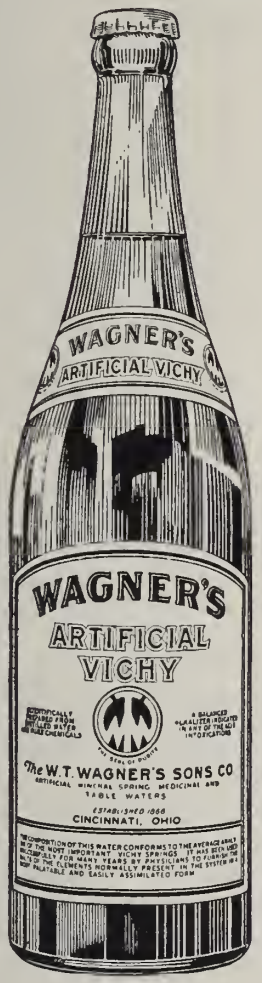
Dextri-Maltose No. 1 (with 2% sodium chloride), for normal babies. Dextri-Maltose No. 2 (plain, salt free), for salt modifications by the physician. Dextri-Maltose No. 3 (with 3% potassium bicarbonate), for constipated babies. "Dextri-Maltose With Vitamin B" is now available for its appetite-and-growth-stimulating properties. Mead's Powdered Non-Curdling Lactic Acid Milks, Nos. 1 and 2. Mead's Alacta. Mead's Powdered Whole Milk. Mead's Powdered Protein Milk (Non-Curdling). Mead's Recolac. Mead's Sobee. Mead's Powdered Brewer's Yeast. Mead's Cereal. Mead's Viosterol in Oil 250 D. Mead's 10 D Cod Liver Oil With Viosterol. Mead's Standardized Cod Liver Oil.

MEAD JOHNSON & COMPANY, EVANSVILLE, INDIANA, U.S.A.

SPECIALISTS IN INFANT DIET MATERIALS AND PIONEERS IN VITAMIN RESEARCH

Assuring . . .

"VICHY RESULTS"



Supplied in bottles containing 24 fluid ounces, one dozen per case.

The medical profession has come to rely upon Wagner's Vichy (artificial) for "Vichy Results" in hospital and home treatment because it . . .

1. Reproduces exactly the elements found in the most important French Vichy Springs.
2. Is accurately uniform.
3. Is extremely palatable.
4. Is quickly assimilated.
5. Is scientifically carbonated.
6. Is made from distilled water and pure chemicals.
7. Contains the salts normally present in the system.
8. Is used without adding water.
9. Permits increase of fluid intake.
10. Is a balanced and efficient alkalizer.

For your patient's protection, always write "Wagner's Vichy" in your prescriptions.

THE W. T. WAGNER'S SONS COMPANY

1920-26 Race St.,

CINCINNATI, OHIO

ENZYMOL

For Topical Application

Observations of the action of gastric juice outside the body show a usefulness for a properly prepared product of this nature. An example of one of its indications is solution of necrotic and carious bone tissue.

ENZYMOL is an extract of the fresh stomach tissue juice, specially designed for topical application.

ENZYMOL is put up in convenient vials. It requires ordinarily for use, dilution with an equal volume of water; also with hydrochloric acid especially for cases in which this may be desirable—refractory tissue, large cavities, etc.

Originated and Made by

Fairchild Bros. & Foster

NEW YORK

PUBLIC HEALTH - SOCIAL WELFARE MEDICAL ECONOMICS and ORGANIZATION PROBLEMS

With Editorial Comment by D.K.M.

Experiments In Sickness Insurance

Experiments now under way in various parts of the country in establishing voluntary group insurance or benefit systems to provide costs of medical, hospital and nursing services are being watched with interest by those attempting to solve the economic problems of sickness and injury.

Health and sickness insurance, while not an innovation, has not been pushed by the larger insurance companies and only a small portion of the public has availed itself of this kind of coverage.

To test the principle of insuring individuals and families so that they can meet emergency medical and hospital bills, groups in scattered parts of the country have organized joint benefit systems.

The operation of one of these group organizations is described by Richards M. Bradley in a recent issue of the *Graphic Survey*. Mr. Bradley, who is associated with the Thompson Trust, helped to set up one of these plans in Brattleboro, Vermont.

In his analysis of the plan, Mr. Bradley presents an argument in favor of the voluntary sickness insurance idea and believes it to be the most forceful argument against state medicine and similar types of bureaucratic medical service.

"Excessive charges for those who pay are not the whole trouble," writes Mr. Bradley concerning what he terms the "economic distortion" in the present system of medical service. "Many hospitals are crippled by not charging enough and by not collecting what they charge. The cause of this failure is that the middle-class customer who uses hospital service often needs to be financed if he is to pay cost of production. When confronted by a medical or surgical emergency he has to meet a big and unexpected expense which usually comes only once or twice in a lifetime. His condition resembles that of a man who has to buy a new house or rebuild after a fire. It has long been recognized in the business world that in handling such kinds of business, insurance is an essential element. The whole mortgage-loan system of our savings banks is built on that assumption and could not exist a year without insurance. This hospital customer needs financing far more than the installment purchaser. If he were buying a motor, or furniture, or an electric refrigerator, business management would quickly see to it that he was properly financed. * * *

"If a family cannot meet moderate insurance payments it evidently needs treatment for general financial debility and is not a victim of defect in the medical system. In communities whose whole working population has no margin above bare subsistence, there is need for real charity in the form of better payrolls, whether produced by industrial improvement, by control of immigration or by other remedies that attack the causes of poverty rather than its symptoms. Charity can be applied when it is needed without ruining and distorting the service due those who can pay for themselves, and without injuring and undermining legitimate medical practice. A soundly organized system in any healthy American community could take all necessary charity work in its stride, making it a mere incident to general service.

"The individual who can make regular insurance payments and does not care to do so is in another category. If, through insurance, he is only given the chance (which at present he usually lacks), the failure and humiliation is his, and not that of the medical system. But once let the chance become available for the ordinary man to cover his medical emergencies, then enlightened public opinion brings correction of many such errors by stimulating foresight and self-help. This has been the history of the beginnings of life and fire insurance and of the rise and growth of the savings bank and the credit union. Supply creates the demand as one family after another experiences the benefit of foresight."

Systematic financing programs by individuals and families during periods of emergency, illness or injury, similar to modern methods for financing other necessities and conveniences, *may* eventually be found to be *one* of the remedies for the present struggle many have to meet the cost of sickness. This may not be what is usually considered "sickness insurance" but perhaps a voluntary plan of "income insurance," under which a beneficiary would receive cash benefits from which he could employ and pay the physicians and hospitals of his own choice.

However, the great majority of plans that have

already been tried have failed for one reason or another, and a few that have apparently met with some success have been in operation for too brief a period to furnish full assurance that they are sound and practical.

There are many hidden dangers in those undertakings which attempt to establish a direct clearing house between physician and patient or hospital and client. The evils of the so-called panel and socialized systems, as practiced in England and Germany; disturbance of the close personal relationship between physician and patient, and overstandardization are liable to creep into such programs, making them detrimental to the public and to those rendering the service.

Some pertinent comments regarding the so-called health, hospital and benefit associations were made by the Judicial Council of the American Medical Association in its report submitted to and adopted by the A.M.A. House of Delegates at the recent Philadelphia meeting.

"In reports previously submitted to the House of Delegates, the Council has referred to organizations controlled by groups of laymen, or by individuals, offering medical and hospital service to any who will buy 'membership' and pay a nominal sum each month as 'dues'", the Judicial Council report stated.

"Such schemes have been put into operation in various places and have failed within a few weeks or months because of inadequate income or because of failure to render good service. The Judicial Council has regarded these schemes as being economically unsound, unethical and inimical to the public interest.

"Within the last year, some community hospitals have announced their intention to provide medical, surgical and hospital service to families on a flat rate basis. In at least one instance, such service has been offered to families for $35 a year, irrespective of the number of members in such families. In most instances, certain exceptions are made in that persons with chronic diseases are not entitled to receive the benefits of the plan and obstetric service is not supplied without additional compensation. The members of the Judicial Council doubt that it is wise to lead the people in any community to believe that all necessary medical and hospital service, even though chronic diseases and obstetric care be excepted, can be provided for the average family for $35 a year. In the cases presented to it the Judicial Council has advised against the adoption of such plans by community hospitals because it is believed that they are not economically sound in that they may be unfavorably affected by conditions entirely beyond control and under which contracts cannot be fulfilled. There are other aspects of the matter that readily present themselves for consideration involving the interests of physician in the community who cannot participate in such plans."

Thus, it may be seen that while the idea of financing sickness through insurance, benefits, etc., at first glance may appear to be a partial solution to some of the medical economic problems, there are many ramifications of such plans to be taken into consideration, some of which are unsound and impracticable enough to call for further study and consideration before the undertakings are given support.

Thrift and saving, by individuals, through some sort of voluntary plan and whether or not it includes some sort of non-governmental insurance may after all be the best "insurance" to meet the emergency costs of sickness provided the individual may select his own physician and compensate him adequately.

Economic Principles vs. Radical Changes

Answering the critics who have taken it upon themselves to criticize business for its failure to produce a Moses to lead the world from the depths of depression or perform some sleight of hand trick to cure economic ills, Merle Thorpe, the far-sighted editor of *Nation's Business*, declares:

"The science of economics is quite a different thing from the art of politics, and this in no disparaging sense. Politics has its ear to the ground. It is easy to get popular support for any proposal which carries the magic words of 'government' administration and 'government' expense. But economics must see the thing clear through and locate the station at which we are to get off.

"Business has no bag of conjurer's tricks. It can wrest no screaming headline from the press by pulling a rabbit out of the hat to the pop-eyed wonderment of the populace. But, stripped of pretense, of politics, of partisanship, it can give sane direction to the forces of reconstruction."

Mr. Thorpe in his effective style also has indirectly answered the carpings of those advocating radical changes in the existing order as it relates to medical service.

The medical profession, which willingly admits that alterations in the present set-up for administering to the sick and injured public may be necessary, does not believe that any of the subtle tricks of legerdemain will successfully meet the issues or produce the desired effects. In fact, the great majority of the so-called remedies that have already been tried—most of them the suggestions of persons unfamiliar with the basic factors involved—have done little but confuse the public mind and breed discontent.

Modern medical service cannot be divorced from the economic factors found in all business. No matter who renders the service or by what means, the same old troublesome problems of

supply and demand, cost, quality, quantity, etc., are present and must be considered.

And, as Mr. Thorpe has pointed out, the science of economics moves slowly and cautiously, and is in the final analysis the principal agent in the solution of such complex and intricate questions.

The medical profession, which is making an honest and sincere effort to solve some of the questions now before it and hopes to remedy any proved inefficiencies in the present system of supplying medical service to the public, has been wise in not permitting itself suddenly to be swept off its feet by the ill-advised and impractical suggestions of theorists and the radical programs of socialistically-inclined uplifters.

Rash or Reasonable Deductions

A report of the personal loan department of the National City Bank of New York shows that during the first 20 months of this service $40,000,000 was lent, largely to members of the so-called middle class and that $12,000,000 of this amount "was made available in cash to doctors, dentists and hospitals on behalf of patients who otherwise might have had to forego proper care, who might have had to ask for charity, or else delay payment altogether".

Interesting figures, to be sure, but hardly illuminating enough to substantiate the statement made by one writer that they are "new evidence of the financial straits to which illness drives middle-class families".

For what was the balance of the $40,000,000 lent—$28,000,000—used? Was this $28,000,000 split by the automobile dealer, radio salesman, electric sweeper man, or the dealer in the hundred and one other luxuries which have become so "necessary" to the average family.

How many of those who participated in this huge fund were making installment payments on articles they couldn't afford and didn't need at the time they became borrowers?

What proportion of the clerks, salesmen, public employes, mechanics, etc., listed as clients of the bank's loan department were making a desperate effort to live within their means and attempting to budget their living expenses so that a portion of each pay check could be placed in a saving account?

How many of the thousands who withdrew $12,000,000 for medical and hospital service had been farsighted enough to set aside each week or month a part of their earnings for emergencies, such as illness or injury?

These are a few of the questions that must be answered before conclusions are drawn and rash statements made relative to any question concerned with the "financial straits" in which the person of moderate means finds himself when it comes to meeting the financial obligations of illness or injury.

Vital Function of County Societies

The State Medical Association fills a definite need in each country, but to the man who is practicing medicine, his local County Society is much more important, according to Dr. A. W. Thomas, president of the Mahoning County Medical Society, writing in that society's Bulletin.

"Perhaps this is because this Society is not as remote as others," Dr. Thomas continues, "and because he feels that he is among his personal friends, and that he has more to say about the conduct of the group than he has about the State or National Societies. This appears to be the situation, and it will not soon change. And for this reason it occurs to me that each County Society should be developed to its full possibilities. So many county medical societies have but one interest—that of having a monthly meeting and being addressed by a scientific speaker. This is the extent of their activity and it is indeed an important one, but why stop at that? It is true that financial limitation precludes expansion of the smaller societies but there are many which could have a broader usefulness if they were not bound down and gagged by too strict adherence to precedent and tradition and by a most ridiculous catatonic pose on the part of some of the membership, which they think of as being 'professional dignity'."

Dr. Thomas emphasizes a basic principle in medical organization by urging the expansion of county society activities. There can be no disputing the fact that each county medical society is a pillar upon which the structures of state and national medical organizations are built. In fact the State Association is the aggregate of its county units. Without the county societies, national and state organizations could not exist—at least could not function to any degree of efficiency. On the other hand, national and state medical organizations have continued for many years and progressed rapidly because physicians in their own communities have given freely and unsparingly of their time and effort to organized activities.

It is quite right that every physician should consider his county medical society the most important link in medical organization. As a matter of fact, it is. County medical societies which carry on balanced and helpful programs of activities, supported by an enthusiastic and active membership, are distinctly greater assets to the state and national organizations than those having potential strength but which fail to develop it.

The advancement and progress of the national and state units of organized medicine will depend largely on how well the individual county units meet current issues in medical affairs through the cooperative and active interest of their mem-

berships. Naturally the State Association is necessary to establish and maintain contacts of a state-wide nature and to effectively represent the entire membership, from all counties, in problems and activities of general interest and application.

Conviction and Principles

During the current economic crisis, created by the drought and business depression generally, physicians as well as others have been confronted with many serious and complex financial problems.

Many physicians, working almost to the breaking point to halt the invasion and spread of disease and sickness which usually accompany periods of depression, have seen their personal income shrink as charity cases increased, and collections from families usually able to pay were delayed.

Through it all, the medical profession has carried on and has met the situation with traditional courage and inspiration.

The editor of the *Kentucky State Medical Journal* sums up the attitude of the medical profession generally when he writes:

"During this, the greatest disaster that has ever affected our people, we have endeavored more completely to win their gratitude by giving them, rich and poor alike, a greater service and we feel proud that we have been more worthwhile as a profession than we have ever been before."

Furthermore, this same writer issues a challenge to those who have used present chaotic conditions as an excuse to over-ride the objections of the medical profession against the socialization of medicine and the placing of physicians on a salaried basis.

"Even in this crisis," he writes, "the medical profession maintains its firm conviction that the practice of medicine is inherently an individual responsibility. We are opposed to the state practice of medicine. We believe that every individual should be free in the choice of his physician for personal services. We believe that every private practicing physician should receive his compensation from his patients in proportion to the services rendered. We are opposed to the panel system, or any other form of socialism in medicine."

Such loyalty to duty and service and courage of conviction is deserving of admiration—and may go far toward preventing the destruction of a system which has stood the test of generations, rather than the inauguration of a system, which Gilbert K. Chesterton has facetiously declared to be "merely delegation of the practice of medicine to a group of people in buttons".

Broad Field Open to New Physicians

Elsewhere in this issue of *The Journal* appears a list of some 200 medical college graduates who were recently granted licenses to practice medicine in Ohio.

These young men and young women have been successful in meeting the highest educational requirements. They have been through the longest and most rigorous courses of academic training. They have received instruction from medical educators of proved ability and have been counselled by men of experience in varied branches of medicine. They have had the advantages afforded by the most modern of technical equipment and appliances. They are facing the world with high hopes.

What of the future?

Their success or failure in the practice of their profession depends largely on their ability to apply what they have absorbed in their academic career and to adjust their knowledge in the science of medicine to new experiences and unforeseen situations.

For those who are about to begin their career in the field of medicine, the advice of C. A. Dykstra, city manager of the City of Cincinnati, contained in his recent address at the annual banquet given by the medical alumni society of the University of Cincinnati, may be considered timely.

Addressing his remarks to the members of the 1931 graduating class of the College of Medicine, University of Cincinnati, Mr. Dykstra said:

"The physician has it in his own hands to determine pretty much the course of his experience and what he shall do with his training. To that man or woman who in graduating continues to think of himself as a student, an experimenter, an observer, and a teacher of the human race, to that man there must come eventually the laurels which rest so graciously upon a human brow. A trained physician constantly observing and constantly studious, can find his way and make his way in almost any community, and the young physician just now coming out has perhaps the greatest opportunity that there is. For, we have a little better understanding of what a few of the problems are, and we have a glimpse into what has to be done. There is some spot in this vast field for almost everyone. There is a place for him to make a mark. To discover or to effect a cure, to change a human life—an opportunity such as most young folks coming from our colleges these days do not have.

"And, so it is with at least a note of optimism in a very depressing period of American and world experience, that I suggest in hopeful vein that in the field of medicine there is still opportunity along any number of lines, and that in many directions lies greatness for men and women equipped to find it."

Simple Ulcer of the Intestine

S. C. LIND, M.D., Cleveland

ULCERATION of the intestine associated with and dependent upon general constitutional disease is not uncommon. The most characteristic lesion in typhoid fever is ulceration in the terminal ileum. Postmortems upon patients dead as a result of uraemia often show ulceration in the intestine. Chronic poisoning encountered in certain occupations involving contact with lead, mercury, and arsenic, frequently leads to intestinal ulceration. Amoebic dysentery, tuberculosis, actinomycosis, are other diseases in which ulcers are found in the intestine. In all these conditions the ulcer is but part of the picture, is one phase of the disease, and is unlike the so-called simple ulcer, which is the disease, and for which no certain etiology is known.

By simple ulcer of the intestine is meant a nonspecific ulcer or ulcers, which have a fairly characteristic gross and microscopic appearance. Barron[1] says that no more than six simple ulcers have been found in one case, that the majority of patients have only one ulcer, but that two or three are fairly common. Barron, whose paper on "Simple, Non-specific Ulcer of the Colon" is earnestly commended to those interested in this subject, states that in 36 patients there was a single ulcer, while in 16, there were several, usually close to each other.

Various theories have been advanced to explain the etiology of simple ulcer. Until animal experiments give us proof, these speculations will remain without firm foundation. A certain number of writers (Fischer[2], Makai[3], Nordmann[4] and Moll[5],) emphasize the thrombosis in the arteries in and near the ulcer, and believe that this circulatory disturbance is responsible. They explain the thrombosis as secondary to appendicitis, cystitis, parametritis, and epidydemitis. Appendicitis may be a factor in ulcer of the cecum and ascending colon, but can scarcely explain an ulcer in the small intestine. Gali[6] reports the record of a 40 year old woman who experienced three repeated perforations of the small intestine. The first occurred September 17, 1918, and was diagnosed as appendicitis and peritonitis. A perforation the size of a matchhead in the center of an indurated area about one-half inch in diameter was found some 16 inches from the ileocecal valve. On April 16, 1919, this patient was operated upon for appendicitis at which time the intestine appeared to be normal, and showed no evidence of the perforation. No areas suggesting ulcer were found. This patient experienced two more intestinal perforations, one, October 26, 1919, and the last, January 17, 1921. At both the operations a segment of ileum was resected. Interestingly enough, the last abdominal catastrophy was correctly diagnosed as "perforation", and is the only instance I found of a correct diagnosis before operation. Now we come to the striking features of this case. Some two weeks before each perforation the woman suffered from furuncles in the external auditory canal, and Gali believes that the ulcers were secondary to the furuncles. However, the patient was taken to the Mayo Clinic with the hope that some focus of infection could be found, the removal of which would prevent the development of another ulcer. Two abscessed teeth were discovered and removed, and it was thought that bacterial emboli from the abscesses localized and thrombosed the capillaries of the intestine, which permitted the ulcer to develop. We must admit that it is difficult to understand why bacteria in the blood stream thrombose a few small vessels in the intestinal wall, and start an ulcer. This is the one case which suggests that bacteria from a distant focus may cause the development of a simple ulcer of the intestine. Taylor[7] says that we have no proof that infection via the blood stream is a cause.

Konig[8] thinks that trypsin plays a role, but does not explain this beyond stating that the intestinal mucosa contains areas resembling gastric mucosa. Nickolson[9] says that these areas are found only in the jejunum, and not in the ileum. Such being the case this theory fails.

The last theory and the one which seems reasonable, and may well explain many of the ulcers reported, is that of injury to the intestinal mucosa by foreign bodies in the intestinal tract. Levy[10] mentions this possibility. Barron states, "Erosions, fissures, cracks, might be caused by a foreign body such as seeds, and bones". Whether constipation per se can bring about an erosion or fissure is questionable. Bearse[11] suggests that a fish bone for example may injure the intestine, pass on, and later the site of injury becomes the seat of an ulcer. He believes that certain cases of peritonitis of uncertain etiology may be explained in this basis. Genzburg and Biller[12] make almost the same statement as Bearse, namely, that foreign bodies may injure the mucosa, yet pass "via naturalis". "Some cases of pericolitis and omentitis of undetermined origin may be due to foreign bodies." In more direct support of this Bigger[13] reports the case of a male negro, 43, in whom operation disclosed an ulcer one-half centimeter in diameter at the junction of the upper and middle third of the ileum. This man died 15 days after operation, and at autopsy a prune seed was found in the abdominal cavity near the site of the ulcer. Fish bones and chicken bones (Ginz-

burg & Biller) usually penetrate slowly, and set up a local peritonitis and abscess. The intestine is found healed, and its contents is prevented from escaping, because the foreign body acts as a plug.

The immediate cause of a perforation is often a strain or trauma. Pierce[14] reports the case of a man 50 years of age who two days before admission struck his abdomen against the corner of a pool table. At operation two small punched-out perforations were found about four inches from the ileocecal valve. Fischer's first case is that of a man who two days before admission experienced a sudden, severe pain in the abdomen while chopping wood. At operation a perforation the size of a pea was discovered in the jejunum.

Most articles on simple ulcer of the intestine compare this type of ulcer with that found in the stomach and duodenum.

Barron writes, "It would seem that simple ulcer of the colon must be a manifestation of the same general disease as peptic ulcer, and that they have a common etiological factor". Just what this factor or factors may be is an unsolved problem. We may speculate and theorize, but must admit that the cause of simple ulcer of the intestine is unknown.

The simple ulcer may pursue one of several courses. (Barron, Konig). First, one can conceive of it healing. Usually the unperforated ulcer gives rise to very indefinite, vague, and minor subjective symptoms before perforation takes place, and it is possible that some attacks of undiagnosed discomfort within the abdomen, which recover in a short time, are due to an acute ulcer of the intestine. Second, the ulcer may perforate suddenly and set up a general peritonitis. Third, they may be more chronic in their development, and form adhesions to neighboring structures, thus resembling the penetrating ulcer of the stomach and duodenum. This type occurs in the large intestine. Ulcers of the small intestine perforate into the abdominal cavity. (One exception note later). The omentum and near-by organs do not seem to adhere to the threatened area, and thus limit the spread of escaping bowel contents. Finally the ulcers may heal with the deposit of fibrous tissue leading to stenosis.

The pathology is fairly characteristic. The mucosa is first involved and finally the submucosa. The crater is funnel-shaped with the apex pointing toward the peritoneal coat. When the ulcer is acute and perforated, it presents a clean, punched-out appearance. The edges are somewhat thickened, and induration extends a varying distance from the crater. Beyond the rather circumscribed area of induration the intestine is quite normal both grossly and microscopically. Perforations range in diameter from a minute opening (Fischer) to a centimeter. The majority are three or four millimeters across. On the other hand the indurated area is reported as being from a centimeter to the size of a dollar. The direction of the process may be either annular or parallel with the long axis of the bowel. Some ulcers are oval, others round, all are more nearly round than oval. Except for two cases of ulcer of the rectum, and one wonders whether these should be included in Barron's tabulation, gross hemorrhage was never noted. The simple ulcer, unlike the peptic ulcer, does not bleed. In the small intestine they occur nearer to the antimesenteric border than the mesentery.

Microscopically the intestine shows thickening of all its coats, with necrosis at the edges of the crater. There is inflammatory infiltrations with leucocytes, lymphocytes, and occasional eosinophiles. Small hemorrhages are seen. The vessels usually show thrombosis. If the process is more chronic, fibrous tissue is present, and probably represents a reparative reaction. The older the ulcer, the greater the amount of fibrous tissue. likewise, the more fibrous tissue, the less danger of perforation.

The following tables are taken from Barron's article on "Simple Ulcer of the Colon".

Age incidence:

Male—Youngest—20. Oldest—72. Average—43.5 years.

Female—Youngest—18. Oldest—80. Average—41.25 years.

The occurrence is twice as frequent in men as in women; out of 53 cases, 34 were males, 17 females, and in two reports the sex was not given.

The location: Cecum, 15; Ascending colon, 13; Hepatic flexure, 3; Splenic flexure, 5; Descending colon, 12; Sigmoid, 11; Rectum, 4.

Mummery[15] reports one case in which the ulcer involved the transverse colon. Forty-two ulcers were found to be perforated; 11 were not perforated.

Ulcers of the small intestine occur twice as often in the ileum as in the jejunum, and are usually in the lower ileum. Their relation to the sexes is about that of the colon.

SYMPTOMS

Very few symptoms are noted before perforation. Several exceptions to this statement are found in the literature. Konig reports the case of a 47 year old woman, who suffered an attack of sudden, severe abdominal pain three years before operation. This attack lasted one month. A year later she had a similar attack, while seven months preceding the operation there were attacks of pain and nausea lasting several days. At times there was diarrhea, and again there were periods of constipation. At operation he found a stenosis of the lower ileum with a strand of tissue in which there was a fistula a millimeter in diameter connecting the ileum and sigmoid. This explains the long duration of the symptoms. It is an instance in which the ulcer did not perforate into the abdominal cavity.

Fischer reports that a girl of 14 years suffered abdominal pain, discomfort, and loss of appetite for four weeks before being admitted to the hospital with the diagnosis of perforated appendix. At operation an ulcer of the cecum was found. Her acute symptoms began two days before she entered the hospital.

However, the average case experiences little discomfort until the ulcer initiates severe distress, which brings the patient to the surgeon. There may be vague abdominal pain, loss of appetite, and nausea. Constipation is the rule. Perhaps there is general malaise. With perforation the picture changes. The pain is excruciating, vomiting occurs, and shock is present in varying degrees. After a time a period of betterment may occur. The organism has reacted. Soon symptoms of peritonitis develop. The flat, hard abdomen becomes distended. Respiration and pulse are increased in rate. The face assumes an anxious, "drawn" look. The secretion of urine diminishes. General peritonitis is present. If the ulcer is less acute, the abdominal symptoms are less severe, and the pain is more or less localized.

The objective findings are indicated by the subjective. In cases of perforation the abdomen presents a board-like rigidity. Palpitation is unsatisfactory. Most patients are unable to localize the point of greatest tenderness. Free fluid is not demonstrable at first, and distention does not take place until some time after perforation. The patients are obviously, critically ill, but what is causing the condition is far from obvious.

DIAGNOSIS

The difficulties in diagnosis and the various diagnoses made before operation are well indicated in the following table. If we except two cases of ulcer of the rectum, and the third perforation in Gali's case were all missed.

20 cases—no diagnosis
10 Appendicitis
5 Peritonitis
3 Perforation with Peritonitis
1 T. B. Peritonitis
4 Obstruction-in one, cancer as cause of obstruction
1 Tumor of spleen. Colitis
2 Ulcer of rectum. Correct diagnosis seen with proctoscope
1 Carcinoma of cecum
1 Perityphlitis
1 Paracecal abscess
1 Strangulated hernia
1 Renal disease
1 Intestinal obstruction
1 Intussusception

According to Barron, the correct diagnosis was established either at operation or autopsy in all of the above.

Perforated ulcers of the small intestine are usually diagnosed as appendicitis or perforated ulcer of either duodenum or stomach.

A correct diagnosis is almost impossible. Pierce advises that demonstrating free gas within the abdomen with Roentgen rays may suggest the diagnosis. At least, the presence of gas points toward a perforation, and if the history and physical findings speak against a duodenal or gastric perforation, a lesion of the intestine may be inferred. Levy notes that pain is better after a bowel movement. Stenosing ulcers cause symptoms of obstruction, and the Roentgen ray will usually indicate the site of obstruction.

The prognosis is grave. Konig states the mortality as being 58 per cent in perforated simple ulcer of the small intestine subjected to operation, and 100 per cent in those not operated. The case quoted earlier in which an ulcer of the ileum perforated into the sigmoid discredits this later figure. Of the 53 cases in Barron's paper, 15 are reported cured. These 53 cases were ulcers of the colon.

Treatment is surgical and should be instituted at the earliest possible moment. Supporting measures, salient, glucose, and gastric lavage are of some value both before and after operation. Taylor offers a valuable suggestion. He recommends that the surgeon palpate the abdomen just before the anesthetic has abolished the abdominal reflexes, note the point at which muscle spasm is last to disappear, and make the incision over this area. Occasionally the surgeon is fortunate enough to discover the perforation at once. Usually some search is necessary. The free turbid fluid often of fecal odor suggests a perforation. The escape of gas is better evidence. After the perforation is found, it may be sutured, excised, or the segment of bowel may be resected. Probably one should content himself with suture. Critically ill patients are poor subjects for prolonged operation. Find the opening. Flushing the abdominal cavity with saline is of doubtful value. The surgeon must do what seems to be best for the particular case. If the ulcer is not found and the condition of the patient precludes an extended search, drainage and post operative "peritonitis regime" offers a slender hope. When dealing with a non-perforated ulcer, either excision or resection, probably the latter, is good surgery. Again the condition of the patient and the technical difficulties should be nicely estimated before making a decision.

CASE REPORTS

Case 1. M. T. Male, 52 years—Motorman, admitted February 2, 1927, with a complaint of pain in the abdomen and vomiting. He denied any serious illness, and claimed to have been well until eight months ago when he first noted gas after meals, and pains in the abdomen, but not related to eating. During the past four months he had "spells" of diarrhea, lasting several days. No blood or mucus were noted in the stools. The appetite was good. There had been no vomiting. Within the last eight months the patient had lost 45 pounds. Venereal disease was denied. The patient was the father of three healthy children. His wife denied having had miscarriages.

Yesterday the patient had rather severe ab-



Case 2: The large amount of subserous fat and the div erticulum (A) are shown.

dominal pains, but finished his run before consulting a physician. The physician suspected appendicitis, and sent him home. At this examination the temperature was normal.

During the night he suffered severe pain, and vomited several quarts of dark, odorless fluid. The physician found the patient much worse when he called early in the morning of February 2, and sent him to the hospital.

Physical examination: The facies indicated pain. The eyes were sunken, and the tongue was dry and coated. The patient lay on his back with his knees flexed. The pupils reacted.

The chest showed nothing remarkable. His pulse was 110, and of small volume. Temperature 101, respirations 20, thororacic in type B.P. 140/90. The abdomen was moderately distended and symmetrical, liver dullness was not obliterated. The muscles were very rigid. Tenderness to pressure seemed a little more pronounced just below and to the left of the umbilicus. The patient was too ill to justify an attempt to demonstrate shifting dullness.

Rectal examination: No growth was felt. The prostate was somewhat enlarged, was smooth, and of average firmness.

The laboratory reported the urine as follows: The specimen was obtained per catheter, and only 3 ounces were gotten, although the patient had not voided since 8 p. m. the night before. Examination showed SP.GR. 10:10 Albumen plus Sugar—0 Acetone plus no casts. An occasional pus cell was noted. Leucocyte count 9,600.

Pre-operation diagnosis—uncertain. Intestinal obstruction perhaps secondary to a carinoma, with peritonitis.

Operation, General Anesthetic: His abdomen was opened through a right rectus incision. A large quantity of almost odorless, turbid fluid escaped. The intestines were injected, but not distended. The appendix was involved in the general peritonitis, but otherwise was not remarkable. Careful exploration of the duodenum and stomach failed to disclose a perforation. No explanation of the fluid was found. The condition of the patient precluded further exploration. Drains were put into the pelvis, and the abdomen hastily closed with through and through silk worm sutures. Some eight hours later the patient died.

Autopsy: There was considerable purulent fluid in the abdomen. The fluid had a B coli odor. The peritoneum was generally inflamed, and there was considerable fibrous exudate over the ileum and colon.

About 18 inches from the ileocecal valve, a perforation of the ileum, 8 mm. in diameter, located midway between the mesenteric attachment and the opposite border, was found. The perforation was punched out in appearance, and the edges were regular and smooth. There was an indurated area extending circularly about the intestine for a half inch either way from the perforation.

About 10 inches higher up in the ileum there was a small hyperaemic area, 2 mm. in diameter. The mucosa of the ileum at this point was slightly ulcerated.

The mesenteric glands draining the lower ileum were as large as hazel nuts.

Diagnosis: Perforated ulcer of ileum with general peritonitis. Culture made at operation showed cocci and colon bacilli.

Histological report: Sections show the small intestine to be infiltrated with leucocytes and lymphocytes. Hemorrhage areas are seen.

Sections of lymph glands show no abnormality.

Diagnosis: Acute perforating ulcer of small intestine.

In this instance the ulcer seems to have been present for some weeks before perforation occurred. The attacks of diarrhea suggest this. The marked loss of weight was not explained by the autopsy. No malignancy was found.

Case 2. B. H., 35, married, housewife, was referred on account of a fistula in ano of two years standing. On examination an incisional hernia involving the lower right rectus muscle was found. A papilloma, two and one-half inches long was attached to the right labia majora. The fistula in ano had its external opening at 9 o'clock. There was considerable induration about the opening.

The recommendation that the hernia should be repaired in addition to the removal of the papilloma and operation for fistula, was accepted, and the patient entered the hospital June 5, 1929.

The past history was unimportant, except for an operation nine years ago. Just what was done at this operation the patient did not know, and the record of the operation seems to have been

lost. The hospital was unable to find this chart. At any rate, the wound broke down, and the hernia followed. From the patient's account we may hazard the guess of an operation for appendicitis. No serious illness, or other operations. Appetite and digestion were good. No loss in weight. The bowels, note this, moved three or four times a day, but never contained either mucus or blood. No history of dysuria, haematuria or frequency could be elicited.

Routine examination showed that the patient was a well developed, well nourished woman. Palpation over the hernia, which was about four inches in length, was somewhat painful. The fistula and papilloma have been noted above. The rest of the examination disclosed no variations from the normal.

Operation, June 6, 1929. After freeing the hernia sac, it was opened and palpations revealed pathology which required further investigation. A firm mass seemed to connect the bowel with the bladder. The incision was enlarged, and after tedious dissection the terminal ileum was freed, and the mass felt was identified as a blunt shaped diverticulum of the ileum attached to the bladder. In dissecting the diverticulum an abscess was broken into. The terminal ileum was involved in a process which suggested hypertrophic tuberculosis. The segment involved was almost 20 inches long and began just proximal to the ileocecal valve. The serosa was injected, the walls were firm and thick. The diameter of the lumen was much reduced. The ileocecal glands were enlarged.

This section was resected, and a lateral anastomosis made just above the ileocecal valve. A cigarette drain was placed in the pus pocket, and the wound closed. The papilloma and fistula were quickly cared for.

The post operation course was satisfactory and the patient was discharged June 25, 1929.

The accompanying photographs and description of the specimen require no explanation, except that the reader is assured that the lower ileum was removed and not a segment of large intestine as the report might lead one to believe.

Gross Description:—The specimen consists of a segment of small intestine measuring about 50 cm. This specimen was identified at the time of operation as being ileum. The serosa of the entire segment is thickened and roughened by fibrous connective tissue tags. In several places the serosa has been partially denuded in the course of separating adhesions. There is an unusually large amount of subserous fat which extends from the line of mesenteric attachment well around the surface of the gut. Both the fibrous thickening and the increased subserous adipose tissue is more marked as the cecum is approached. Twenty cm. from the cecum there is a globular mass attached to the outer surface of the gut opposite to the line of mesenteric attachment. The surface of this globular mass is covered by serosa, which has been partially denuded. The mass measures about 3 cm. in its maximum diameter, and is pedunculated, the narrow neck of the attachment measuring about 2 cm. On section the wall of the gut is seen to be enormously thickened. There is a marked increase in subserosa fibrous connective tissue which extends through the muscularis and into the submucosa. The submucosa is thick and fibrous and the smooth muscle can be identified with difficulty. Only about 3 cm. of the proximal end of the specimen exhibits what appears to be normal mucosa for ileum. The mucosa in the rest of the specimen is greatly thickened and has lost its



Case 2: The specimen has been cut and spread open. The thickened walls and narrowing of the lumen are well shown. At the proximal end normal mucosa is seen.

transverse rugae. The thickening is in the form of roughly quadrilateral or polygonal plaques, and between these thickened plaques of mucosa are small, irregular, elongated areas of ulceration, the bases of which are covered with fibrin. In some of the shallow ulcers, small islands of mucosa can be identified, and the impression is gained that this whole segment represents mucosal regeneration which is as yet incomplete. At the site of the subserous tumor there is seen to be a communication between the lumen of the gut and the tumor mass, and on section the tumor is found to be a diverticulum. The lumen of the diverticulum is small and collapsed and the wall is very thick and fibrous, and contains a circular layer of smooth muscle similar to that seen in the rest of the specimen. The wall of the diverticulum then contains all the elements of a wall of gut.

Histological—Sections through several different portions of the wall present the anatomical characteristics of large intestine rather than of

ileum. The wall has a thickness of about 12 mm., and the mucosa is moderately thin. There is no evidence of villi or folds of the mucosa and the glands of Lieberkuhn are long and contain many goblet cells. In places they exhibit a moderate degree of tortuosity. The submucosa is greatly thickened, averaging about 6 mm. Throughout the submucosa are many solitary lymph follicles, but no evidence of Payer's patches. The muscularis is very hypertrophic, particularly the inner coat. The serosa is thick and contains a large amount of subserous adipose tissue. Several small mucosal ulcers are seen. Some of these show a complete loss of the mucosa, and rest on a fibrin-covered base in the submucosa. Many of the glands are distended with polymorphonuclear leucocytes with partial or complete destruction of lining epithelium. There is a diffuse polymorphonuclear leucocytic infiltration of the entire wall of the gut, but most marked in the mucosa and serosa. There are a moderate number of mononuclear cells and plasma cells in the exudate. The lymph follicles are hyperplastic and lymphatic channels crowded with lymphocytes and endotheliocytes are seen. Many bundles of smooth muscles are seen throughout the submucosa. There is moderate fibrosis of the muscularis.

Diagnosis—Hypertronic segment of large intestine, the seat of subacute inflammation and mucosal ulceration with a diverticulum.

Case 3. Ulcer of ascending colon, diagnosed as appendicitis before operation.

M. S., married, 38 years of age, housewife. Was admitted March 21, 1929, with the diagnosis of appendicitis. Temperature, 100-4/5; Pulse, 92; Respiration 20; Leucocytes, 14,600. Urine not remarkable except for a trace of acetone, and a few pus cells.

Three days before admission the patient experienced epigastric pain which later localized in the lower right abdomen. There was nausea, but no vomiting. When seen a day previous to entering the hospital, the greatest tenderness was over the gall bladder region. Gall bladder disease seemed probable. However, the greatest tenderness on admisison was just external to McBurney's point, and appendicitis appeared more likely than cholecystitis.

The patient denied any serious illness, and except for tonsillectomy some years ago has not been under a physician's care. No menstrual irregularities, no pregnancies, no indigestion.

The examination was not remarkable except for the tenderness in the lower right abdomen, most marked just external to McBurney's point.

There was muscle spasm and some rigidity. The patient was a large woman, weight 175 pounds.

Operation, March 21, 1929: A right rectus incision was made. Pelvic organs and gall bladder were normal to palpation. The appendix was free, and moderately injected.

The omentum was adherent to the outer, middle portion of the ascending colon. This attached omentum was dark and thickened. The vessels were engorged, and gangrene was impending. This portion was resected and the segment of colon exposed. The serosa was covered with a plaster exudate, and an area about one inch in diameter was definitely thickened. No perforation was seen. The rest of the ascending colon and cecum were of average thickness. The serosa moderately injected. The ulcer was situated on the outer lateral wall of the colon. A couple of cat-gut sutures were introduced with the hope of supporting the diseased area; a drain placed; and the abdomen closed.

The patient made a good recovery, and has been well to date.

Pathological Report: A fairly marked inflammatory reaction is seen in the mucosa of the appendix, and the lymph areas, but this does not extend to the muscularis.

Omentum—Congestion is marked. In all areas, thrombosed blood vessels are seen with inflammatory reaction in the perivascular spaces.

COMMENT

The cases reported represent various phases of non-specific ulceration, involving the lower ileum and ascending colon. The pathologist, who examined the specimen and sections of the second case, assured me that tuberculosis could be ruled out. The long standing anal fistula together with the hypertrophic segment of the ileum made one think that the process in the gut was due to tuberculosis. One may speculate whether the diverticulum was congenital, and that chronic diverticulitis occasioned the ulceration and hypertrophy of the ileum, or was the diverticulum developed as a result of ulceration in the mucosa of the ileum, through traction of the inflammed area adherent to the structures in the pelvis.

This case demonstrates the tendency for ulcer to heal. Ulcers in various stages of development were beautifully shown in the fresh specimen. The reaction of hypertrophy, the organization of fibrous tissue, as nature's effort to keep the ulcers from penetrating the serosa is very apparent. One understands why a non-perforated simple ulcer of the ileum causes little or no subjective symptoms when one recalls that this patient was symptom free if we except the history of three or four daily bowel movements. She ate what she pleased, took care of her household, and had gained some weight, and only consulted her physician because she wanted relief from the anal fistula.

Case 3 was a more acute process, but yet chronic enough for defense measures to have been inaugurated against perforation. The omentum had done its best to separate this segment of colon from the abdominal cavity. A perforation in all probability would have resulted in a localized abscess. Resection in this instance would have spread infection, and would almost certainly have led to a general peritonitis. Whether the appendix had anything to do with the development of the ulcer is speculative.

Case 1 is an example of the acute ulcer which perforated. If less attention had been centered on the duodenum and stomach, perhaps the ulcer might have been found. However, it is doubtful whether suture and drainage would have saved the patient. Operative success appeared rather doubtful from the start.

Cases not included in Barron's Resume:

	Sex	Age	Preoperation Diagnosis	Location	Result
Fisher, A. W. Arch F Path Anat Band 234—Heft—1 P21—30 1921	F	52	Perforated Appendix	Cecum-minute perforation	Recovery
Moll, Werner Zentrhlbl F Chir 53—NO 36—2274—76 1926	M	38	Acute Appendicitis	Cecum non-perforated	Recovery
Boyer, Robt., and Tuft, Lewis J.A.M.A.—94—20 P 1566—68 May 17, 1930	M	53	Acute Appendicitis	Ascending colon-non-perforated	Died
Lind—Text	M	52	Peritonitis	Ileum	Died
Lind—Text	F	38	Acute Appendicitis	Ascending colon, non-perforated	Recovery

SUMMARY

Simple, non-specific ulcers occur in either the large or small intestine. They are usually single, but as many as six have been reported. The etiology is unknown. Of the various theories, that which explains the ulcers as being caused by local thrombosis of the smaller vessels of the intestinal wall, dependent upon a nearby or remote primary focus of infection, and that which suggests that "foreign bodies, such as small bones" injure the mucosa and lead to ulceration, are the most reasonable. The symptoms are primarily those of perforation and peritonitis. A correct diagnosis is well-nigh impossible. The suggestion that free gas within the abdominal cavity as revealed by the *X*-ray and percussion should lead one to suspect a perforation when the history and physical findings are not in accord with a diagnosis of perforated peptic ulcer is worth remembering. By noting the area of the abdomen which is last to lose its rigidity during anesthetization, one may have some indication as to where to make the incision.

801 MEDICAL ARTS BLDG.

REFERENCES

1. Barron, M. E. Simple Non-specific Ulcer of the Colon. Arch. for Surg., Vol. 17, Pg. 355-407. Sept., 1928.
2. Fischer, A. W. Uber das Ulcus Simplex des Dunn and Dickdarms. Archiv. F. Path. Anat. Bd. 234 Heft, 1, P. 21-30. 1921.
3. Makai, Endre. Zur Frage des sogenannten Ulcus Simplex des Darmes. Zbl F. Chir nr 43. 1921.
4. Nordman, O. Die Entwincklung der Dickdarm Chirurgie in dem letzen 25 Jahren. Arch F Klin Chir, 142. P. 333-34. 1926.
5. Moll, Werner. Phlegmone und isoliertes Ulcus des Kolons Beitrag zur Kasuistich. Zentralbl F. Chir 53, Nr. 36, P. 2274-76. 1926.
6. Gali, S. S. Repeated Perforations of Small Intestine Due to Focal Infection. J.A.M.A. 79, 1047-48. Sept. 23, 1922.
7. Taylor, John. Three Cases of Acute Perforating "Ulcer" of the Small Intestine. Edinburgh M. J. 32. P. 255-62. May, 1926.
8. Konig, Arthur. Uber Ein in das Colon Perforiertes Ulcus. Simplix Ilei. Beitrage Z Klin Chir 147. P. 133-37. 1929.
9. Nickolson, C. W. Heteromorphoses (metaplasia) of the Alimentary Tract. J. Path and Bact., Edinburgh, 26. P. 399. 1923.
10. Levy, Alfred. Zur Kenntnis des Ulcus Coli Simplex Deutsche Ztschr F. Chir 165, P. 366. Aug., 1921.
11. Bearse, Carl. Fish bones as a Cause of Intestinal Perforation. N. Engl., J. Med. 201, P. 885, Oct. 31, 1929.
12. Ginzburg, Leon & Biller, A. J. The Clinical Manifestations of Non-Metallic Perforating Intestinal Foreign Bodies. Ann. of Surg. Bol. 86, P. 928-939. Dec., 1927.
13. Bigger, I. A. Simple Ulcer of the Small Intestine. Virg. Med. Monthly 55 P. 4-6. April, 1926.
14. Pierce, C. B. Perforation of the Small Bowel. M. Clin. No. Am. 12, P. 507-19. Sept., 1928.
15. Mummery P. Lockhardt. Diseases of the Rectum and Colon. Wm. Wood Co., P. 441.

Head Injuries ⸗⸗⸗ Extracranial, Cranial and Intracranial

EDSON J. BROWN, M.D., Cleveland

TRAUMATA to the head are among the commonest of the serious injuries befalling mankind in this era of ruthless machinery. The conspicuous position of the head in relation to the rest of the body so exposes it that as long as man continues to build about himself an environment composed so largely of stone, brick, and cement, of iron and steel, decrease in the number of injuries can hardly be expected; indeed, it is only reasonable to presume that the number will increase. The only hope for a more optimistic outlook seems to lie in the slowly moving processes of Evolution. Nature may, perhaps, be kinder to succeeding generations and provide them with a harder protective shell! It is a sad truth that doctors have not been particularly interested in this type of trauma, in spite of the fact that generally the victims were strong, healthy men and women in the prime of life, or little children whose excess of energy has driven them into the traps

made by their elders who have caught and crushed them under the wheels of speeding cars.

My plea is for greater care in the diagnosis and treatment of head injuries. There should be greater sensitiveness to the individual needs of these patients whose conditions, though similar, vary so widely that a routine of therapy cannot be depended upon. The general principles of management, which can be confidently stated, must be understood and courageously followed if satisfactory results are to be achieved.

OUTLINE OF HEAD INJURIES

Understanding of the desirable principles of management in cases of injury to the head is clouded by great confusion of terms and by many and complicated classifications. It is highly important, therefore, that these terms and classifications be simplified. The classification which I follow and which is, in fact, the outline of this paper is the simplest with which I am familiar, the easiest to remember, and the most logical in diagnostic sequence.

The items in the classification are these:

Extracranial injury;
Cranial fractures—including the linear, depressed, and basal types;
Intracranial injury—with accompanying general contusion and laceration of the brain, and occasionally, massive hemorrhage.

In the following pages, along with the discussion of each item, is a suggestion for management.

TYPE OF CASES STUDIED

The basis of this presentation is the 343 cases which have come under my care in St. Luke's Hospital during the past five years. Only discernible cranial fractures are included. They were selected because the diagnosis was definite and proven and because they represent the most severe forms of head injury. Diagnoses were based on such evidences as radiograms, postmortem findings, visualization, or prolonged bleeding followed by drainage of cerebrospinal fluid from nose or ears.

Cranial fractures entertain our keenest interest because they usually include the pathology of all three types; the extracranial, the cranial, and the intracranial injury. In fact, a study of intracranial pathology, exclusive of the pathology of the cranial and extracranial can hardly be made, because it is always tainted with a variance of opinion as to the extent of the abnormal changes. This is true, also, of the study of extracranial injury. Moreover, even the apparently slight extracranial injury is likely to involve some impairment of the delicate brain tissues which may become more or less hazardous if not given immediate and proper attention. This study, therefore, excludes the extracranial and intracranial as distinct groups, and considers them rather as accompaniments of the one type of head injury which is beyond conjecture.

ANALYSIS OF FRACTURE CASES

An analysis of the 343 cases shows that 108 or 31.48 per cent were children less than twelve years of age. These are representative of the appalling number of healthy, active boys and girls whose progress is halted by the vicious onslaught of automobiles and other modern vehicles, which causes the victim to be thrown onto the man-made hardened surfaces. Nor is the gory toll of traffic confined to the early years, for 248 of the 343 or 72.3 per cent were injured by motor cars. Falls were responsible for the next largest number—namely, 68 or 16.3 per cent. The analysis further indicates that the accidents occurred in the residential or rural areas, only two patients having been wounded by railway cars. This is due to the location of the hospital at which these cases were received, being in a residential section away from the city railway network.

On admission most of the patients were in extremely bad condition and in many instances death occurred in less than an hour; 203 or 59.76 per cent were, or had been, definitely unconscious; 68 or 19.83 per cent were semi-conscious, that is, they were irrational, irresponsible, or uncooperative. Those who were of definitely clear mentality when they were admitted and who had not experienced disturbances of the conscious state numbered only 43 or 12.53 per cent.

The mortality rate for the entire group was 29.73 per cent, that is, there was an exodus of 102. In 74 cases out of the 102, death occurred in less than twenty-four hours, often from some other cause than the injury to the head. If these practically hopeless cases were subtracted from the total of 102, there would remain 28, and the mortality rate would be 10.4 per cent. There was one case of pneumococci meningitis in the group and that proved fatal.

The record further shows that only 25 operations were performed, and the great majority of these for raising depressed fractures, and only a few for simple decompressions and for coping with massive hemorrhage.

EXTRACRANIAL INJURIES

All head injuries should be respected. But review of all the varied classifications of head pathology is not necessary when the patient is first presented. The chief concern is whether the injury is one of three types: simple extracranial (of the soft parts), cranial, or intracranial.

TREATMENT OF SCALP WOUNDS

Extracranial injuries should be surgically cleansed with the same degree of thoroughness as if they were compound fractures extending into and involving the brain. Indeed, until the margins are separated each wound must be regarded as potentially a compound fracture. It should not be examined until preparation is complete. The torn surfaces should be protected

while the surrounding area is being shaved and scrubbed. The improper cleansing and examination of wounds is their greatest source of contamination. This is a serious indictment, especially when the escape of contamination is prevented by blocking and sealing in with sutures and with, at times, collodion dressings. In combating handicaps thus inflicted, Nature depends heavily upon two factors that play important roles in the healing process: the tendency of the wound to heal by primary union because of the kindly offices of the rich blood supply of the scalp, and the natural splinting of the scalp by the underlying skull.

As hemostasis is being secured the involved layers of the scalp should be noted and cranial involvement determined. The surface of the skull should be carefully examined for evidence of depression or of linear fractures. Simple scalp wounds, when properly prepared, can be safely sutured without drainage. The occasional infected wound can be drained easily by spreading the margins after removal of a suture. One must be on the alert for burrowing infection beneath the aponeurosis which is the "dangerous layer" of the scalp, and if this is encountered it must, of course, be dealt with promptly and freely. Hematomas of the scalp offer little resistance and disappear quickly with the application of pressure dressings.

There should never be any difficulty in differentiating at the time of the first examination between a simple extracranial injury and serious cranial or intracranial damage. If any doubt exists an *X*-ray should be taken and the patient kept under observation. An error which may be unavoidable, but which the laity can never forgive, is that of taking a chance on the mentally disturbed patient who has evidence of trauma to the head. Disconcerting as the extraneous conditions may appear they must not influence the examiner to such an extent that he may miss the main issue—the possible brain injury.

CRANIAL FRACTURES

Fractures of the vault or cranial dome are of two kinds—linear and depressed. Either of these may be simple or compound, and either is usually accompanied by some degree of intracranial injury. Most of the linear fractures are due to direct violence. Overlying them will usually be found some laceration, contusion, or hematoma. Careful examination of certain of these will reveal hair or fascia impinged in the fissure. These are the so-called "bursting fractures" in which the bone margins have been spread by compression. When the force was spent, the fracture lines closed tightly again, imprisoning the adjacent structures.

LINEAR FRACTURES

Linear fractures of the vault offer the least resistance to treatment, and when the degree of injury to the brain is slight the prognosis for a complete recovery is good. A long linear fracture often proves a godsend, for it offers an excellent channel for drainage and decompression by allowing the escape of fluid into the tissues outside the skull. In such a case, even with serious intracranial involvement, the prognosis is fair. I have seen such fractures spread one-eighth of an inch or more during the stage of increased pressure, and later become more closely opposed.

DEPRESSED FRACTURES

The characteristic features with reference to brain pathology are localized compression with contusion and laceration of underlying brain tissue involving a comparatively small area. Good stereoscopic radiographs of the skull expertly interpreted are indispensable if one is to reach a proper decision. The general condition of the patient should be dealt with and sufficient time allowed to elapse so that the patient may recover from shock. The more I operate upon depressed fractures, however, the more I am convinced that this operation should not be regarded as an emergency procedure. Hemorrhage from the diploe, which can become very troublesome when there is much greater involvement of the inner table than of the outer, is always less if the operation is performed twelve to twenty-four hours after the injury. Bone wax and compression of the diploe are of little avail unless the diploe is accessible, and it is not advisable to make the bony defect deleteriously large in order to stop diploe hemorrhage. We may safely state, however, that the depressed type of cranial fracture should always be operated upon where there is any irregularity of the inner table due to the injury.

OPERATIVE TECHNIQUE

All spicules of bone must be removed, and the margins of the inner table examined and made as smooth as possible. If the intracranial pressure—determined prior to the operation by lumbar puncture and manometer—shows no elevation or only a moderate degree, the dura should not be opened. Even when a small rent has been produced in the dura by the sharp edges of bone, it is better not to enlarge or disturb it in any way. Infection is always lurking about, and the dura is an excellent barrier against it. If evidences of meningitis or of abscess formation should present themselves later they can be dealt with, but they are rare and should certainly not be courted prematurely.

BASAL FRACTURES

Basal fractures are responsible for by far the greatest number of deaths from injuries to the head. Whether the bursting theory or the vibration theory is accepted, the fact still remains that basal fractures are due, in the majority of proved cases, to indirect violence in the nature of a

counter-stroke. There is always laceration and hemorrhage, and the most vital areas of the human anatomy are involved. Early prognosis depends upon the extent of brain injury and the presence of edema. Later prognosis must be equally guarded because of the possibility of infection, for basal fractures are usually compound and extend into fields potentially septic. It is a noteworthy fact that in spite of these conditions meningitis is not a common complication.

Fractures involving the anterior fossa are characterized by retrobulbar hemorrhage and subconjunctival extravisation. There may be bleeding from the nose and mouth, but it may be the result simply of local injury. Spinal fluid drainage is, of course, important and is recognized by prolonged discharge of a thin serous fluid.

Fractures in the middle fossa may involve the seventh and eighth cranial nerves, and the involvement may be due to laceration or to edema. I do not believe it is possible to make definite prognosis early in any case of facial paralysis. Bleeding may be profuse from one or both external otic canals. If the bleeding persists with no evidence of laceration of the canal wall, and is followed by discharge of a thin fluid which tends to become clear, it is safe to say that the fracture is compound, extending through the petrous portion of the temporal bone into the middle ear. The possibility that ear drums may be ruptured by compression should be taken into consideration. The outer portion of the ear may be cleansed with alcohol on cotton applicators, but nothing else should be introduced into the canal. Of course, never should any attempt be made to prevent the escape of blood or cerebrospinal fluid.

Fractures through the posterior fossa are the least serious. Battle's sign—discoloration over the mastoid region—several days after the injury is of diagnostic value. The ninth, tenth and eleventh cranial nerves may be involved, although this is not common.

INTRACRANIAL INJURIES

Of the intracranial injuries the simplest division is two-fold: first, massive hemorrhage, second, generalized contusion and laceration. Singly or together these conditions produce the symptoms of cerebral compression and if they are permitted to persist, cerebral anemia develops. The emergency is that a decision must be made promptly. If the diagnosis is massive hemorrhage and based on evidence presented later in this paper, it is always cause for action. Everyone who comes in contact with the case must be alert for any indication of localized compression—the so-called focal signs. It is important that irregularity of pupils be noted, but this condition must be evaluated. The importance of evaluation is well illustrated by two patients who came under my care. Each was unconscious when he was admitted and each had one pupil dilated while the other was quite contracted. Each recovered and informed me that the dilated pupil was the result of an old eye pathology. Even though, considered alone, asymmetrical pupils are chiefly significant of localized injury, along with other localizing signs they may be of major importance in indicating injury on the same side as the enlarged pupil.

The great majority of the cases of localized compression are the results of rupture of the middle meningeal artery. They show a fairly classical symptomatology and require a fairly classical routine of treatment, and I shall not review them here. However, it may be as well to interject a reminder that the fact that they are classical is a dangerous pitfall.

The patient who has sustained a head injury, showing only temporary evidences of contusion, and later after a "free interval" showing signs of localized compression, should not be a difficult problem. But the patient who is in varying stages of unconsciousness, is suffering from contusion and laceration, does not regain consciousness, and has a progressive massive hemorrhage, the focal evidences of which are present but perhaps, difficult to detect, is badly in need of operation. Unfortunately, too, he is often refused operation because he does not have a "free interval."

A careful study of these patients—at least daily—should make it possible to select those who can be saved from supranuclear facial paralysis, hemiplegias, and other permanent impairment resulting from massive destruction of brain tissue.

PATHOLOGY OF BRAIN INJURY

As has been stated in the review of the 343 cases, few were operated upon. This is because recent contributions to the understanding of the anatomical and pathological conditions indicate that less traumatic and less radical measures are most desirable in the large group of cases which comprise 95 per cent of the intracranial injuries. These patients may have demonstrable skull fracture or may not; they do not have localizing signs; but they do have a loss of consciousness or other disturbance of the sensorium, evidence of shock in varying degrees, contusion of the brain, and partial destruction of brain substance from laceration. The brains present a pathology marked by bruising, laceration, petechial hemorrhages throughout the substance, and extravisation of blood. These conditions are followed by an increase of fluid, generalized edema of the brain, and secondary effects on the higher centers.

The marked improvement in the management of this type of case is shown in the fact that during the past decade mortality has been reduced from 50 per cent to 25 per cent or less.

A good deal has been and is being written on the subject. The work of L. Weed presented in

1917, entitled "An anatomical consideration of cerebrospinal fluid"; and the work of Harry Jackson in 1922, "The circulation of the cerebrospinal fluid, its importance in acute cranial injury"; then, more recently, the work of C. H. Frazier, "The surgical management of cerebral trauma"; and of Temple Fay, "Generalized pressure atrophy of the brain, secondary to traumatic and pathologic involvement of the pacchionian bodies"; as well as that of de Martel, have set forth the basis for the treatment which is outlined here.

ANATOMICAL CONSIDERATION

Since the treatment followed in cases of intracranial injury must depend upon the physical properties and the functions of the parts involved it is necessary to consider certain phases of the anatomical structure. The nature of the content of the cranium and the spinal canal, the amount of cerebrospinal fluid, and the circulation of the cerebrospinal fluid are of primary importance.

The brain and spinal cord must be looked upon as fluid and subject to the physical laws of fluid. That is, they are possessed of certain pressure force, and change of pressure in one area is transmitted equally in all directions within the fluid medium so that its influence is manifest in even the most remote parts of the enclosure. Examples of the mechanical use of this law are the transmission of pressure in city water systems, and in hydraulic four-wheel automobile brakes.

Until more or less recent years, the amount of cerebrospinal fluid was considered to remain fixed and to act as a cushion-like protector for the brain and cord. In other words its function was thought to be similar to that of the fluid within the synovial space of a joint. But today there is no question about the variation in amount, about the changes in pressure, and about the circulation of the fluid. Definite indications of the course of the cerebrospinal stream are demonstrable in the extravisation of exudates, in the routes taken by hemorrhages in the subarachnoid spaces, and by the use of india ink preparations in laboratory procedures.

CIRCULATION OF SPINAL FLUID

The circulatory streams of the spinal fluid may be divided into the greater and the lesser currents. The greater, consisting of about 120 cc to 150 cc of fluid, arises in the lateral ventricles, passes down through the third ventricle, then through the aqueduct of Sylvius to the fourth ventricle from which it escapes beneath the tentorium into the subarachnoid open spaces of the cerebellum, medulla, and pons. Here the lesser current, consisting of 20 cc to 30 cc, is sidetracked. Under normal conditions this current passes downward along the ventral aspect of the cord and returns upward along the dorsal surface. The ligamentum denticulatum and the spinal nerves separate, in part, these two imaginary streams. At the cisterna the spinal fluid joins the cerebral and passes upward over the surface of the hemispheres to the filters known as the pacchionian bodies.

The circulation of cerebrospinal fluid is important because the current carries the filters—the pacchionian bodies—the inflammatory debris and cellular elements of hemorrhage, in time blocking them and rendering them inefficient. The result is that the cerebrospinal fluid is corked up and its pressure increases within an unyielding wall. Secondarily, oxygenation is disturbed by the failure of blood circulation in the brain tissue. The description indicates the order in which, according to the present concensus of opinion, intracranial disturbances occur after brain injury, and also points out the reason why effort should be directed to the prompt, intelligent reduction of pressure if loss of brain tissue from ischemia is to be prevented.

EXAMINATION AND EARLY TREATMENT

A therapeutic routine in the care of intracranial injuries is to be condemned, but a clear cut principle of management should be closely adhered to. The patient who is suffering from contusion or concussion is unconscious to a greater or lesser degree and is in a greater or lesser degree of shock. He is unable to cooperate. In general the neurological findings are symmetrical. If there are suggestive changes of the pupils their condition should be evaluated. The eye grounds should be examined and the observation considered of value as a check on future examinations. Any discharge from the ears should be noted. The pulse rate is fast and not well sustained, and the blood pressure is subnormal. Breathing is somewhat irregular. Most of these observations are evidence of shock, and therapy should be directed toward that serious emergency. A decision must be made. If massive hemorrhage can be ruled out an intravenous injection of 50 cc of 50 per cent glucose should be given. The reaction is an initial rise of blood pressure due to withdrawal of fluids and maintenance of the blood volume, thus combating shock and secondarily decreasing the intracranial pressure. Wounds, of course, should be carefully examined and treated. Their depth, the layers of scalp involved and evidences of fracture should always be noted. All this should be considered as preliminary and each observation may be of great value in the future management.

THE IMPORTANCE OF REST

At this stage a demand can be expected from the relatives to know about the *X*-ray findings. They should be told that the case is one of severe brain injury, and that the patient must be kept quiet and not subjected, until a later time, to hurried transportation or to the manipulation

necessary to obtain good radiographs. Diplomatic conservation of the patient's strength is frequently of no avail, however, for even a colleague is likely to ask, "What do the x-rays show?" But the question should be not, "How badly is the bone involved?," but rather, "How badly is the brain injured?" Since an operation cannot be performed while the patient is in a state of shock, he should be given a chance to "make a good comeback," while a study of his reactions is continued. Some ambitious surgeons are tempted to perform hasty decompressions and thus relieve the pressure on the brain. I am in perfect accord with Frazier when he states, "I have no brief for operation save to condemn it. From a study of our clinical experience a subtemporal decompression is not to be compared with hypertonic solution and lumbar puncture drainage."

General Observations and Treatment

The patient should be admitted to a quiet room and, so long as he is not fully conscious, should have a nurse in constant attendance. This obviates the too frequent embarrassment of having mentally irresponsible patients do such violence to themselves as falling out of bed, or aspirating vomitus, or of their being found dead in bed. The attendant should be familiar with certain bedside observations, including evidence of regaining consciousness, restlessness, symmetrical or asymmetrical twitching of muscles or groups of muscles, motion of the arms or legs, type of convulsions, and changes, if any, in the type of paralysis. Icebags should be applied to the head. The rate and character of the pulse and respiration, and the systolic and diastolic blood pressure should be recorded every half hour, and the relation of pulse pressure to pulse rate should be noted. I never permit any fluid to be given the patient during the first twenty-four hours, and occasionally during the first forty-eight. Thereafter, 750 cc. to 1000 cc. may be given, and the amount increased gradually according to the rate at which the spinal fluid pressure returns to normal. This restriction is necessary if the pressure from edema is to be relieved. The fluid output should be carefully recorded. Sedatives are often required. The symptoms should not be masked, however, by the use of morphine, especially p.r.n. Chloral, allonal, amytol, or occasionally, effective doses of codein, and preferable. Magnesium sulphate should be given by rectum in two to four ounce doses of a 50 per cent solution every three to six hours during the first twenty-four and as soon as it is possible for the patient to swallow, effective doses of magnesium sulphate should be administered by mouth. During the first twenty-four hours a second injection of glucose intravenously may be found beneficial in carrying out the dehydration program. Each of the above is important and should be recorded along with observation concerning every reaction of the patient.

Spinal Drainaage

A most valuable aid in the relief of increased intracranial pressure is spinal drainage. There are arguments against this method and the proponents of such adverse opinions should be respected. Only the patient himself must be considered in deciding whether or not to use this measure which is so effectual a form of therapy and so important an aid in diagnosis. The relatives should be made acquainted with the facts, as in any bad risk. However, in hundreds of lumbar drainages for the diagnosis and relief of intracranial pressure I have never had a fatality nor an accident traceable to the release of pressure. Frazier declares he has "never seen ill effects from lumbar drainage." Harry Jackson is firmly of the opinion that the chances for good, far outweight the chances for harm.

When is a Lumbar Puncture Indicated?

The question may be asked, "When and in what types of cases should lumbar puncture be done". I am of the opinion that it should be done in all cases of intracranial injury, and as soon after the injury as the patient's condition will permit. While the patient is in a struggling, uncooperative state, no information except evidence of blood can, of course, be gained from a lumbar puncture even supposing the surgeon dared to run the risk of losing the needle in the patient's back. Moreover, at such a time the preliminary pressure determination would be impossible because cerebrospinal pressure can fluctuate from 10 mm. of mercury to as high as 40 mm. during a cough or strain. Adherence to this principle helps greatly in preventing accidents. In the uncontrollable, where the reasons for doing a lumbar puncture are imperative, I use light nitrous oxide anesthesia, and with the patient at rest, very good information can be obtained.

A lumbar puncture is always advisable for diagnostic purposes to learn the character and properties of the spinal fluid. After the initial pressure determination the justification for subsequent lumbar punctures depends a good deal on the relation of the pulse rate to the pulse pressure. Evidence of medullary embarrassment is definite. Nature's effort to maintain an adequate cerebral circulation is nothing short of heroic: the slowing pulse, the slowing respiration, and the elevation of the blood pressure, which, if allowed to continue will show a divergence of the systolic and diastolic pressures. With these definite changes present it is quite evident that the drainage must be repeated. In brief, a drainage is indicated when the pulse rate and pulse pressure approximate each other. Nor is there a limit to the possible number of spinal drainages if they are done properly.

THE USE OF A SPINAL MANOMETER

One should never take stock in the rate of flow of the spinal fluid from the needle. Counting the drops or estimating the flow of the stream is not a safe guide. The spinal mercury manometer is as essential a part of the equipment as the lumbar puncture needle, and should always be used before there is an escape of spinal fluid. Its use will guard against ruthless withdrawal of fluid to beyond the danger point. Not only should the presence of bloody fluid be noted, but also its tendency to disappear. An icteric color after the third day is significant, for it indicates hemorrhage of recent origin. The fluid obtained at each drainage should, of course, be studied and cultured.

THE RELIEF OF CEREBROSPINAL PRESSURE

Two other questions may be asked. "How much fluid should be removed"? and "How much can pressure be safely decreased"? I have always considered it safe to secure at normal or slightly elevated pressure, a specimen of 5 cc. to 10 cc. for examination. A safe rule is not to lower the spinal fluid pressure more than one-half of the elevation above normal at any one drainage. This rule should be adhered to, particularly when the pressure is high, ranging from 30 mm. to 40 mm.

AFTER CARE AND PROGNOSIS

Patients with head injuries should be kept under observation for days, or even weeks, after leaving the hospital bed and over a prolonged period after leaving the hospital. Of the 72 per cent of my patients who were injured by motor cars, practically all were involved in legal procedures. They or their relatives were prone to capitalize on their disability and in this fact was an unyielding impediment to their recovery as well as a handicap in estimating the extent of real disability. It is my opinion that very little permanent injury will result if the patient has had proper treatment, and is able to enjoy an intelligently directed convalescence in a proper environment. This hopeful prognosis depends, of course, upon the actual brain destruction and the degree of disfunction cannot help but be always a subject for speculation. Moreover, the neurosis which occasionally follows is a pitiable condition and difficult to deal with, particularly in those who have a neurotic tendency. Proper environment and careful instruction of the relatives and other associates will go far toward insuring satisfactory recovery. An encouraging attitude on the part of the relatives and others may afford the best psychological stimulation; while remarks made in the presence of the patient contrasting his ability before the injury with his ability during convalescence may have a most deleterious influence. Indeed, I believe that generally to subject naturally neurotic patients to psychoanalysis may preclude the possibility of prompt return to normal mental functioning.

FOLLOW-UP CONSIDERATION

Many patients return to their homes feeling starved and thoroughly dried out. They eat and drink as if tomorrow they die. In fact, sometimes they nearly do die. Headaches, vomiting, and dizziness return because of sudden increase in intracranial pressure brought about by such indulgence. It is important that the fluid intake should be carefully limited throughout the period of convalescence, especially in cases where there has been obstructive impairment of the normal outlet for the cerebrospinal fluid. By regulating the diet and avoiding all forms of excitement much can be done to alleviate many of these disturbing symptoms.

CONCLUSIONS

By way of conclusion let me restate briefly the five outstanding points in this discussion. Of 343 skull fractures there was a mortality of 102 or 29.73 per cent, or, if practically all hopeless cases (74 in which death occurred in less than twenty-four hours) are subtracted, 28 or 10.4 per cent.

First. Every injury to the head must be regarded as involving to a greater or lesser degree an injury to the brain, and must therefore be seriously studied, thoroughly examined, and intelligently treated, not only during hospitalization, but after return home.

Second. It is possible to bring to a satisfactory convalescence the great majority of cases that live more than twenty-four hours after the injury has been received.

Third. Each patient is a case unto himself and whether he is conscious or unconscious vigilance must be used. Nothing should be taken for granted. Repeated and careful observations offer the best means for obtaining indications for therapy.

Fourth. Wherever possible hypertonic solution and lumbar puncture should be substituted for operative procedures for the relief of intracranial pressure.

Fifth. The lumbar puncture should be used as an aid to diagnosis or for relief of intracranial pressure, and should always include actual manometric determination and a study of the spinal fluid. The number of punctures depends upon the condition of the patient. There is no limit if the proper technique is used.

900 SCHOFIELD BUILDING.

BIBLIOGRAPHY

1. de Martel, Thierry: Personal communication.
2. Fay, Temple: "Generalized pressure atrophy of the brain; secondary to traumatic and pathologic involvement of the pacchionian bodies." J.A.M.A. 94: 245-49, 1930.
3. Frazier, C. H.: "The surgical management of cerebral trauma." Penns. M.J., xxxiii, 466-470, 1930.
4. Jackson, Harry: "The circulation of the cerebrospinal fluid, its importance in acute cranial injury." J. A. M. A. lxxix, 1394-1398, 1922.
5. Weed, L.: "An anatomical consideration of cerebrospinal fluid." Anat. Rec. Phila., xii, 461-496, 1917.

Spinal Anesthesia

Subarachnoid Radicular Conduction Block

PAUL D. SCOFIELD, M.D., Litt. B., Columbus.

DESPITE many opinions to the contrary, spinal anesthesia is not new and is not any more dangerous than other forms of anesthesia. It was accidently discovered in 1885. Fourteen years later it was introduced as a definite procedure. Today it is considered by the majority of surgeons as one of the safest and most gratifying methods of anesthesia. It has not been universally adopted due to many misconceptions, the chief one being that it is too dangerous. We believe that this opinion originates in the minds of those men who do not understand the underlying principles of this method, or else they have based their opinion upon ill results of a few cases handled by men who were poorly versed in the technique of its administration.

PRINCIPLES

In discussing the principles of spinal anesthesia we refer, in the following, only to the use of novocaine or "neocaine" crystals.

The anesthetic action is dependent upon the direct application of an anesthetic solution to the sensory spinal nerves. Anesthetics of the cocaine group have a partial selective affinity for sensory nerves, which is dependent upon the lipoid sustances in the nerve and the physiochemical solubility reaction occurring at the point of application. The anesthetic becomes fixed within a very short time, hence the specific gravity of the fluid has no bearing upon the height of the anesthesia, and tilting the table will not raise or lower the anesthesia level. The height of the anesthesia is dependent upon the amount of diffusion, and the diffusion upon the amount of fluid withdrawn; therefore, if we wish to give a high anesthesia, a larger amount of cerebrospinal fluid is withdrawn. For example, for anesthesia of the neck 8 c.c. of novocaine spinal fluid is used; for the perineum 2 c.c. This is in accordance with the physical law that the diffusion of liquids under pressure is inversely proportional to the pressure, consequently, when the cerebrospinal fluid pressure is lessened by withdrawing a large amount of fluid, the upward diffusion of the reinjected fluid is greater. Koster has shown in a series of experiments that respiratory failure does not occur in spinal anesthesia and he strives to produce anesthesia of the medulla, while other men, in a panic-stricken manner, attempt to prevent the novocaine from reaching this high a level. Sensory impulses may be arrested in the medulla, due to an interruption in their conductivity, but the cardiac and respiratory centers will continue to initiate motor impulses in response to the physiochemical stimuli originating in the blood.

The fall in blood pressure is due to the flooding of the splanchnic area at the expense of the periphery, due to the blockage of some of the vasoconstrictor nerves. If this fall is great the brain is robbed of its blood supply, giving rise to the impression that the resulting phenomena are the result of respiratory failure, when, as a matter of fact, the symptoms are due to a bulbar and cerebral anemia. This is the reason why the Trendelenberg position is utilized—to allow gravity drainage to the heart so that the blood may be relayed to the brain and prevent a cerebral anemia. The variation in the fall of blood pressure is dependent upon the number of vaso-constrictor fibers blocked. If the needle passes through the cauda equina to enter the anterior compartment of the subarachnoid space the fall in pressure will be greater because of the involvement of the anterior roots.

TECHNIQUE

The technique varies in many ways. We have adopted the following: The patient is given a preliminary hypodermic of morph. sulph. gr. ¼, one half hour before operation. In the nervous type of patient 1/200 gr. of hyocine hydrobromide is added, or they may be given sodium amytal in divided doses by mouth or intravenously. Upon arrival at the operating room the blood pressure is taken and recorded. Patient is allowed to sit on the operating table with his feet over the side resting on a stool, elbows placed on knees, and he is instructed to arch his back. The lumbar region is then sterilized with iodine. Pressure is made over the second or third lumbar interspace with the index-finger, producing an ischemia. It does not make any difference in the site of injection as all may be made in the second or third lumbar interspaces without affecting the height of the anesthesia. We never have used novacaine to infiltrate the skin as sufficient anesthesia is produced by digital pressure, providing the needle is introduced through the skin with a quick stabbing motion. We use either a twenty or twenty-two gauge Labat spinal anesthetic needle, having a short blunt bevel. The syringe is a 5 c.c. Luer-lok. Occasionally the patient complains of some slight pain when the needle passes through the intra spinous ligament. We find the second or third lumbar interspaces more accessible than the fourth, the needle being introduced at a right angle to the skin. The spinal fluid is withdrawn and mixed with novocaine crystals. The amount of fluid withdrawn is in proportion

From the surgical service of Dr. R. B. Drury, Grant Hospital.

to the height of anesthesia—for example, roughly speaking, 2 c.c. mixed with novocaine is sufficient for anesthesia of the lower extremities or perineum. 3 c.c. will produce anesthesia to the umbilicus, 4 c.c. to the costal margin. For chest surgery we use 8 c.c. mixed with 0.2 gm. or 0.3 gm. of novocaine, depending upon the size of the patient. The anesthetic solution giving the best results is "neocaine" or novocaine crystals sealed in ampules of various strengths. The solution is injected into the subarachnoid space at the same rate of speed as giving an ordinary hypodermic injection. Some authorities claim this should be injected very slowly. We have used both methods, that is, fast and slow injection and find no difference in the height of anesthesia. After withdrawing the needle the patient is instructed to lie down and the blood pressure is again taken. He is told that he will feel a tingling and numbness in his feet which will ascend up the legs and that soon he will be unable to move his legs. He is so instructed that he may not be alarmed by the paralysis that accompanies, in most cases, the anesthesia. The operative field is prepared and the table is placed in a moderate Trendelenberg position to prevent a possible cerebral anemia. Within five to ten minutes the anesthesia is complete and lasts on the average from sixty to ninety minutes, dependent upon the dosage. The patient is returned to his room with the foot of the carriage elevated. The foot of the bed is elevated eight to ten inches and is lowered within an hour or two after the anesthesia has worn off. This precaution is taken to prevent a cerebral anemia and in some cases we believe that it tends to prevent a post-anesthetic headache, especially in those patients who have had a large amount of cerebrospinal fluid withdrawn.

The blood pressure is taken every five minutes during the operation. This is done merely for academic purposes. On several occasions we have been notified that it was impossible to palpate the radial pulse or obtain a blood pressure reading. This information is received without any apprehension whatsoever, for the pulse returns and the blood pressure rises within a very short time. We are indebted again to Koster for removing this fear. He has shown in a series of 4,500 cases that these phenomena are not alarming; they occurred in about 250 of his cases. In the majority of patients we find that the diastolic pressure seldom varies more than ten to fifteen points. We no longer use ephedrine or adrenalin either before, during or after the operation in an attempt to stabilize or raise the blood pressure. We believe, with Koster, that it is unnecessary. We have no brief against the use of ephedrine to maintain blood pressure, our contention is that the surgeon or anesthetist should not be concerned in the patient's condition should a marked fall in blood pressure occur.

COMPLICATIONS—THEIR PREVENTION OR TREATMENT

Post-operative headache sometimes occurs. This is usually due to withdrawal of too much spinal fluid. It may be due to a leakage as the result of using too large a needle and a consequent failure of the opening in the dura to close properly. This is a common explanation, but the loss of fluid in this way is probably of minor consequence as compared to the meningeal irritation attendant upon it. This complication may be avoided by withdrawing only the proper amount of fluid and by using a 22 gauge needle. When it does occur, most cases are relieved by elevating the foot of the bed for twenty-four to forty-eight hours and instructing the patient to lie quietly with his head down. More stubborn cases may be relieved by the use of magnesium sulphate enemata, six ounces of a 50 per cent solution of magnesium sulphate being given every four hours or by injecting magnesium sulphate intravenously. In the very occasional case where the headache persists, probably due to meningismus with accompanying increased intra-spinal pressure, spinal puncture is resorted to and the pain is relieved by withdrawing twenty to forty c.c. of cerebrospinal fluid.

Nausea, pallor, and sweating may occur during the duration of anesthesia due to a fall in blood pressure. Some treat this by injecting ephedrine or adrenalin. We have found that it is relieved more promptly by having the patient inhale oxygen through the usual face mask. The nausea ceases and color returns after four or five deep inhalations.

Other complications are extremely rare. Koster has reported in a series of 4,500 cases, two cases of diplopia which persisted for ten days; one case of paraesthesia of the buttocks and anal region, lasting three days; and one case in which there was some atrophy of the extensor muscles of the left leg for a period of four months. We have had one case of urinary retention, accompanied by constipation, that persisted for seven days following a herniotomy. Surely, this morbidity compares favorably with those cases of pneumonia, bronchitis, uremia, etc., that so often follow inhalation anesthesia.

CONTRAINDICATIONS AND INDICATIONS

The contraindications to this form of anesthesia are limited to two conditions, namely: Cerebellar neoplasms, or any suppurative condition in the region of the injection point. It may be definitely stated here that hypotension is not a contraindication. We have administered this anesthesia in patients having a systolic pressure of sixty.

This form of anesthesia is chiefly indicated in the aged or debilitated, thus avoiding the inhibitory action of ether anesthesia upon the kidneys

with resulting renal complications. In those cases complicated by pulmonary, cardiac, hepatic or renal conditions it is the anesthetic of choice, and especially in the diabetic patient. In emergency surgery, when it has been impossible to properly prepare the patient, it may be used without fear of post-operative sequelae often attendant upon inhalation narcosis.

Fatalities have occurred under this form of anesthesia, but they have occurred under inhalation narcosis. We do not claim that spinal anesthesia is perfect but we do feel, in view of the practically universally good results obtained, that it should be rationally considered and not condemned because it is supposedly new.

283 E. State Street.

Poisonous Snake Bite: Etiology and Treatment with Case Report

W. GORDON HARTNETT, M.D., Toledo

WHEN the Toledo Zoological Board of Management decided to add reptiles to collection, as physician for their employees, I thought it well to acquaint myself with the symptoms and treatment of poisonous snake bite. Much to my surprise I found practically nothing on the subject in the medical literature, in fact, the last really medical contribution came from the pen of Weir Mitchell.

In the United States there are yearly approximately one thousand cases of poisonous snake bite[1] which show a mortality of from 15 to 40 per cent.[2] Of these cases the responsible snakes are in accordance to their frequency: (1) Copperhead, (2) Texas rattler, (3) Cotton Mouth Moccasin, (4) Banded rattler, (5) Prairie rattler, (6) Pacific rattler, (7) Pigmy rattler, (8) Eastern Diamond Back rattler, (9) Sidewinder and (10) Swamp rattler or Massasagua,—of which there were only two reported cases in the last year.

The poisonous snakes in North America are divided into two groups:[3] (1) Proteroglyphs or coral snakes, with small slender cylindrical bodies of red color with black rings edged with yellow, and small heads. (2) Selenoglyph or pit vipers with flat large body, dull color, head wider than neck and possessing a pit of unknown function between the nostril and the eye. Of the coral snakes there are two classes, the Micrurus Fulvius and Euryxanthus (or the Harlequin snake and the Sonoral coral snake.)

The Solenoglyph or pit vipers are subdivided according to whether or not the tail has a rattle. The pit vipers having no rattle and having the head covered with shields, have two members, Copperhead (A. Mowasen) and Cotton Mouth Moccasin (A. Piscivonis.)

Of the true rattlers (Crotalus) we have fifteen varieties:

Crotalus Horridus—timber rattler
Crotalus Adamontus—Eastern Diamond Back
Crotalus Triseriatus—Spotted rattler
Crotalus Tigris—Tiger rattler
Crotalus Atrox—Western Diamond Back
Crotalus Confluentus—Prairie rattler
Crotalus Exsul—Red rattler
Crotalus Oreganus—Pacific rattler
Crotalus Mitchellii—Bleached rattler
Crotalus Molossus—Black tailed rattler
Crotalus Carastis—Horned rattler
Crotalus Willardi—
Two or three more unnamed species.

Venom (rattle snake) has a chemical formula of C34 H54 021 and is very similar in construction and action to cholesterin.[4] The effect is supposed to be due to an albuminoid substance, so-called toxalbumin. Fractionalization of venom into a toxic and nontoxic fraction was done as early as 1904 by John Marshall.[5]

From the effects of various venoms it was thought that they were constituted alike, but Gethen and Butz[6] have shown that the various snakes in a species have closely related toxins, but that snakes such as the cobra possess a venom very unlike the pit vipers, at least in their immunologic aspects.

The actions of venum (neartic crotalus) are first, hemolytic and neurotoxic. Secondary actions are proteolytic, destroying tissue; hemorrhagic, causing diminished clotting time; antibacteriacidal, favoring growth of bacteria and lastly, tendency to delay healing.

The symptoms as produced by these "subtoxins" are pain, anemia, shock, nausea, vomiting, giddiness, swelling, hemorrhage, bleb formation, tachycardia, slight pyorexia, and ulceration.

The treatment with the coming of antivenin has been remarkably changed. It has been demonstrated that the time-worn methods of incision, burning, herb treatment, and K Mn 04, are furthering the process rather than helping the patient. K M 04 in concentration sufficient to neutralize the venom causes extensive tissue necrosis, and cannot reach the site of the venom quickly enough to do good. The idea of trying to neutralize the venom at the site of injection seems as foolish as trying to recover Neosalvorsan from the vein, after we have injected it. Every physician is familiar with the patient who can taste intravenous medication almost before the injecting needle is removed. Treatment according to Hutchison is[7] (1) tourniquet, released every fif-



Fig. No. 1. Head of Crotalus Mitechelli—Bleached Rattle snake showing characteristic pit.

teen minutes for two minutes; (2) crucial incision, and (3) suction. Most workers advise removal of tourniquet as soon as antivenin is given.

The more modern treatment seems to advocate merely tourniquet and antivenin, condemning incision because of the tendency to ulceration; and even the pleasure of all snake bite victims—spirits of frumenti, saying that whiskey causes increased circulation and hence more rapid absorption of the toxins.

The most logical treatment after reviewing the literature seems to be: aseptic small incision, if the patient is seen within the first ten minutes, in order that part of the venom will escape with the blood; tourniquet, above the bite, relieved every twenty minutes for three minutes and continued for eight or ten hours after the bite; antivenin, every four hours till symptoms begin to abate; hypertonic, permagnate or bichloride wet dressing to prevent secondary infection; digitalis in 4 c.c. doses till digitalized. Small doses of morphine or codein for pain. In the event that gangrene is feared, incision is not to be recommended as the muscles will herniate, but needles of sufficiently large bore may be inserted into the skin and give relief. Blebs may be opened, without producing any harm and finally splints to maintain proper position with early passive motion to prevent fibrosis of tendons. A. T. S. 1500 U. should be given routinely.

CASE REPORTS

On September 16th, 1929, about noon, Case No. 8149 while replacing a bleached rattle snake (C. Mitchellii) in its cage, was bitten on the left thumb over the volar aspect of the second phalanx. He immediately released the snake, placed it in the cage and applied pressure about the bone of the thumb with the right hand and walked to the first aid room, a distance of about fifty yards. Here an improvised tourniquet was placed about his arm. I saw the patient within five minutes of the time he had been bitten. At this time the two fang punctures were visible. one of which was bleeding. A mechanical tourniquet was then placed below the first tourniquet, the wound washed with iodine and an incision was made through the fang punctures with a sterile knife, sterile dressings applied, 1 ampule of antivenin given, one half in the affected arm, and one half in the abdominal wall. He was then taken to the hospital.

The first pain was experienced about fifteen minutes after the bite. It was sharp in character, at first present only in the thumb but within three minutes had spread to the whole arm. The tourniquets were released for three minutes and then the mechanical one reapplied.

The patient was put to bed immediately upon reaching the hospital and it was then that the swelling made its appearance about the thumb and hand. The original orders were: (1) Hot Epsom salts cont. bath—to reverse lymph flow. (2) Neartic Crotalus Antivenin every six hours. (3) Spts. frumenti 1 ℥ stat. and an ounce every four hours. (4) Relieve tourniquet every twenty minutes for three minutes. (5) R. B. C. every four hours. At this time the patient's temperature was 97°, pulse 54, respiration 18. The tourniquet was released every twenty minutes until 4:20 p. m., and then removed. The first R. B. C. was 4,860,000. HD. 96 per cent, W. B. C. 9, 450. The afternoon count R. B. C. 4,310,000 and the evening 4,200,000.

During the evening of the first day the swelling broke through a line marking the lower tourniquet and stopped at the level of the higher tourniquet, but remained stationary only a short time and soon involved the axilla and pectoral regions. Blebs began to appear about the hand at this time.

On the morning of September 17, 1929, the first day after admission, at 6 a. m., the patient's pulse was 140. The hand presented was the most awesome spectacle I have ever seen. The entire palmar surface was raised by a hemorrhagic bleb and on the dorsum of each finger was a hemorrhagic bleb the entire length and width of the finger. These extended to but did not communicate with each other. Numerous small blebs ranging in size from a pea to a dime filled with clear serum covered the forearm. The thumb was draining profusely and the skin covering it seemed to lose its configuration.

At this time the pulse went to 140 and temperature to 100°. Dr. N. Worth Brown, a cardiologist, was called in consultation and glucose 50 c.c. 10 per cent was given. The pulse then went to 154 and was irregular and weak, the patient became faint and it was feared that he was dying. Adrenalin was given and the patient felt some better. Six hours later the glucose was again given with the same results and adrenalin was given again. Digitalis 4 c.c. every four hours for



Fig. No. 2. The hand on the third day. The blebs of the second day had been opened, and these again formed.

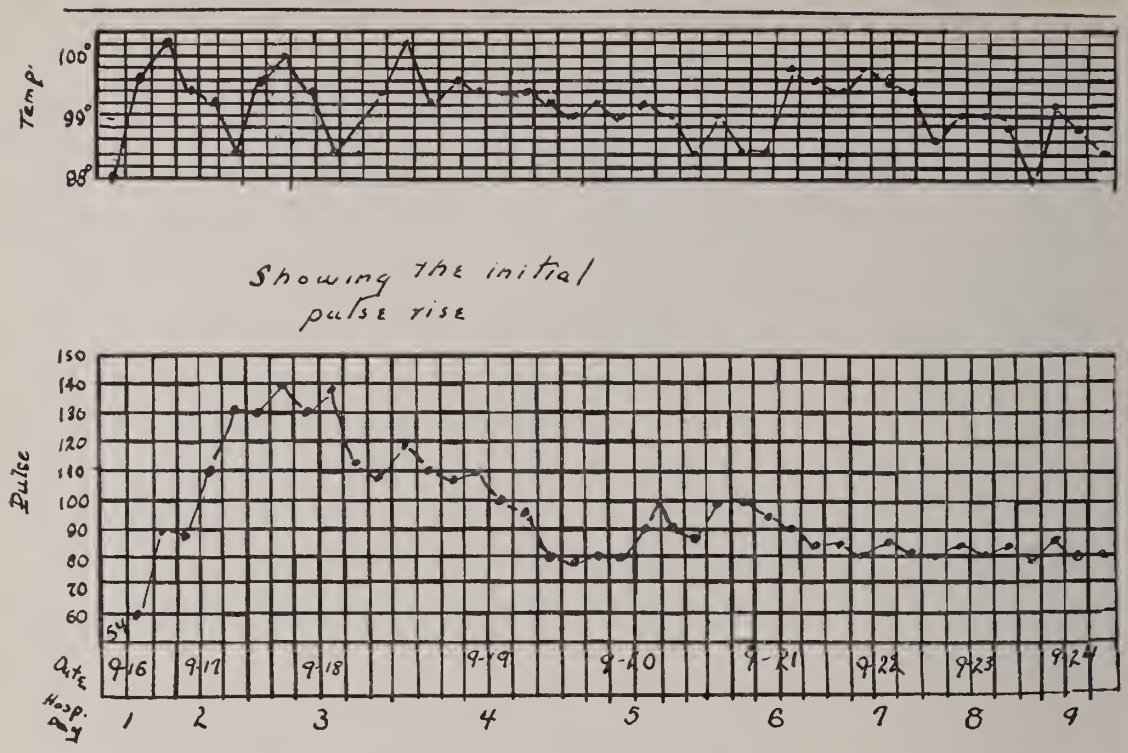


Fig. No. 3. Chart showing initial rise in pulse.

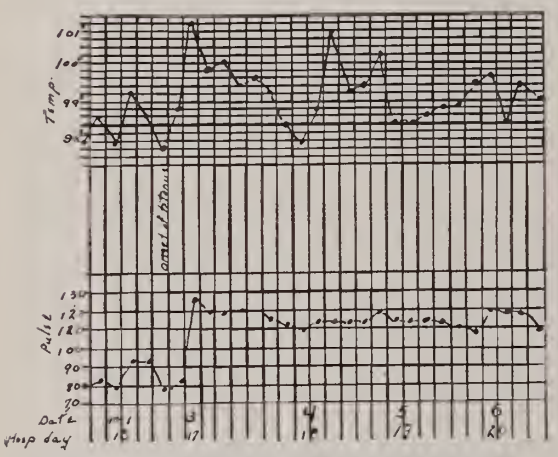


Fig. No. 4. Chart showing rise in temperature and pulse at onset of tetanus. Note slight rise in pulse before.

four doses was given and the pulse came down to 108 the following day and to 80 on September 19, 1929, the second day after admission.

The forearm and arm were so swollen during these first two days that they had a board-like hardness.

On September 20, 1929, the patient had an urticaria, the pulse went up to 100 and temperature to 100. This was promptly relieved by ephedrin and adrenalin. The R. B. C. on this day reached its lowest, 3,470,000, with W. B. C. of 21, 450. The bleeding time and clotting time were normal as was the fragility test. Dr. B. J. Hein, an orthopedist, was called in consultation because of the condition of the bone. The swelling was abating, the thumb had an ulcer about as big as a half dollar and the fingers were stiff and flexed. The fingers were straightened and a splint applied. Infra red light treatment was instituted.

On September 26, 1929, the patient was up and about, the swelling all disappeared, the pulse was 76, temperature 98°, R. B. C. 4,130,000, W. B. C. 13,500. The patient's condition continued to improved until October 2, 1929. He was up and about, feeling well and planning to leave the hospital. However, his temperature went to 99°, pulse 95, respiration 80 and it was decided to leave the patient in the hospital an extra day. He explained that he had been sitting in the hall while the nurse straightened up his room and thought he had been in a draught as his neck was slightly stiff. That evening I received a call from the patient's wife that he was feeling poorly. I went to the hospital to find my patient had tetanus. The temperature was 100-4 pulse 118. Drs. Brown and Hein were called and a spinal puncture done. Tetanus antitoxin in 20,000 doses was given intraspinally, 20,000 intravenous and 20,000 subcutaneus.

This dose was repeated three times daily for the following three days and 30-50,000 intravenously until improvement was noted. 505,000 U. of A. T. S. were given and 31 days after the onset of tetanus the patient was discharged, in good condition except for the thumb which was gangrenous and was removed two weeks later.

Case No. 9150—Mr. K. was brought to my office eight hours after having been bitten by a black rattler, (C. Massaugua). At this time the foot was greatly swollen, but the oedema did not extend above the ankle. Two fang punctures were present over the Achilles tendon, with a burn about the size of a quarter, which the patient had produced by holding lighted matches over the site of the bite. One ampule of antivenin was given and the patient admitted to the hospital. Tem-

perature was 99-[3], pulse 90, respiration 90, R. B. C. 4,510,000 W. B. C. 8,500. Nausea came on after admission, the temperature rose to 100-[1] and pulse 100. Hot MgSO dressings were applied. The following day the swelling progressed up the thigh and the next day had decreased sufficiently to discharge the patient. The ulcer caused by the burn was still present two weeks after the bite although all other symptoms had disappeared.

2015 GLENDALE AVE.

REFERENCES

1. Do Amarol A. "Anti-Snake Bite Campaign in Texas and in Sub-Tropical United States.
Bulletin Antivenin Institute of America 1:77. Oct., 1927.
2. Crimmins, L. M. "Notes on Texas Rattlesnakes."
Bulletin Antevenin Institute of America 1:23. March, 1927.
3. Do Amarol A. "Notes on Neartic Poisonous Snakes, and Tr.atment of Their Bites."
Bulletin Antivenin Institute of America, 1:63, Oct. 1927.
4. Yonemura S. and Fujihara M. "Relationship between Bile, Snake Venom, and Cholesterin. Journal of Biochemistry, Toyko 6: 91-110. 1926.
5. Welker, W. H. "Fractitionation of the Proteins of Rattlesnake Venom."
Laboratory of Physiological Chemistry of College of Medicine, University of Illinois, July 21, 1929.
6. Githens, T. S. and Butz, Louis." Venoms of North American Snakes and their Relationship."
Journal of Immunology xvl 71-80, Jan., 1929.
7. Hutchinson, R. H. "Incident of Snake-Bite Poisoning in the United States."
Bulletin Aneivenin Institute of America III; 51 July, 1929.

The Lymphocyte In Lymphatic Leucemia With Notes on Prognosis and Treatment

BRUCE K. WISEMAN, M.D., Columbus

THE chief difficulty in obtaining an accurate concept of lymphatic leucemia has always been a cytological one. Prior to the work of Ehrlich on the differential staining of blood cells, considerable confusion existed in the classification of blood dyscrasias because of the number of clinical syndromes made possible by the underlying pathology of these diseases. The introduction of the fixed film technique, however, and the development of various combinations of dyes with which to elicit and study cell differences not so apparent before, formed the basis for an initial classification of the cells of the blood, and placed subsequent studies of the blood dyscrasias upon a sounder foundation than that provided by clinical signs and symptoms alone.

It was inevitable that these studies involving various strains of maturing cells should lead to differences of interpretation on the part of various investigators. Ehrlich first proposed the idea of the independent origin of each of the main types of definitive cells found in the peripheral blood, a concept which, with various minor modifications, has been supported by many hematologists down to the present day.

However, chief among the earlier investigators of the blood cells was Pappenheim, whose remarkable atlas[1] remains today as an authoritative reference work for those interested in the staining differences of cells in the fixed film technique. Because of the finding in large numbers of a cell type devoid of the cytoplasmic differentiation represented by granules or hemoglobin, Pappenheim decided that his "lymphoidozyte" must represent the common stem cell for all the other types of blood cells. Thus was originated the monophyletic doctrine, whose adherents have been numerous through the years, and among whom none have been more outstanding and convincing in their studies than the late Prof. A. Maximow.

The modern trend, nevertheless, is away from such purely morphological studies toward an appraisal of the physiology of cells. This, to be sure, does not eliminate the necessity for careful correlative histological studies. Rather do we now need cytological studies of a character even more finely differential than was possible under the limitations of the earlier fixed staining technique. As a result there have developed in recent years the newer intravitam and supravital staining techniques, hand in hand with an experimental hematology, the objectives of which are the physiological and pathological testing of cell functions in terms of immunity and resistance, both natural and acquired.

The problem of the lymphocyte, long the principal enigma of hematology, must yield, if at all, to this newer type of attack, and such information is essential if further progress in the understanding of many of the blood dyscrasias is to be made. Recent studies[2,3], utilizing the experimental method and all available staining techniques, as well as the more modern and substantially grounded concepts of the origin and maturation of the cells of blood and connective tissues[4,5] other than the lymphocyte have contributed materially to the establishment of the lymphocyte as a definitive cell type with a characteristic life cycle. Instead of existing only as a stem cell from which other cell types evolve it now seems quite clear that at least many of those morphological entities in blood and tissues known as "lymphocytes" represent a strain of cells with a definitive life cycle in that they arise as lymphoblasts, mature, and function as lymphocytes, and at last degenerate without having dedifferentiated into other forms. This concept is a factor of the first importance in an understanding of basic lymph node pathology, as a working

From the Department of Medical and Surgical Research, Ohio State University.

hypothesis in the investigation of the underlying mechanism in diseases affecting the lymphocytic equilibrium, and in the clinical management of these conditions. The practical import at the moment is the essential bearing such a concept has upon the diagnosis, prognosis and treatment of lymphatic leucemia.

THE MECHANISM OF NORMAL LYMPHOCYTE MATURATION

For an accurate understanding of the morbid mechanism—however it may be induced—that is present in the lymph node during disease, a clear understanding of the life cycle of the lymphocyte is necessary. Chart I shows the definitive lymphocyte as being the product of a progressive maturation from the fixed reticulum cell in the lymph node, an element in the so-called reticulo-endothelial system of Aschoff, through a detached, free primitive stage to its immediate progenitor the lymphoblast, which in health is never released into the blood stream. Then follow the cells normally seen in the blood stream, from the relatively young, which are present in not to exceed 10 per cent of the total lymphocytes, to the older and the degenerating types.

In studying the qualitative differences indicative of age range within any strain of cells, it is important that sufficient cells be analyzed to make the deductions valid. Arneth pointed out this fact in his studies of the granulocytic leucocytes. It is even more essential when the lymphocyte is under consideration inasmuch as this cell type in the normal adult represents only from 20 to 25 per cent of the white blood cells in each cu. mm. of blood. Thus, when 100 white blood cells are tabulated in the usual differential count, not more than 1 to 3 of the younger lymphocytic forms are seen. In Chart I, therefore, are given the *average* per cent of these various types (computed on a basis of the total number of lymphocytes as 100 per cent) which have been found to be normally present in human blood[2].

The normal mechanism regulating the speed of maturation of these cells is undoubtedly one of supply and demand. Repeated counts on the blood of animals have shown that there is a reciprocal relationship between the concentration of very old lymphocytes in the blood and the concentration of very young forms; that is, as the percentage of older types increases the percentage of youngest types decreases, thus tending to lower the absolute concentration in the blood of these latter cells. Furthermore, there is a tendency to a half hourly rhythm in this change[6]. We have, then, a stimulus to orderly maturation and a regular periodic delivery of lymphocytes as manifestations of the normal mechanism.

It would appear that so long as an increase of old cells in the blood occurs with a concomitant decrease in youngest types it is evidence that the mechanism remains orderly even though the numerical equilibrium may be in imbalance. We have had under observation during the past six months a case with lymphocytosis illustrative of this point. The patient, a white woman, aged 58, has maintained during this period a total white cell count averaging 35,000 with about 80 per cent lymphocytes. This condition of the blood has existed for at least four years, and probably for a good deal longer. The neutrophilic leucocytes and monocytes are numerically and qualitatively within normal limits. The red blood cells and platelets show no significant changes. The lymphocytes are alone specifically increased, but with no "shift to the left", i.e., no increase in the normal percentage of young forms. The patient continues to remain in apparent good health, with neither local or general adenopathy, nor demonstrable splenomegaly. No cause for the lymphocytosis has been found. The prognosis in this case is good and will remain so, as long as the maturative processes remain orderly. The clinical and laboratory findings to date only justify the diagnosis of *chronic, idiopathic benign lymphocytosis*, which may or may not become a malignant lymphocytosis (leucemia) later on. Periodic physical and laboratory examinations are obviously indicated in such cases but without prematurely arousing undue alarm in the patient.

THE MECHANISM IN LEUCEMIC MATURATION

In leucemia there is present a disorderly maturation and delivery of cells[7]. A reciprocal relationship is no longer maintained between the younger and older lymphocytes, nor is the turnover of these cells in the peripheral blood the resultant of the physiological law of supply and demand. The one-half hourly rhythm is lost. As the production of lymphoid cells becomes less and less controlled and orderly, there are found increasing numbers of immature cells in the circulating blood, i.e., a more and more severe "shift to the left" as shown in the schema in Chart I. The dividing line between lymphocytosis (orderly maturation and delivery) and a state of leucemia (disorderly maturation and delivery) is passed. It is evident that the crux of the matter lies in the solution of the cause of uncontrolled stimulation to multiplication, maturation and delivery of these cells.

Leucemoid states—which may or may not be identical with human leucemia—have been most carefully investigated in fowls and mice, and are said to occur also in horses, cattle and dogs[8]. A survey of these reports would indicate that in at least many instances an inoculable tumor or a virus[9,10,11] or both have formed the underlying etiology. Experimental hyperplasia of lymphatic tissue associated with lymphocytosis in rabbits, using killed staphylococci[12] and heterogenous parenteral protein of various types[13] has been recently reported. The significance, if any, of these

CHART I

Maturation of the Lymphocyte with Distribution of Cell Types in Blood and Tissues

Cell Type	Reticular Cell	Primitive Free Cell	Lympho-blast	Young Lymphocyte	Mature Lymphocyte	Old Lymphocyte	Degenerating Lymphocyte
Basophilia	0	+	++++	+++	++	+	0
Mitochondria	0	+	++++	+++	++	+	0
Azur Granules	0	0	0	+	++	++	0
Motility	0	0	0	+	++	+	0
Normal Percent Distribution in Blood	0	0	0	0-10	45	45	0-10
Normal Anatomic Distribution	Lymphatic Tissues			Blood			
Anatomic Distribution in Lymph. Leucemia	Lymphatic Tissue	Lymphatic Tissue and Blood					
Anatomic Distribution in Infect. Diseases	Lymphatic Tissue			Blood			

latter observations has not yet been appraised. Successful transfer of lymphatic leucemia from one human to another has never been reported[14,15].

Briefly, then, in the light of the accrued data we may consider infectious agents, virus or otherwise, an idiopathic malignant hyperplasia or a disturbed metabolism, as, singly or collectively, bearing some relationship to the fundamental etiology of leucemia. Undoubtedly, the great majority of investigators, especially the pathologists, consider leucemia as a neoplasm of the lymphatic tissues and cells. Recent work on the glycolytic function of leucemic lymphocytes[16] showing that they do not coincide in this respect with other malignant cells, as well as the fact that true organic metastatic foci rarely if ever occur, make this position difficult to defend. The accepted explanation, at present, of the underlying pathology in pernicious anemia on a basis of disturbed metabolism rather than on that of a bacterial toxemia or neoplasm provokes thought and suggests possible analogy in leucemia. The newer studies on experimental hyperplasia of lymphatic tissue following protein intoxication may be said further to suggest this analogy and thus assume an importance warranting further investigation. More than this cannot be said at present, but with the renewed interest that now exists in this disease, there is more hope that the true nature of the stimulation and control of these cells eventually will be disclosed.

HEMATOLOGY

A consideration of the foregoing sections indicates the various types of lymphocytes likely to be found in the peripheral blood in a given case of lymphatic leucemia. Of the various characteristics shown in Chart I that mark the various stages of maturity in these cells, basophilia of the cytoplasm has been found in our experience to be the most practical and accurate index. In this connection it should be said that the *size of the cell is not a reliable criterion of age* in the fixed Wright's stained smear, as the trauma incident to making these preparations frequently distorts the individual cells. By grading the lymphocytes encountered in a blood film, stained with Wright's-Giemsa, on a basis of basophilia of the cytoplasm, the young lymphocytes being those with the heaviest blue stain and the older types those showing least basophilia, it is possible to quickly form an impression as to the *acuteness* of the pathological process. Note that this procedure is simply applying to the study of the lymphocyte the recently determined criteria of maturation in its life cycle, even as Arneth[17], Schilling[18], and Sabin and Doan[4,5] analyzed the maturation of the granulocyte in terms of nuclear lobes and cytoplasmic evolution.

The cells of the blood in lymphatic leucemia other than lymphocytes simply reflect the extent of pathologic infiltration which occurs in bone marrow during the course of the disease. There is usually a gradual crowding out of the marrow elements as leucemic cells displace the normal erythrogenic and myelogenic tissue. This results in anemia, thrombopenia, and in a diminution in the absolute number of granular cells in the peripheral blood. Here again, the more severe the depression in these elements, the more acute is the leucemic process.

PROGNOSIS

The total count of the white blood cells is obviously of minor importance when determining prognosis. From the foregoing discussion it should be clear that there are three necessary things to be determined in every case of unexplained lymphocytosis.

(1) Is the production of lymphocytes orderly or disorderly? This question can only be answered positively by the analysis of consecutive counts taken every 15 minutes for a definite period, usually three hours[7]. This is difficult and laborious and is necessary only in cases in which a definite diagnosis of leucemia is in question.

(2) If delivery is disorderly, in what degree or to what extent does disfunction exist? This question may be satisfactorily answered by anyone possessing some Wright's stain and the knowl-

edge of how to use it. A survey of the stained slide will quickly reveal the number and percentage of lymphocytes present and their relative age distribution. Repeated observations of this type will enable the physician to follow the course of the disease and detect the occurrence and extent of any acute exacerbations. The blood findings often precede any detectable clinical change for the worse by weeks or even months. Conversely, the advent of a remission can be predicted by properly observing and evaluating the cellular changes from time to time.

(3) If disfunction in lymphatic tissue exists, to what extent has the vital function of the various internal organs been interfered with by infiltrative phenomena? The extent to which the bone marrow is being affected by lymphocytic infiltration as evidenced by the cells in the peripheral blood, provides the best index of general involvement. Unfavorable signs are a decrease in blood platelets and granulocytes, and an increasing anemia.

It is scarcely necessary to re-state that due consideration should be given to *each* of the factors above mentioned if the utmost accuracy in immediate prognosis is desired.

TREATMENT

Treatment of *acute* lymphatic leucemia is at the present time symptomatic only, and *X*-ray should never be used. The use of *X*-ray in *chronic* leucemia is apparently of benefit only: (1) in promoting the comfort of the patient by relieving pressure when enlarged nodes are producing symptoms, and (2) in increasing the effective, but not the total, number of years of life. The statistics of Minot[19] and of Wood[20] indicate no prolongation of life in patients so treated when compared with those untreated.

In advising the use of *X*-ray, it should be remembered that following the depression phase of the *X*-ray treatment there is a period of overcompensatory stimulation which in certain benign conditions may be undesirable.

Little or no improvement is obtained from *X*-ray or radium when thrombopenia, pronounced anemia (hemoglobin below 50 per cent) or a marked "shift to the left" in the immature types of lymphocytes is present. When it is found that recent adequate *X*-ray therapy has not benefited the patient, further irradiation may do considerable damage. All *X*-ray treatment must be controlled by blood studies to prevent too severe damage to the general hemopoietic tissues. Especial care must be exercised in cases with diabetes and advanced nephritis.

Basal metabolic determinations have been advocated[21] as a guide in the treatment of this disease, as it seems that with an increase of young cell types in the blood the basal metabolic rate rises. It would appear, however, that more accurate information as to the state of the disease process can be obtained directly through an evaluation of the qualitative changes present in the cells than through the study of an indirect effect such as that on basal metabolism.

Chemicals, such as benzol, having for their purpose the destruction of blood cells, should never be used in the treatment of lymphatic leucemia.

In short, the physician should have some definite objective in using radiation or other therapy in this disease; as has been so aptly stated, here one should treat the patient and not the blood count. It is important to remember that it is the qualitative changes in the lymphocytes that are important as indicative of the patient's true clinical condition, and not necessarily their total numbers.

SUMMARY

The lymphocytes comprise a specific strain of cells, which arise in the lymphatic tissues, and which normally mature with an orderly sequence of changes similar in character to those observed in the other blood cells. In leucemia the stimulus, whatever its nature, becomes uncontrolled resulting in a disorderly overproduction and delivery of lymphocytes. The best index of the severity of the process is obtained by an analysis of the number of young lymphocytes as revealed by the criteria determined from the study of the normal maturation of these cells. Prognosis and treatment are determined largely by a study of the percentage of young lymphocytes found in the peripheral blood.

BIBLIOGRAPHY

1. Pappenheim, A., Atlas der menschlichen Blutzellen, Jena, G. Fischer, 1905 and 1912.
2. Wiseman, B. K., J. Exp. Med., In Press.
3. Wiseman, B. K., Folia haematol. In Press.
4. Doan, C. A., Cunningham, R. S., and Sabin, F. R., Contrib. to Embryol., 1925, 16, 163.
5. Cunningham, R. S., Sabin, F. R., and Doan, C. A., Contrib. to Embryol., 1925, 16, 227.
6. Sabin, F. R., Cunningham, R. S., Doan, C. A., and Kindwall, J. A., Bull. Johns Hopkins Hosp., 1925, 37, 14.
7. Doan, C. A., and Zerfas, L. G., Jour. Exp. Med., 1927, 46, 511.
8. Opie, E. L., Medicine, 1928, 7, 31.
9. Ellermann, V., The Leucosis of Fowls and Leucemia Problems, Gyldendal, London, 1921.
10. Furth, J., Proc. Soc. Exp. Biol. and Med., 1929, 27, 155; 1930, 27, 383.
11. Furth, J., J. Exp. Med., 1931, 53, 269.
12. Ehrich, W., J. Exp. Med., 1929, 49, 347 and 361.
13. Wiseman, B. K., J. Exp. Med., 1931, 53, 499.
14. Schupfer, Ref. Folia haematol., 1906, 3, 504.
15. Minot, G. R., and Isaacs, R., J. Amer. Med. Assoc., 1925, 84, 1713.
16. Glover, E. C., Daland, G. A., and Schmitz, H. J., Arch. Int. Med., 1930, 46, 46.
17. Arneth, J., Die Qualitative Blutlehre, Dr. Werner Klinkhardt, Leipzig, 1920.
18. Schilling, V., The Blood Picture, C. V. Mosby Co., St. Louis, 1929.
19. Minot, G. R., and Isaacs, R., Boston Med. & Surg. Jour., 194, 191, 1.
20. Wood, F. C., J. Amer. Med. Assoc., 1922, 79, 67.
21. Krantz, C. I., and Riddle, M. C., Am. Jour. Med. Sci., 1928, 175, 229.

Vital Medical-Economic and Political Problems Involved in Gradual Extension of Medical Service and Other Benefits to All Ex-Service Men

Recent controversies and discussions relative to the present and future policies of the Federal Government in its medical and hospitalization program for veterans of the World War have yielded interesting and significant data concerning the magnitude and extensiveness of the relief activities of the nation for the benefit of its ex-service men.

One of the more recent public discussions of the policies and program of the Government regarding veterans' relief was that held at the annual meeting of the American Medical Association at Philadelphia.

It was pointed out to the A.M.A. House of Delegates at the Philadelphia meeting by several speakers that when the Veterans' Bureau found that the available facilities for veterans in government hospitals exceeded those required for disabilities incurred in military service, and when a policy was established by Congress authorizing the use of such facilities for veterans with non-service connected disabilities, there was set up a program, which, unless modified, might eventually result in a government hospital in each congressional district, with unlimited expenditures increasing from year to year as the millions of former service men needed medical service or hospitalization from disabilities incurred during civilian life and not in any way connected with military service.

As an alternate proposal to the present veterans' program of the government, a resolution was introduced in the House of Delegates by Dr. H. H. Shoulders, from Tennessee.

While this resolution is in some measure contrary to the avowed policy of the A.M.A. in regard to the extension of free service to veterans suffering from ailments not of service origin, it was pointed out by the sponsors of the resolution that the government has already adopted such a policy, with possibilities of extending it to dependents of veterans in the near future, and eventually to the descendants of veterans.

ADDED BENEFITS ENUMERATED

According to arguments presented to the A. M. A. House of Delegates by those who supported the Shoulders resolution, it offers a plan for possible saving to the government and at the same time presents all of the advantages to the veterans of the present program with added benefits as follows:

It would, it is contended:

1. Provide immediate attention to veterans needing and desiring such service and not keep them on a waiting list which is said to occur often under the present program.
2. Permit the right of personal choice by such veterans in the selection of medical advice.
3. Provide personal rather than routine, mechanized medical or surgical service.
4. Enhance the morale of the veteran needing medical or surgical attention in that it would establish him in the position of employer rather than that of more or less a medicant.
5. Permit him to receive attention in his own locality in familiar surrounding accessible to his family and friends.
6. Utilize existing local hospital facilities and thus avoid an enormous building program with an entailed tremendous expense.
7. Avoid the otherwise obvious necessity of creating a great centralized administrative medical, nursing and other personnel.

The resolution reads as follows:

"WHEREAS, The federal government has inaugurated the policy of rendering medical and hospital benefits to veterans of the World War with non-service connected disabilities; and

"WHEREAS, This policy was inaugurated over the opposition of the American Medical Association; and

"WHEREAS, The policy now in force, if carried to its logical conclusions, involves the construction, the staffing, and the maintenance of a sufficient number of hospitals to accommodate the hospital needs of all the veterans of the World War; and

"WHEREAS, The present policy is of unequal benefit to veterans by reason of the fact that many disabled veterans cannot (for one reason or another) avail themselves of the benefit; therefore be it

"Resolved, That the House of Delegates of the American Medical Association petition the Congress of the United States and the American Legion to abandon the policy of rendering hospital and medical benefits to veterans of the World War with non-service connected disability, and substitute therefor a plan of disability insurance benefits with the following provisions:

"First, the creation of a Bureau of Disability insurance in the Veterans' Bureaus as now constituted.

"Second, the issuance of a disability insurance policy to each veteran with a disability benefit clause, as follows:

"(a) The payment of a weekly cash benefit during a period of total disability, and

"(b) The payment of liberal hospital benefit sufficient to cover the hospital expenses of a veteran during a period of hospitalization for any disability. Such benefits to be paid to a veteran on satisfactory proof of total disability, and

"(c) Such other provisions as are necessary for the proper administration of the act.

"Be it further

"Resolved, That the proper officers of this association be instructed to approach the officers of the American Legion with the view to securing the adoption of the policy above set out as a part of the legislative program of the American Legion, and be it further

"Resolved, That each state medical association be requested to form a committee whose duty it will be to approach the state and local Legion posts throughout the country with a view to securing the adoption of this program by them."

This resolution was adopted by the House of Delegates following considerable discussion.

It was pointed out by those who doubted the advisability of the Shoulders' proposal, that while the resolution opposes the general program of medical service and hospitalization for veterans with non-service connected disabilities, who are able to provide their own medical service, it, on the other hand, advocates the establishment of a governmental insurance system to provide funds for the payment direct by all veterans for medical, surgical and hospital service furnished even

for non-service connected disabilities, and, in a measure, advocates an extensive and paternalistic system somewhat at variance with the previous policies pronounced by medical organization.

ALL VETERANS ELIGIBLE

In answer to objections raised at the A.M.A. meeting to some of the policies pursued by the government in its veterans' relief program, a statement was issued by the United States Veterans' Administration and reported as follows by *The United States Daily*:

"Approximately half the patient population in veterans' hospitals is not there by reason of disabilities incurred in war, it was stated orally June 9 at the Veterans' Administration. While it is true, as charged by the American Medical Association in session at Philadelphia, that many veterans not injured in war are receiving free treatment, Congress has authorized hospitalization of any veteran requiring hospital care, regardless of how or when he received the disability, it was pointed out.

"Additional information was supplied as follows:

"Congress gave its authorization at a time when there were empty beds in Government hospitals, and it was thought they might well be filled by veterans other than those injured or afflicted during war time.

"There are now some 34,000 veterans in Government hospitals, and about 17,000 are of the type not receiving disabilities in conflict. When one multiplies 17,000 and $3.50, the cost of a day's hospitalization, and 365, it can readily be seen that the Government is giving to the veterans valuable treatment, the figure amounting to $21,717,500 annually."

Other data of equal significance, showing the tremendous increase during recent years in the cost of the veterans' relief and how the benefit privileges have been liberalized, also has been collected.

NON-SERVICE CASES INCREASE

Last February, while Congress was considering new World War veterans' legislation, the following article was published in *The United States Daily*, presenting additional information of interest and importance:

"The 32,000 veterans being cared for in hospitals are the largest number of patients cared for in the history of the Veterans' Bureau and represent an increase of 4,000 cases in the last three years, according to the report just filed by the House Committee on World War Veterans' Affairs accompanying the bill (H.R. 16982) authorizing the appropriation of $12,500,000 for a veterans' hospital construction program.

" 'Similarly the number of patients awaiting admission to Government hospitals has increased over 5,000 within the past year,' the report states. 'In other words, on December 1, 1929, the waiting list for Government hospitals totaled 2,461 cases as compared with 7,669 cases on January 1, 1931.

" 'It should be mentioned that approximately 95 per cent of the patients now awaiting hospitalization in Government facilities require treatment for disabilities not determined to be of service origin, and that 65 per cent of the total is of the general medical and surgical type.

" 'The effect of section 202 (10) of the World War Veterans' Act, which authorized the treatment of all veterans in Government hospitals, without regard to the origin of their disabilities, upon the hospital load is shown by the increase of 10,253 cases of this class within the past five years, or approximately 2,000 per annum.

" 'The trend upward of the nonservice connected load is further reflected in an analysis of the admissions to all hospitals during the fiscal year 1930, which discloses that 71 per cent of the total were of this class.

" 'It develops that on January 1, 1931, the beds in Government hospitals controlled by or available to the veterans' administration totaled 32,993, of which 23,990 were in veterans' hospitals, 2,135 in soldiers' homes, and 6,868 in hospitals under the jurisdiction of the Army, Navy, Public Health Service, and Interior Department. It is understood that authorized additions to Government hospitals will within the next two years increase the total beds available to the veterans' administration to approximately 40,000, of which about 31,000 will be in veterans' hospitals. On the same date, the authorized patient load in all hospitals totaled 31,905, of which 21,797 were in veterans' hospitals, 1,824 in soldiers' homes hospitals, 6,057 in hospitals operated by other governmental agencies, and 2,227 in civil and state institutions.

" 'It will be observed from the foregoing that the beds available in Government hospitals at this time are approximately 1,000 in excess of the total authorized patient load. However, an investigation disclosed that most of these reported unoccupied beds were not what might be termed generally available for patients due to the fact that they were being reserved for patients en route, were temporarily unavailable due to repairs, or else were in specialized facilities considerably removed from populous areas.

" 'The Administrator of Veterans' Affairs appeared before the Committee and stated that no additional hospital construction could be justified at this time on the basis of the needs of veterans with disabilities attributable to military service. He further stated, however, that if Congress were to provide Government hospital facilities for the veterans of all wars, without regard to the origin of their disabilities, additional construction to accomplish such purpose would be necessary, and listed the requirements in such program as 3,000 additional beds in 1933 and 6,000 additional beds in 1935.' "

In a statement issued June 27, Colonel George E. Ijams, director of the Veterans' Bureau, declared the most general and extensive relief system of all time is now being extended by the Federal Government to veterans of the World War, and not only, are relief activities constantly growing, but benefits during the current year under old legislation in practically all cases have exceeded those for the same period for the preceding year.

ANNUAL COST NEAR BILLION

The past year, according to Colonel Ijams' statement, established an all-time record for financial outlay, as a result of the disbursement of more than $793,000,000 (now exceeding $1,000,000,000) in loans on adjusted service certificates, in addition to the Bureau's routine work of in-

surance benefits to more than 150,000 beneficiaries, monthly disability and retirement allowances to approximately 525,000 veterans, hospitalization of 35,000 in 310 hospitals, 850,000 outpatient treatments and more than 1,800,000 physical examinations.

Colonel Ijams emphasized the "unusual increase" in medical activities of the Bureau, pointing out that during the first 11 months of the fiscal year over 35,000 more outpatient treatments, 16,000 more hospital admissions, and 750,000 more physical examinations have been recorded than during the same period of the previous year. He also pointed out that five new veterans' hospitals have been completed and additional contract hospitals have been made available.

Enlightening facts concerning the expenditures of the Federal government so far for relief for World War veterans and the prospects of future costs for them and their dependents were presented by Assistant Comptroller General of the United States, Richard N. Elliott, in a Memorial Day address at Hyattsville, Maryland.

The Veterans' Bureau has expended to date a total of $5,589,358,342 for the relief of World War veterans, their dependents and beneficiaries, according to Mr. Elliott. Of this sum, $925,599,616 has been disbursed from allotments taken from service men's pay and insurance premiums, and the balance from the United States Treasury, he pointed out.

Mr. Elliott stated that disbursements for the fiscal year ended June 30, 1930, amounted to $452,150,622 and that since March 3, 1919, Congress has authorized the appropriation of the sum of $110,477,000 for new construction of veterans' hospitals.

Pointing out that the annual expenditures of the Federal Government for relief of veterans of all wars now exceed the sum of $700,000,000, he declared that "with the prospect in view of service pensions for the World War veterans, their widows and dependents, it is exceedingly doubtful whether the annual expenditures for veterans' relief will be less than that sum at any time within the next 30 years".

An illustration of the gigantic proportions which the government's veterans' relief program might eventually reach is found in a statement issued June 30 by the Edward Hines, Jr., Veterans' Hospital, Hines, Illinois, pointing out that a start has been made toward handling veterans found to be suffering from cancer.

TREATMENT FOR CHRONIC AILMENTS

The statement, in part, said:

"It has been estimated that among the veterans of the World War, about 300,000 will die eventually from cancer, and that in addition about 100,000 under favorable circumstances will be cured, which means that in all probability about 400,000 veterans at one time or another will suffer from cancer. Dr. Hugh Scott, manager of the Edward Hines Jr., Hospital, estimates that probably 250,000 of these men will apply for treatment to one or another of the diagnostic clinics of hospitals. Thus the question is very important and a start has been made towards its solution.

"In the Central States from Canada to the Gulf of Mexico, and from the Allegheny Mountains to the Sierras, every veteran who is suspected of having cancer will be sent to the Cancer Center which Dr. Scott has established at Edward Hines Jr., Hospital near Chicago. At this hospital a wing has been remodeled and furnished with 150 beds, and a floor has been provided with a complete equipment for the treatment of cancer, that is, a surgical unit, and an emanation plant, and a treatment room for the surface application of radium, especially the application of large amounts."

The enormous increase in the hospital load of veterans' hospitals which would result should the Government pursue the plan suggested in the foregoing statement is apparent, especially since such a policy might lead eventually to the hospitalization of veterans suffering from other organic diseases of non-service connection origin.

Further evidence, not only of the magnitude of the present veterans' program, but also of the definite purpose of the government to rush to an early completion the gigantic veterans' hospital building program authorized by the last Congress, is found in the following news item, carrying a Washington date line and dated July 16, distributed by a national press agency:

"Speeding up its work to provide employment during the depression, the veterans' administration will complete a $20,500,000 hospital program a year and a half ahead of schedule, it was announced today.

"The program voted in the last session of Congress, providing for both new hospitals and addition to existing hospitals, was designed for completion by Jan. 1, 1935, but construction chiefs of the bureau now say it is expected to be finished by 1933.

"The last projects also have been let under a previous Congressional appropriation, with the result that the veterans' bureau expects to have 10 to 11 million dollars worth of hospital building under way until the work is completed.

"Under the policy of Congress of providing hospital facilities for non-service connected cases, a policy which has brought complaint from organizations of American physicians, it is expected that other hospital programs will be authorized in the future.

"Congress has appropriated $97,450,000 for veterans' hospitals since 1919, with the load of patients increasing as the average age of World War veterans rises."

As indicated in the preceding paragraph, as the average age of World War veterans rises there is a proportionate increase in the number of veterans contracting disabilities of non-service connected origin through civilian pursuits, and it

is this latter type of cases that would require the contemplated gradual increase in such building program.

As indicated in the various data presented in preceding paragraphs, and otherwise available, the future policy of the Government in dealing with the war veterans' relief question presents a problem of utmost importance.

POLICY OF MEDICAL PROFESSION

The question is especially important and serious in view of the criticism that has been directed toward the medical profession in recent articles appearing in publications of a number of ex-service men's organizations, prompted through a misunderstanding of the attitude of the medical profession relative to veterans' relief and a misconception of its aims and motives in relation to the veterans' program.

The medical profession's view of the veterans' relief question is, in effect, summed up in the following statement made by General Frank T. Hines, Administrator of Veterans' Affairs, before the finance committee of the United States Senate of the last Congress:

"I believe," declared General Hines in discussing veterans' legislation pending before the committee, "we have reached a point in connection with veterans' relief when we must give serious consideration to where we are going. It would be a pity, in my judgment, to have public opinion turned against relief measures for disabled veterans because of any unwise legislation for the able-bodied."

Because of the seriousness of the question; because important medical and hospital problems are involved, and because it is right that the medical profession should take a leading part in all undertakings that seek to furnish medical and hospital services to the public, the medical profession has from the very beginning taken an active interest in the World War veterans' relief program of the Government.

From the very first, the announced policy of the medical profession has been that *everything possible should be done, including medical, surgical and hospital services for all veterans whose disabilities arose from military service, and that such benefits should be available to those veterans with non-service connected disabilities who are unable to provide them for themselves.*

The chief objection raised by members of the medical profession has been to an elaborate and extensive proposed plan whereby the government would provide medical benefits and hospitalization to any and all former service men for *non-service connected disabilities*, and possibly to their families and dependents, even when those former service men are amply able to provide and pay for such services for themselves. As pointed out by many members of the medical profession, this latter phase of the problem not only would establish an elaborate system of state medicine, eliminate the free choice of medical services by the individual (in case such individual is unwilling to pay for such service himself), but would place the government in direct competition with the practicing medical profession.

Still Another Warning Against Fraud Artists

A number of Ohio physicians were among the victims of a fake liability insurance salesman arrested in Central Ohio recently and now awaiting a hearing before the grand jury.

The imposter is, in all probability, the one described in an article published on Page 526 of the June issue of *The Journal*, in which Ohio physicians were warned to beware of a chap whose game was to collect down payments on liability insurance policies which were later found to be worthless and whose credentials were forged and not issued by the company which he purported to represent. As pointed out at that time, after he had swindled numerous persons in Pennsylvania, some of whom were physicians, the insurance company which he claimed he represented, announced that he was not employed by it and was an imposter. Up to that time, there had been no reports of his activities in Ohio, although the company which he claimed he represented was licensed to do business in Ohio and it was anticipated that he would move to Ohio as soon as Pennsylvania authorities made things too hot for him.

The Journal has on numerous occasions emphasized that physicians should be constantly on guard against imposters and fakers, whether they be alleged insurance salesmen, bill collectors, magazine solicitors, medical and surgical supply salesmen, or just ordinary check workers.

Physicians should make it a point always not to do business with salesmen, solicitors, promoters, collectors, etc., unless certified credentials are presented, and then, not until a careful investigation has been made as to the authenticity of the credentials; the rating of the company or organization being represented; and the quality of the service or merchandise being sold. Also, it is a good plan for physicians not to cash checks for or have any kind of financial dealings with strangers.

Following a conference with various members of the Managing Officers' Association, State Welfare Director John McSweeney has announced that the new state institution at Apple Creek, Wayne County, would be used exclusively for feeble-minded. Previous plans were for housing some insane at the new institution.

Committee Appointments, Annual Meeting Program Plans and Details, Policy Matters and Other Questions Decided at Council Meeting July 12, 1931

COUNCIL MINUTES

The Council of the Ohio State Medical Association met in the headquarters office, Columbus, at 1:00 P. M., on Sunday, July 12, 1931.

The officers and councilors present were: Drs. Houser, Platter, Beer, Caldwell, Huston, Klotz, Cummer, Davidson, Brush, Seiler, Goodman; Dr. Alcorn Chairman, Dr. Upham, a member of the Policy Committee; Dr. Southard, State Director of Health; and Executive Secretary Martin and Assistant Executive Secretary Nelson.

The minutes of the Council meetings held during the annual meeting of the State Association in Toledo, Monday evening, May 11, and Wednesday, May 13, 1931 (published on pages 485 to 488 of the June, 1931, issue of *The Journal*) were read and on motion seconded and carried, were approved.

COMMITTEE APPOINTMENTS

Dr. Houser, the President, announced the appointment of the following committees (in addition to the standing committees appointed and confirmed by the House of Delegates during the annual meeting):

COUNCIL COMMITTEE ON AUDITING AND APPROPRIATIONS

S. J. Goodman, Chairman, Columbus
C. L. Cummer, Cleveland
E. M. Huston, Dayton.

COUNCIL COMMITTEE ON ARRANGEMENTS FOR NEXT ANNUAL MEETING

E. M. Huston, Chairman, Dayton
H. S. Davidson, Akron
I. P. Seiler, Piketon.

COUNCIL COMMITTEE ON PROGRAM

H. M. Platter, Chairman, Columbus
John A. Caldwell, Cincinnati
S. J. Goodman, Secretary, Columbus.

POLICY COMMITTEE VACANCY

The President announced his appointment of Dr. C. W. Stone, Cleveland, as a member of the Policy Committee, to succeed Dr. H. S. Davidson, now a member of the Council from the Sixth District. This term expires in May, 1932.

On motion duly seconded and carried, the Council consented to and approved the foregoing appointments as announced by the President.

SPECIAL COMMITTEES

The following special committees were appointed by the President and approved by the Council:

MENTAL HYGIENE COMMITTEE

E. J. Emerick, Chairman, Columbus
O. O. Fordyce, Toledo
L. J. Karnosh, Cleveland
Wm. H. Pritchard, Columbus
T. A. Ratliff, Cincinnati.

MILITARY COMMITTEE

H. H. Snively, Chairman, Columbus
David H. Moore, Urbana
Harry D. Jackson, Circleville.

PERIODIC HEALTH EXAMINATIONS COMMITTEE

Dr. Houser, the President, commented on the importance of the function of the Periodic Health Examinations Committee and the various problems of policy and procedure in relation to periodic health examinations. He reviewed the history of such special committee in the State Association, and the previous policies as approved by the House of Delegates upon reports by the committee. The President, pursuant to a communication he had sent to each member of Council under date of June 24, requested the comments of the Council and their suggestions for the personnel of this committee. Those councilors who discussed the matter, or who made suggestions for possible committee appointments, were Drs. Huston, Goodman, Platter, Davidson, Upham, Cummer, Southard, Brush, Caldwell, Alcorn and Klotz.

The majority opinion expressed during the discussion conformed to the attitude and action expressed by the Council on previous occasions and officially pronounced by the House of Delegates in the adoption of preceding committee reports pertaining to this question, and in substance, favored the continuance of a special committee of the State Association on Periodic Health Examinations, whose major function it should be to stimulate the county medical societies and academies of medicine to interest themselves in this question. The majority opinion also included the belief that the family physician, or the general practitioner, should be encouraged to take an interest in the practice of preventive medicine, including periodic health examinations, in his private practice; that the committee should suggest to the county medical societies that at least one meeting be devoted during the coming year to a discussion of this subject, probably with a qualified speaker invited by each society to present and analyze the various steps in a thorough routine physical examination. It was the further belief of those who participated in the discussion that no effort be made to standardize fees for examinations, as their value and

thoroughness would depend to a large extent on the amount of special tests indicated to the physician as he was making his routine examination. It was also the opinion of the Council that the medical profession should not be active in promoting general publicity, either as a group, or as individuals, due to the possible misunderstanding which might be interpreted as "advertising for business". It was the belief that every physician, in his private practice, could properly be a medium of information and education to his patients on the importance of periodic health examinations.

On motion by Dr. Platter, seconded by Dr. Huston and carried, it was decided that the State Association should continue a special committee on Periodic Health Examinations, and the President was authorized and requested to appoint such a committee of five, and that such committee should be requested to urge every county medical society to hold at least one meeting during the coming year to be devoted to the subject of thorough physical examinations, preventive medicine, and including the importance of periodic health examinations.

ANNUAL MEETING PROBLEMS AND DETAILS

Dr. Goodman submitted a report to the Council, supplementing the written report of May 30, on the income and expense of the last annual meeting of the State Association held in Toledo. A supplementary report to date showed a balance of $456.81. He also pointed out that the Hotel Secor had submitted a bill to the State Association in the amount of $341.45, which the Auditing and Appropriations Committee had refused to approve, at least in the major items of that bill. Upon motion by Dr. Goodman, seconded by Dr. Davidson and carried, the Council authorized and instructed the Auditing and Appropriations Committee to determine the amount in this bill which should be paid, if any, to reject whatever items they felt were unjustified, and to make final settlement on a basis which it considered proper.

1932 ANNUAL MEETING PREPARATIONS

In conformity to the provisions of Chapter VIII, Section 6, of the By-Laws of the State Association, the Council Committee on Arrangements, previously selected at this meeting, recommended through Dr. Huston, the Chairman, selection by the Council of Dr. A. W. Carley, Dayton, as the Local General Chairman on Arrangements for the 1932 annual meeting in that city. Following discussion and questions presented to the committee for reply, the Council, on motion by Dr. Brush, seconded by Dr. Seiler and carried, appointed, upon the recommendations of the Council Committee on Arrangements, Dr. Carley, as the Local General Chairman.

Dr. Huston reported on a conference held in Dayton recently, and on correspondence with various Dayton hotels concerning available facilities for the next annual meeting, including places for general sessions, section meetings, registration and exhibits.

Dr. Goodman, Chairman of the Auditing and Appropriations Committee, announced that his committee would not authorize any expenditure of money, or any plans not based on definite contracts, in writing, in view of the controversy which had arisen with the Hotel Secor in Toledo, at the last annual meeting.

Upon motion by Dr. Cummer, seconded by Dr. Davidson and carried, the Executive Secretary was instructed to go to Dayton in the near future, to confer with Dr. Huston and officers of the Montgomery County Medical Society, as well as with the management of the various Dayton hotels, and others, in connection with facilities for the annual meeting, and to report to the Council at its next meeting.

On motion by Dr. Goodman, seconded by Dr. Brush and carried, the President was authorized to select the dates for the next annual meeting.

Upon motion by Dr. Caldwell, seconded by Dr. Seiler and carried, the Council decided that the 1932 annual meeting should be a two day session, with arrangement, program and sessions similar to that of the last annual meeting in Toledo.

It was further agreed that Tuesday and Wednesday, probably the first or second week in May, should be selected for the annual meeting provided after investigation by the President, that those dates will not conflict with other conventions in Dayton, or with other important medical meetings previously arranged.

PROGRAM ARRANGEMENT FOR NEXT ANNUAL MEETING

The President called attetnion to the resolution which had been introduced in the House of Delegates at the last annual meeting by Dr. Boylan, of Union County (pages 472 and 473, June, 1931, *Journal*) suggesting changes in arrangement of the program for the annual meetings. He also called attention to the action by the House of Delegates on that resolution (pages 479 and 480 of the June *Journal*).

The President then requested a report on this general question from Dr. Platter, Chairman of the Council Program Committee:

REPORT ON PROGRAM TO THE COUNCIL

Dr. Platter presented the following report:

At the last Annual Meeting of our State Medical Association in Toledo, Dr. J. D. Boylan, the delegate from Union County, introduced a resolution (Resolution B) in the House of Delegates recommending in effect that the "general sessions at the future annual meetings be given increased time and attention and that section meetings be discontinued or limited to a single period during

the annual meeting". The reference committee on Resolutions did not recommend the adoption of that resolution by the House of Delegates, but in view of the importance of the question and of the arrangement, setup and distribution of the program at the annual meetings, the committee recommended to the House of Delegates that the President appoint "a special committee to carefully study and investigate the feasibility of changes in the program of the annual meeting * * * and that such special committee be instructed to present its report to the Council in such time as to permit the Program Committee to be guided by their recommendations for the coming year".

Pursuant to that action by the House of Delegates, and in view of the desire of our President to secure as many comments and suggestions as possible, he authorized a communication to be sent to the present and past section officers who had served during the past six years, and to the essayists and discussants who had appeared on the section programs during our annual meetings over that period of time, soliciting recommendations for any change in the customary setup and assignment for section meetings. There were 215 such communications sent out from our headquarters office under date of May 27, accompanied by a questionnaire and information sheet together with a self-addressed and stamped envelope for replies.

To date, out of the 215 communications and queries, replies have been received from 91, and for the purpose of our inquiry we may consider those who replied as the special committee authorized by the House of Delegates.

The Program Committee of Council has assembled and carefully studied the comments, suggestions and recommendations from those who were sufficiently interested to reply to the inquiry from our President. Of that number, only 14 recommended fewer section sessions, and only about 10 recommended fewer essayists and discussants for each section session. Approximately 15 recommended greater number of section sessions and the majority of the remainder of the 91 replies recommended the same general setup for the section sessions as at present, including the same number of essayists and discussants. Only two out of the total number of replies recommended that section sessions be done away with entirely and that general sessions only be held.

There were a number of suggestions from members of the present section on Public Health and Industrial Medicine suggesting a separation of that section into two separate sections. Several replies also suggested that the present section on Obstetrics and Pediatrics be separated. Three replies recommended a separate section Pathological Research and Practice, and one, each, recommended a separate section on Specialties, Anesthesia, Orthopedics, and Dermatology and Urology.

Our present By-Laws provide for six separate scientific sections, none of which shall hold meetings at a time when general sessions are held, and it has been customary for these scientific sections to hold two sessions each simultaneously on Tuesday afternoon and Wednesday morning of the annual meeting, these being:

1. Medicine, (including Pathology and Physiology).
2. Surgery.
3. Obstetrics and Pediatrics.
4. Eye, Ear, Nose and Throat.
5. Nervous and Mental Diseases.
6. Public Health and Industrial Medicine.

In view of the preponderance of the replies recommending the importance of the separate scientific sections, and even the creation of additional sections, and with the assumption that even those who did not reply had no special recommendations for changes in the present setup and arrangement, we believe that in the main the present arrangement has been found satisfactory and beneficial to the greatest number of our members in attendance at the annual meetings.

Under our present By-Laws, each of the six scientific sections are expected to hold two sessions each. For the consideration of the Council, in view of the summary of replies and recommendations set forth above, we suggest the possibility of proposed changes in Section 1, of Chapter III, of the By-Laws to establish a section on Obstetrics and Gynecology, and a separate section on Pediatrics, and the possible separation of the section on Public Health and Industrial Medicine to separate sections as follows: Public Health and Preventive Medicine; and Industrial Medicine.

Sections 3 and 4, of Chapter III, of the By-Laws, now read as follows:

"Sec. 3. ELECTION OF SECTION OFFICERS. The election of officers of the sections shall be the first order of business of the second session of the sections at each annual meeting of this Association.

"Sec. 4. SECTION SESSIONS. Each section shall hold its sessions at such time as the Council shall direct. No section session shall be allowed to conflict with a general session."

We suggest the consideration of a proposed amendment to be submitted at the next Annual Meeting to have these two sections of the By-Laws read as follows:

"Sec. 3. ELECTION OF SECTION OFFICERS. The election of officers of the sections shall be either through the election by the section of a nominating committee, or appointment by the chairman of a nominating committee, or by nominations from the floor; and such election shall be held before the final adjournment of each section at each annual meeting of this Association.

"Sec. 4. SECTION SESSIONS. Each section shall hold one or more sessions at such time as the Council shall direct, or there may be joint section sessions with the consent and approval of the Council. No more than six section sessions shall be held simultaneously. No section session or joint section sessions shall be allowed to conflict with any general session."

By the foregoing changes in those sections of the By-Laws, as suggested, the Council might direct that some of the sections hold but one session during an annual meeting. This could reasonably apply to the proposed new sections on Obstetrics and Gynecology; Pediatrics; Public Health and Preventive Medicine; and Industrial Medicine, and the Council Program Committee might also direct the separation of any one of the present section programs such as has been customary in the Section on Eye, Ear, Nose and Throat, where one of the two section sessions would be devoted to papers and discussions on eye, ear and nose, and the other section session to subject dealing with the throat.

There were not a great many suggestions in response to the inquiry as to "how many, on what major subjects, and at what times (before, after

or between the section sessions) should be held the general sessions and the sessions of the House of Delegates?" Those who did reply, in general, suggested that general sessions and sessions of the House of Delegates be held at a time not in conflict with other sessions. This, of course, has been the custom by the Program Committee for a number of years.

There were decided differences of opinion as to the importance and value of motion pictures with or without sound, and in substance, the recommendations supported a reasonable length of time, not to exceed an hour and a half during any one session, for carefully selected pictures.

Those who replied in regard to the question of the proper number of out-of-state speakers at general sessions recommended that they not be increased in number from the present average, and that all possible effort be made to stimulate interest and the participation in the program by the greatest possible number of members themselves. There were several suggestions as to close adherence to the schedule for scientific sections. This, of course, is already covered in our present By-Laws, whereby no essayist shall occupy more than twenty minutes and no discussant more than five minutes. This, we believe, is a problem for the chairman of each section, who should, of course, adhere to the program and to the schedule. The limitation on the length of papers does not, of course, apply to the addresses of the President and President-elect, and to the speaker-guests in the general sessions as at present set forth under Chapter IV, of the By-Laws.

Several suggestions were made for increasing the value of the papers presented by the members before the various sections. These suggestions included a requirement that each paper presented be based on personal observations and experience and not include a compilation of quotations from other writers. This, of course, has been a standing rule of the Program Committee and we believe should be uniformly observed. We also believe that each essayist should furnish in advance to his scheduled discussants, copies of his manuscript. This would add to the value of the discussions and minimize the time of the discussants.

Two or three suggestions were made for changing the time of our annual meeting either early in the Spring or in the Fall. For a great many years our annual meetings have been held either the first or second week in May, and from the standpoint of organization interest and as a climax to the Fall, Winter and Spring of organization activity, we believe that the annual meetings should continue to be held approximately at the same time they have been. If they were to be changed to the Fall, there might be a let-down during the Summer, during which it would be difficult if not impossible to complete the program, which always requires a great amount of correspondence. For this reason we recommend no change in the time of our annual meeting.

Several replies to the questionnaire recommended that scientific exhibits be provided. This, we believe, is desirable when a meeting is held in those communities where adequate exhibits can be arranged and where space permits.

Following the communication and questionnaire to the section officers, and essayists and discussants during the past six years, there was published in the July issue of *The Journal* an article (page 579) soliciting the suggestions from the membership, generally, on the annual meeting program and setup. A comparatively few responses have been received in addition to those already received on the information sheet and questionnaire, but which substantiate in a general way the majority opinions and recommendations as summarized herein.

On motion by Dr. Huston, seconded by Dr. Seiler and carried, the Council adopted and approved the foregoing report. The President then announced that this action by the Council contemplated a program for the next annual meeting similar in arrangement to the program for the last annual meeting, and at about the same time in the year, and that the adoption of the report also contemplated the submission to the House of Delegates at the next annual meeting, of proposed amendments for the separation of several present scientific sections, and for the creation of additional sections, also for a flexible arrangement whereby sections might be limited to one or more sessions each, instead of two sessions each as under the present constitutional provision.

RECENT A. M. A. MEETING

Dr. Upham, a member of the Board of Trustees of the A. M. A., reported somewhat in detail on the recent annual meeting of the American Medical Association, held in Philadelphia, June 8 to 12, especially the prominent part of Ohio physicians in that meeting. He also analyzed in detail the effect of a resolution adopted by the House of Delegates of the A. M. A., and introduced by Dr. Shoulders, of Tennessee, advocating a change in policy and program for the rendering of hospital service to ex-service men.

For the substance of this resolution, see page 2115 of the June 20th, issue of the *Journal* of the A. M. A. (This resolution is also reproduced in an article on the various angles and problems involved in veterans relief from the standpoint of the medical profession, and published elsewhere in this issue of *The Journal*).

Several members of the Council discussed the general problem of the extension of medical services to veterans, and on motion by Dr. Goodman, seconded by Dr. Seiler and carried, the Council authorized the publication of an article, prepared by the headquarters staff, in the *Ohio State Medical Journal*, after being edited by Dr. Upham.

CONSTITUTIONAL CONFORMITY

Dr. Cummer, Chairman of the Council Committee on Constitutional Conformity, reported on procedure and developments since the last annual meeting, at which time a complete summary was made of the action by the component county medical societies in bringing their constitutions and by-laws into conformity with constitutions and by-laws of the State Association (see pages 485 and 486 of the June, 1931, *Journal*).

Dr. Cummer recommended the official approval by the Council of the Constitutions and By-Laws of the following component societies:

Butler County Medical Society
Academy of Medicine of Cleveland and
Cuyahoga County Medical Society.

Upon motion by Dr. Caldwell, seconded by Dr. Brush and carried, the Council approved the constitutions and by-laws of the foregoing component societies.

Dr. Cummer reported on procedure by the Erie County Medical Society, the Montgomery County Medical Society, and the Summit County Medical Society since the last meeting of Council. On motion by Dr. Cummer, seconded by Dr. Goodman and carried, the Council approved correspondence from the Executive Secretary to Dr. McCormick, Secretary of the Summit County Medical Society, pointing out deficiencies in the constitution and by-laws of the Summit County Medical Society. Dr. Cummer also reported on deficiencies in the constitution and by-laws of the Montgomery County Medical Society, as set forth in correspondence from the headquarters office since the last Council meeting.

Dr. Cummer recommended that the Council reissue a charter to the Academy of Medicine of Cincinnati. Upon motion by Dr. Brush, seconded by Dr. Caldwell and carried, the Council authorized the re-issuance of a charter to the Academy of Medicine of Cincinnati.

Dr. Cummer requested that the Executive Secretary send to each councilor, a list of the component societies in his district which have not yet brought their constitutions and by-laws into conformity with the Constitution and By-Laws of the State Association, in order that each councilor might make special effort with those societies to secure prompt action.

PENAL AND PRISON PROBLEMS

There was submitted for the consideration of the Council, a communication under date of June 29, from State Senator Jos. N. Ackerman, Secretary of the Senate Committee on Prison and Welfare Administration, requesting a representative from the Ohio State Medical Association on an advisory committee to the Senate committee, whose purpose, under Senate Resolution 39, is to draft laws and effect code improvements pertaining to welfare administration, penal, correctional institutions, and state hospitals. It is the function of the Senate Committee to recommend such statutory changes, as it may decide upon, to the next session of the Ohio General Assembly.

On motion by Dr. Goodman, seconded by Dr. Seiler and carried, the President was authorized to recommend to the Senate Committee on Prison and Welfare Administration, the appointment of a representative from the Ohio State Medical Association on the advisory committee. Pursuant to this action, the President announced the recommendation of Dr. E. J. Emerick, Columbus, Chairman of the Mental Hygiene Committee of the State Association, on such advisory committee to the Senate Committee on Prison and Welfare Administration.

POLICY QUESTIONS

Dr. Alcorn, Chairman of the Policy Committee, submitted a verbal report with comments supplementing the last legislative bulletin of July 1, at the end of the regular session of the 89th General Assembly, also supplementing and referring to the article on legislation in the June, 1931, issue of *The Journal*, pages 501 to 503, inclusive, outlining new laws on health and welfare, and also supplementing the last annual report of the Policy Committee, pages 377 to 383, of the May, 1931, issue of *The Journal*. Dr. Alcorn suggested to members of Council that they urge the legislative committeemen and the officers of the component societies in their respective districts to again express appreciation to their local members of the State Legislature whose record had been correct and proper on health-welfare and medical legislation, and to maintain continuous and cordial contact with them. He cited several examples of effective cooperation by legislative committeemen, looking toward the next session of the Ohio General Assembly.

Dr. Alcorn called attention to the action of the Council at its last meeting (page 486 of the June, 1931, *Journal*) in referring to the Policy Committee, correspondence outlining problems of professional relations in Logan County. In the general discussion which followed, councilors expressed their opinion that it is unprofessional for any physician to call into consultation unqualified practititoners, and that it is also unprofessional for physicians to consult with practitioners inadequately trained in medical sciences, "who are unfit or unqualified because deficient either in moral character or education" (Chapter II, Section 7, Code of Ethics); or to jointly treat cases with such persons. It was the concensus of opinion of the Council that in cases of emergency, physicians having a humanitarian duty might properly render service to patients even though called by unqualified practitioners, provided, however, that physicians should not continue to handle a case jointly with such person following such emergency.

It was also the opinion of the Council that in local matters of professional relationship and ethics, the county medical society has the entire original jurisdiction and that such questions of discipline of members cannot be heard or determined by the Council of the State Association except on appeal from local action.

RESPONSIBILITY OF PHYSICIANS FOR REVEALING DIAGNOSES TO THIRD PARTIES

Attention was called to the action of the Council at its last meeting, page 487 of the June *Journal*, submitting problems to the Medical Defense Committee involving questions of liability

and responsibility of physicians for revealing diagnoses to third parties.

There was submitted for the consideration of the Council, recent correspondence with Dr. Tuckerman, Chairman of the Medical Defense Committee; Dr. Wm. C. Woodward, Director of the Bureau of Legal Medicine and Legislation of the A. M. A.; Dr. Giffen, Dayton, relative to a suit (analyzed on page 157 to 160 of the February, 1931, issue of *The Journal*), and with Dr. Beatty, Akron, on a suit brought by an employe of an industrial concern to which the physician had reported physical findings.

The Council discussed various angles of this general question and requested that the Medical Defense Committee, jointly with the Medical Economics Committee, give further consideration to these matters.

CORREPONDENCE FROM DR. SNYDER

There were submitted to the Council, letters from Dr. W. H. Snyder, of Toledo, containing suggestions as follows: "1. The possibility of our thinking of having a Medical Building of our own for our offices in Columbus. "2. Might I suggest that every medical society in the State of Ohio at some time during the year have a series of one to three lectures on Ethics and Customs of the Profession? "3. Contact with the Industrial Commission looking to a certain amount of secrecy in the medical reports which are made to this Commission".

Another communication was submitted by Dr. Snyder relative to the appointment by the Director of Public Welfare, of an Executive Secretary to the Ohio Commission for the Blind, and another letter from him expressing appreciation to Council for exhibit space to the Ohio Commission for the Blind at the last annual meeting.

The various matters suggesting consideration or possible future action were left pending for further thought by the Council prior to any official action.

MISCELLANEOUS

For the information of the Council, there was submitted a copy of a resolution recently adopted by the Ohio State Grange, recommending consideration for legislation as an alternate to old age pensions, unemployment insurance, etc., a state system to be administered locally in the nature of "outdoor relief". These questions involving possible future legislation, were submitted to the Policy Committee for consideration. A communication was read to the Council from the Columbus Chamber of Commerce, accompanied by a copy of a resolution adopted by that organization requesting the Federal Board of Hospitalization to allocate funds for the construction of a veterans' general hospital in the State of Ohio.

A report was submitted to the Council on the last annual meeting of the Ohio Public Health Association, held in Columbus on June 4, 1931, together with data and figures which were reported at that meeting on income and expenditures for the plan of activity, resolutions adopted, officers elected, etc.

The President called special attention of the Council to data which had been submitted with the Docket, showing a detailed financial summary of expense in medical defense cases by counties during the past fourteen years. He requested that each member of Council keep this data in his files. Discussion by members of Council emphasized factors causing suits and threats of suits. Reference was also made to high points in causes and prevention of suits, as emphasized by the Medical Defense Committee in its last annual report, pages 391 to 393 of the May, 1931, issue of *The Journal*.

A report submitted to the Council showed a total membership in the State Association to date for 1931, of 5348 members, as compared with 5346 on the same date last year, and as compared with 5514 at the end of 1930. Reference was also made to membership matters in the bulletin from the headquarters office to the county society secretaries under date of June 29.

On motion by Dr. Platter, seconded by Dr. Davidson and carried, the Council authorized the acceptance of proportionate dues in the State Association for NEW MEMBERS ONLY for the remainder of the calendar year, of $3.00, from July 1, to the end of the year, and $2.00 from October 1, to the end of the year, or intermediate dates.

On motion by Dr. Caldwell, the Council adjourned to meet at the call of the President.

S. J. GOODMAN, M.D., *Secretary of Council.*

Post-Graduate Medical Lectures in Lima, September 8 to 12

The Academy of Medicine of Lima and Allen County will hold its Annual Post-Graduate Course of Lectures, September 8, 9, 10, 11 and 12, in the Steiner Building, Lima.

This year's lecturer will be Dr. Thomas McCrae, professor of medicine, Jefferson Medical College, Philadelphia, co-author of "Principles and Practice of Medicine" (Osler and McCrae). Dr. McCrae is also chief of the medical service at the Jefferson Hospital and the Pennsylvania Hospital. He was assistant to Dr. Osler at Johns Hopkins University, where he was associate professor of medicine.

The schedule for Dr. McCrae's lecture has been announced as follows by Dr. W. W. Beauchamp, president, and Dr. Edward B. Pedlow, secretary, of the Academy of Medicine of Lima and Allen County:

September 8, 5 p. m.—"Methods of Diagnosis."

September 8, 8 p. m.—"Organic Change versus Disturbance of Function."

September 9, 5 p. m.—"Diagnosis of Arthritis."

September 9, 8 p. m.—"The Classification of Nephritis."

September 10, 5 p. m.—"Rheumatic Fever."

September 10, 8 p. m.—"Sir William Osler" (banquet address).

September 11, 5 p. m.—"New Growths of the Bronchi."

September 11, 8 p. m.—"The Use of Digitalis."

September 12, 5 p. m.—"General Discussion of Syphilis."

September 12, 8 p. m.—"Endocrinology."

A ticket for the entire series of lectures may be obtained from Dr. Pedlow, Steiner Building, Lima, for $10. Tickets for single lectures will be sold for $1.50.

New Physicians Licensed in Ohio Number Two Hundred and Twenty ⁂ Other Action by State Medical Board

Two hundred and twenty medical college graduates who took the June examinations given by the State Medical Board were awarded licenses to practice medicine and surgery in Ohio at a meeting of the Board, July 7.

Seventy-six of those licensed were graduates of the College of Medicine, Ohio State University; 57 graduates of the College of Medicine University of Cincinnati, and 56 graduates of the School of Medicine, Western Reserve University.

All but one of those granted licenses were graduates of American medical schools, all of which hold a Class A rating.

Philip T. Knies, Bexley, a graduate of the College of Medicine, Ohio State University, obtained the highest average grade among those who took the June examinations, his mark being 88.6.

Three were tied for second place with grades of 88.5. They were Paul C. Bratten, Dayton, Ohio State University; Lowell A. Erf, Columbus, Ohio State University, and William A. Sommerfield, Cleveland, Western Reserve University.

Isadore Lampe, Cleveland Heights, Western Reserve University, was third with an average of 88.4, and Flora M. Pedicord, Zanesville, Ohio State University, was fourth with a grade of 87.9. John P. Bolton, Columbus, and Emmert C. Lentz, Dayton, both graduates of Ohio State University, were tied for fifth with grades of 87.7.

The medical board also granted certificates to practice in Ohio to 15 osteopaths, 5 chiropractors, 3 mechanotherapists, 4 electrotherapists, 6 cosmetictherapists, 52 chiropodists and 13 masseurs.

At a brief business session, the Board reappointed Clara Brouse, Akron, a member of the nurses' examining committee, and upon the recommendation of the Ohio State Osteopathic Society appointed W. G. Gregg, Oberlin, as a member of the osteopathic examining committee. It also authorized placing the Marietta Memorial Hospital on the list of Ohio hospitals having accredited nurses' training schools.

Dr. H. M. Platter, secretary, informed the Board that the federal narcotic administration had adopted a plan for closer cooperation with the Board in enforcement of the narcotic statutes relative to prescribing and dispensing narcotic drugs, whereby it would furnish the Board regularly with a list of physicians convicted of violation of the federal narcotic law for the official records and information of the medical board.

By action of the Board, Dr. Platter was instructed to communicate with the federal narcotic authorities thanking them for their cooperation and pledging mutual interest and cooperation. Dr. Platter also was requested to communicate with all physicians whose names had been submitted to the Board by the federal agents as convicted narcotic law violators, warning them that a second conviction under the narcotic statutes would necessitate the institution of revocation proceedings by the Board.

Those granted medical and surgical licenses through examination and reciprocity are as follows:

Western Reserve University—Archie A. Abrams, Cleveland; Chester Badertscher, Cleveland; James H. Bahrenburg, Cleveland; Robert E. Ballard, Lakewood; Selma C. Bolstad, Cleveland; Arthur Brill, Cleveland; Harold A. Conrad, Leetonia; Morris K. Crothers, Cleveland; David L. Dial, Cleveland; Roscius C. Doan, Miamisburg; Harold J. Dunlap, Canton; Reuben R. Goldberg, Cleveland; David H. Goodman, Cleveland; Harold D. Green, Cleveland; Jean A. Groh, Dover; Raymond A. Hall, Youngstown; Meyer Hantman, Cleveland; Twyman C. Harper, Cleveland; Grace E. Haskin, Cleveland; Edward H. Hunter, Cleveland; Walter B. Johnston, East Cleveland; Edward P. Judd, Cleveland; Erwin J. Kraker, Akron; Amy Louise Kuhn, Cleveland; Seymour Kyman, Cleveland Heights; Benjamin W. Lafene, Cleveland; Wesley W. Lake, Cleveland; Isadore Lampe, Cleveland Heights; John H. Lazzari, Cleveland; Fay A. LeFevre, Cleveland; John D. Marsh, Painesville; Howard E. Mathay, Youngstown; Robert M. McMichael, Cleveland; James R. Montgomery, Cleveland; Edwin O. Niver, Cleveland Heights; Nolan A. Owens, Cleveland; Frank B. Papierniak, Cleveland; Howard B. Peck, Cleveland Heights; Roy I. Peck, Cleveland; Newton M. Reiff, Cleveland; Hyman Reitman, Cleveland; Paul E. Rex, Youngstown; Cecil E. Ross, Cleveland; James M. Ruegsegger, Baltic; Daniel E. Schneider, Cleveland; Reginald A. Shipley, Dayton; Morris A. Simon, Cleveland; James E. Slivka, Cleveland; William A. Sommerfield, Cleveland; Alexander Spaeth, Cleveland; Marion F. Stormont, Cleveland; Anna E. Tancek, Cleveland; Robert M. Taylor, Cleveland; Vladimir L. Tichy, Cleveland; Paul S. Williams, Youngstown.

University of Cincinnati—Clements W. Air, Cincinnati; Vivian M. Amidon, Cleveland; Clyde

W. Berry, Hamilton; Joseph B. Biederman, Cincinnati; Albert Borreson, Lockland; Rossell M. Brewer, Lebanon; Daniel W. Brickley, Jr., Marion; Stanley L. Burkhardt, Cincinnati; Benjamin B. Bushong, Cincinnati; John F. Cronin, Cincinnati; Dean D. Deeds, Granville; Daniel E. Earley, Cincinnati; Ralph W. Eddy, Marietta; Robert B. Ellison, West Union; Edward C. Elsey, Cincinnati; Howard D. Fabing, Cincinnati; Henry Felson, Cincinnati; Albert E. Flagge, Cincinnati; Abraham Gelperin, Cincinnati; Samuel Gillespie, Jr., Cincinnati; Irving B. Gold, Cincinnati; Victor H. Haas, Cincinnati; Jack Hertzman, Cincinnati; C. Lewis Inskeep, Urbana; Roger James, Cincinnati; John N. Kefalides, Cincinnati; William O. Kemper, Cincinnati; Russell E. Kinsey, Cincinnati; George C. Kolb, Jr., Cincinnati; Harry Lapirow, Cincinnati; Harry O. Lepsky, Cincinnati; Abram A. Levin, Cincinnati; John W. Longnaker, Pleasant Hill; Helen E. Mabon, Springfield; Kent E. Martin, Cincinnati; Donald K. Matthews, Cincinnati; Harold R. Mayberry, Cincinnati; Ralph M. Mugrage, Cincinnati; Elias D. Peelle, Wilmington; Walter B. Phillips, Cincinnati; Philip E. Piker, Cincinnati; Earl J. Powers, Blanchester; Leo H. Riesenbeck, Cincinnati; Clarence B. Schoolfield, Bucyrus; Sidney W. Scorse, Cincinnati; Kenneth C. Sherman, Norwood; Robert G. Slusher, Cincinnati; Corwin A. Smith, Dayton; J. Leroy Stevens, Toledo; Joseph E. Studenberg, Norwood; Frederick C. Swartz, Upper Sandusky; Robert J. Tapke, Cincinnati; John A. Tasche, Cincinnati; Richard S. Tyler, Cincinnati; Carl A. Vogel, Cincinnati; John E. Whiteleather, Cincinnati; Meyer A. Zeligs, Cincinnati.

Ohio State University—Maurice C. Archer, Cleveland; Milton F. Axthelm, Columbus; Edward Arnold, Cleveland; William V. Banning, Mt. Vernon; Joseph E. Bausman, Piqua; J. Tracy Bennett, Columbus; Ray A. Bohl, Ellet; John P. Bolton, Columbus; Paul C. Bratten, Dayton; Louis H. Brooks, Cleveland Heights; Simon S. Bunin, Cleveland; Alice Bustin, Columbus; Frank Cook, Columbus; Lloyd C. Couchman, West Liberty; Jerry C. Crist, Columbus; Isaac W. Curtis, Summerfield; Hobart L. Donohoe, Springfield; Robert H. Dunn, Columbus; Sidney W. Durschlag, Cleveland; Charles W. Edwards, Columbus; Lowell A. Erf, Columbus; John James Fahey, Columbus; Robert L. Fullerton, Columbus; Richard L. Garster, Youngstown; John D. Hathaway, Mechanicsburg; Frank, B. Heckert Youngstown; Warren W. Hicks, Hillsboro; Robert E. Hughson, Jr., Orient; Thelma Hutchfield, Columbus; Merl M. Jackel, Cleveland; Calvin G. Jackson, Rockford; Jack I. Jaffra, Elyria; Morris Kalmon, Akron; Henry W. Karrer, Dublin; Philip Katz, Cleveland; Francis P. Kintz, Granville; Philip T. Knies, Bexley; Edward Kuchlewski, Columbus; Abe Kuhr, Dayton; Carlos M. Larrick, Springfield; Harold L. Lawrence, Columbus; Robert T. Leever, Columbus; Emmert C. Lentz, Dayton; Carl A. Lincke, Columbus; States D. McCoy, Akron; David W. McCreight, Willard; Leo R. Markey, Cleveland; Omar J. Massey, West Lafayette; Andrew W. Miglets, Youngstown; Carl F. Moats, Columbus; Milton C. Oakes, Medina; John M. Owen, Dayton; Samuel N. Palevsky, Columbus; Lawrence G. Patterson, Hopedale; Flora M. Pedicord, Zanesville; Eugene W. Peters, Cleveland; Richard A. Pfarrer, Dayton; James G. Powell, Cleveland; Ralph E. Rasor, Columbus; Clarence T. Risley, Conneaut; Carl G. Rossel, Columbus; Gordon E. Savage, Columbus; Irving L. Schonbery, Cleveland; Robert G. Smith, Columbus; Ernest J. Snyder, Akron; Myron E. Speck, Youngstown; Ruth St. John, Columbus; George Y. Swickard, Columbus; Berger Thomas, Columbus; Charles W. Thomas, Columbus; Stephen T. Turney, Barberton; Adolph W. Verhoff, Columbus; Peter A. Volpe, Columbus; Joseph D. Wasserstein, East Cleveland; Herman E. Wilkinson, Columbus; Harold J. Wilson, Columbus.

Other Medical Schools—Leo H. Speno, Cleveland, Cornell University; George W. Smith, Cleveland, Dalhousie University, Nova Scotia; James G. Bogle, Cleveland; Edinburgh University, Scotland; Donald C. Barber, Elyria, George Washington University; Herbert R. Kobes, Cleveland, Harvard University; Theodore R. George, Youngstown, Howard University; William D. Beasley, Springfield, Jefferson Medical College; Lawrence F. Woolley, Cleveland, Johns Hopkins University; Lloyd H. Gaston, Shiloh, Medical College of Virginia; Maceo R. Clarke, Cincinnati, Meharry Medical College; Earl W. Burgner, Akron, Marquette University; John L. Housley, Cleveland, New York Homeopathic Medical College; Horace G. Mabee, Queen's Medical College, Kingston, Ontario; Donald J. Grubb, Cincinnati, Rush Medical College; Harold N. Miller, Cleveland, University of Nebraska; John R. Moritz, Cleveland, University of Nebraska; William S. Ginn, Miamisburg, University of Pennsylvania; Howard H. Minor, Steubenville, University of Pennsylvania; Theodore M. Wille, Lakewood, University of Pennsylvania; Park W. Willis, Jr., Toledo, University of Pennsylvania; Robert P. Bogniard, Ashland, University of Rochester; Esther E. Maurer, Alliance, University of Rochester; John M. Scott, Alliance, University of Rochester; Harry J. Budzynski, Cleveland, University of St. Louis; John S. Kovach, Cleveland, University of St. Louis; Herman J. Sampliner, Cleveland Heights, University of St. Louis; Jacob Goldstein, Cincinnati, Toronto University; Gordon C. Large, Cleveland, Toronto University; Max Silverman, Cincinnati, Toronto University; Dorothy E. Donley, Columbus, Vanderbilt University; James R. Jarvis, Columbus, George Washington University.

RECIPROCITY LICENSES

Licensed through Reciprocity—Oscar A. Axelson, Youngstown, University of Michigan; Warren A. Baird, Toledo, University of Georgia; George H. Belhobek, Cleveland, Louisville Medical College; John H. Bernard, Cleveland, University of Kansas; Walter R. Berryhill, Cleveland, Harvard University; Theodore R. Borders, Springfield, Howard Medical College; Brandon A. Bowlin, Marion, Meharry Medical College; Edward M. Brickman, Cleveland, University of Michigan; John C. Briner, West Lafayette, University of Tennessee; Francis X. Budjinsky, Lorain, St. Louis University; Angus Cameron, Bryan, Rush Medical College; William V. Cox, Cleveland, Harvard University; Charles C. Deamude, Cleveland, University of Louisville; Edward G. Ditch, Caldwell, University of Louisville; Theodore L. Dulany, Youngstown, Howard University; John A. Fisher, Cincinnati, Rush Medical College; Paul Victor Hamilton, Cincinnati, Vanderbilt University; Kenneth B. Hanson, Cincinnati, University and Bellevue Hospital Medical College; Gordon M. James, Marietta, University of Oregon; John J. Kamesis, Cleveland, St. Louis University; Norvin C. Kiefer, Sandusky, University of Michigan; Herman A. Kling, Youngstown, Detroit College of Medicine and Surgery; Jukes F. LaDuron, Toledo, University of Louisville; Edward W. Lakner, Cleveland, University of Michigan; Lloyd G. Little, Cleveland, Uni-

versity of Arkansas; William H. Lount, Cleveland, Tulane University; Chester S. Lowendorf, Niles, University of Michigan; Marvin P. Moore, Portsmouth, University of Georgia; John Orpheus Newton, Cleveland, Vanderbilt University; Julius W. Pastor, Lorain, University of Louisville; James M. Pierce, Cincinnati, University of Michigan; Harold E. Ray, Xenia, University of Michigan; Harry J. Riemer, Cleveland, Indiana University; James A. Riley, Cleveland, Howard University; Francis M. Schramm, Sherrodsville, Jefferson Medical College; Harry M. Schultz, Columbus, Medical College of Indiana; Samuel W. Weaver, Youngstown, University of Colorado; Harold R. Weidner, Toledo, Detroit College of Medicine and Surgery; James H. Wells, Columbus, University of Louisville; Bruce K. Wiseman, Columbus, Indiana University; Sydney Wolfgang, Cincinnati, Detroit College of Medicine and Surgery; Frank C. Yeager, Cleveland, Creighton University; Edmund Gomolski, Toledo, University of Michigan.

A Number of New Laws Now Effective In Ohio
State's New Taxation System Adopted by Legislature

One of the most important, longest and most hectic sessions of the Ohio General Assembly in many decades was concluded on July 1, when both houses of the Eighty-Ninth General Assembly adjourned sine die after being in almost continuous session from January 5, with the exception of one month's recess from April 11 to May 11.

The seven weeks' session of the Legislature from May 11 to the date of adjournment, following the recess taken April 11, was devoted to a consideration of taxation measures, appropriations, and bills and resolutions which had been referred to special committees.

The important and most difficult task which the legislators faced in the recessed session was the enactment of a new taxation system, other than the "uniform rule", under the provisions of the constitutional amendment adopted by the voters in November, 1929.

Three measures enacted by the Legislature constitute the major portion of the state's new taxation system, namely:

1. The so-called intangible tax bill, which removes the tax on personal belongings and household goods, and imposes a tax on intangible wealth, under the following schedule of rates: banks and loan association deposits, two mills on each dollar; shares in financial institutions, two mills; capital and surplus of life insurance companies, five mills; moneys, credits, three mills; investments, if yielding return, five per cent on the income, and if unproductive, two mills on each dollar invested.

2. Increase in the automobile license fees from the present $4, $6 and $10 rate to a scale of $7, $10, $15, $20 and $25, and removing motor vehicles from the general property tax.

3. A one cent tax on every 10 cigarets sold in Ohio from September 1, 1931, to December 31, 1933.

During the closing days of the legislative session when the matter of appropriating money for the operation of the state government for the biennium was under consideration, the Legislature was confronted with the difficult task of balancing the state budget in conformity with estimated revenues.

On account of the uncertainty of the amount of revenue which will be derived from the new taxation measures, no one was able to forecast accurately how much would be available for operation of the various state departments the rest of the year 1931, and during 1932. The best and most reliable information that could be obtained estimated that the total funds that would be available might be considerably less than the tentative budget submitted to the Legislature.

After many weeks of hard and tireless work on the part of the finance committees of the House and the Senate, spent in slashing the budget requests of the various state departments, the general appropriation bill was introduced in the closing days of the session and passed by the Legislature. As finally enacted, the bill provided for expenditures aggregating approximately $125,000,000 for the biennium, about $67,000,000 of which is to come out of the general revenue fund and the remainder from special sources of revenue, such as the gasoline tax, etc. The amount appropriated from the general revenue fund is approximately $16,000,000 less than the amount asked in the combined budget of the various state departments. Even now, financial authorities of the state have been unable to determine definitely whether the estimated revenue will be sufficient to meet contemplated expenditures.

Practically every state department was compelled to take a cut in its budget which will necessitate material reduction both in personnel and maintenance during the biennium. A sincere effort was made by the Legislature to distribute the unavoidable reductions in appropriations throughout all the state departments and to curtail where it was believed it would hurt the least.

A dozen or so measures providing for special taxes of various kinds, including income taxes, general sales taxes and amusement taxes, were rejected by the Legislature.

Several state departments dealing with welfare-health-medical questions and in which physicians

of the state are interested, along with other state departments, will be operating on somewhat reduced budgets during the biennium. These include the State Department of Health, State Department of Public Welfare, State Department of Industrial Relations and the State Medical Board.

Seventeen positions at the State Department of Health have been abolished due to cuts in the appropriation for personal service. Twenty persons have been removed from the payroll of the State Department of Industrial Relations, of which the State Industrial Commission is a part. Reductions in personnel have been made in the administrative branch of the State Department of Public Welfare.

One of the largest departmental appropriation cuts was that of approximately $3,300,000 for additions and betterments at the various state penal, mental hygiene and welfare institutions under the jurisdiction of the State Welfare Department.

However, a resolution was adopted by the General Assembly authorizing submission to the voters next November the question of the issuance of $7,500,000 in bonds for a state welfare institutional building program. Furthermore, part of the cut in the budget for additions and betterments at these state institutions was covered by placing an additional $1,800,000 under the control of the State Emergency Board which it may use, as a last resort, for additions and betterments at the state institutions.

Among the 31 measures enacted by the Legislature at the recessed session was Amended Substitute Senate Bill 319 (Anderson of Richland County) the purpose of which is to abolish "ambulance chasing" in connection with workmen's compensation cases. The measure gives the State Industrial Commission the power to establish rules and regulations governing conduct of attorneys, agents and representatives in connection with claims pending before the Commission, and restricts employes of the department from giving out semi-confidential information from the files and records of the Commission to outsiders, to be used in soliciting business from claimants or for other questionable purposes.

Sixty-six new laws enacted by the Legislature and signed by Governor White previous to the return of the General Assembly from its recess, went into effect during the month of July. These measures, reviewed previously in the June issue of *The Journal*, Pages 501-503, included:

The Gillen-Roberts measure, amending and supplementing sections of the Workmen's Compensation Law, which adds three new occupational diseases (chromium poisoning, cyanide poisoning and sulphur dioxide poisoning) to the list of diseases compensable under the law, making the total number of compensable diseases 21; increases in some instances awards to injured workmen, and raises the allowance for funeral expenses. It became effective July 8.

House Bill 362 (Gault of Union), providing more effective methods for the tuberculin testing of cattle, effective July 23.

The Nickels bill (Senate Bill 273), effective July 31, placing the public employes' section of the workmen's compensation fund on an actuarial basis.

House Bill 29 (Zoul of Cuyahoga), effective July 27, which authorizes city health districts to contract with other city health districts or with general health districts in the same county for public health services.

House Bill 57 (Vail of Cuyahoga), effective July 28, which provides for the application of the provisions of the federal statutes on the proper labeling as "poison" of various corrosive substances used in household cleaning and washing, to such substances manufactured, distributed and sold within the state of Ohio, as well as in interstate commerce.

The Schumacher bill (House Bill 407), effective July 27, which permits domestic insurance companies to sell workmen's compensation insurance outside of Ohio.

The Guard bill (House Bill 70), which changes the word "indigent" to "needy" as applied to dependents of soldiers entitled to county relief, effective July 22.

The five-days marriage license law (House Bill 14, Aumend of Fulton), effective July 23.

The Baker bill (House Bill 437), which places juvenile offenders, minors under 18 years of age, under the jurisdiction of the juvenile court, effective July 27.

A number of measures of state-wide effect will become laws during the month of August, namely:

Senate Bill 184 (Lorbach of Hamilton), which recodifies the jury laws of the state; provides for an elaborate and extensive system of selecting jurors through the operation of a jury commission, and eliminates many exemptions provided for in existing jury laws. *However, the new law retains the present definite and specific claims which may be made for exemption from jury service granted to physicians, lawyers, clergymen, etc.* It will take effect on August 2.

Four bills setting up a new penal policy for the state:

Senate Bill 68 (Ackerman of Cuyahoga), repealing the Norwood minimum sentence law, effective August 2.

Senate Bill 149 (Weber of Franklin), increasing the membership of the State Board of Parole to four, effective August 11.

enate Bill 116 (Gillen of Jackson), providing for diminution of minimum sentences of prisoners for good behavior, effective August 2.

Senate Bill 117 (Gillen of Jackson), giving the governor power to parole a sick convict, effective August 2.

Deaths in Ohio

Frank L. Bowsher, M.D., Steubenville; University of Illinois, School of Medicine, Chicago, 1906; aged 49; died July 4 of self-inflicted wounds. He is survived by his widow.

Benjamin V. Coen, Unionport; licensed, 1896; aged 84; died June 9 of cancer. He had practiced at Unionport for 25 years. One brother survives him.

Frank E. Crosier, M.D., Lebanon; Columbia University College of Physicians and Surgeons, New York, 1894; aged 65; member of the Ohio State Medical Association and the American Medical Association; died June 27 of heart disease. Dr. Crosier had resided in Lebanon for 30 years. For the past nine years he has been connected with the United States Veterans Bureau at Cincinnati, as neurological examiner. Surviving him are his widow, one sister and two brothers.

James A. Duncan, M.D., Toledo; University of Michigan, School of Medicine, Ann Arbor, 1871; Bellevue Hospital Medical College, 1872; aged 83; member of the Ohio State Medical Association and the American Medical Association; died May 13 after an illness of several months. Dr. Duncan had practiced in Toledo for more than 50 years before his retirement. He was treasurer of the Ohio State Medical Association from 1893 to 1910. One daughter survives him.

William C. Heintz, M.D., Columbus; Ohio Medical University, Columbus, 1900; aged 56; member of the Ohio State Medical Association and the American Medical Association; died suddenly June 30 of heart disease. Dr. Heintz had practiced in Columbus since graduation. He was a member of city council from 1902 to 1912, and served as coroner of Franklin County from 1919 to 1920. He is survived by one son, two sisters and one brother.

Louis Philip Hottendorf, M.D., Cincinnati; Medical College of Ohio, Cincinnati, 1871; aged 85; former member of the Ohio State Medical Association and the American Medical Association; died May 20. Dr. Hottendorf had practiced in Cincinnati for 55 years. He is survived by one daughter and one son, Dr. Louis T. Hottendorf, of Los Angeles, California.

James B. Klingensmith, M.D., Sebring; University of Pittsburgh, School of Medicine, 1897; aged 58; member of the Ohio State Medical Association and the American Medical Association; died June 13 of heart disease. He had practiced in Sebring for more than 30 years. Surviving him are his widow, a daughter, one sister and two brothers.

Daniel L. Mohn, M.D., Ashland; Cleveland University of Medicine and Surgery, 1896; aged 63; member of the Ohio State Medical Association, the American Medical Association, and President of the Ashland County Medical Society; died June 6 from injuries sustained in an automobile accident on April 13. Dr. Mohn had practiced in Ashland for 36 years; he was a veteran of the World War, and for some time was commanding officer of the Hospital Company, Ohio National Guard, Ashland. His widow and three brothers survive him.

Erwin W. Schueller, M.D., Columbus; Starling Medical College, Columbus, 1895; aged 60; member of the Ohio State Medical Association and Fellow of the American Medical Association; died July 6 of heart disease. Following his internship at St. Francis Hospital, Dr. Schueller spent a year as assistant in the surgical clinic of New York Post Graduate Hospital, and between 1897 and 1899 took further post graduate study at Leipzig, Berlin, Dresden and Vienna. During 1899 he served as health officer for the Columbus department of health, and had practiced in Columbus since 1899 until forced to retire a few months ago. Surviving him are his widow and four daughters.

Thomas H. Troute, M.D., Dayton; Medical College of Ohio, Cincinnati, 1898; aged 65; former member of the Ohio State Medical Association; died June 5 of heart disease. He began practice in Cincinnati following his graduation, and in 1911 moved to Tippecanoe City, Miami County, where he resided until locating in Dayton two years ago. He is survived by his widow, a son and a daughter; and four brothers.

Elizabeth Woods, M.D., Toledo; Women's Medical College of Baltimore, Maryland, 1891; aged 65; former member of the Ohio State Medical Association; died May 29. Dr. Woods practiced in Toledo more than 30 years until her retirement ten years ago.

KNOWN IN OHIO

Herbert H. Bown, M.D., Asheville, North Carolina; Columbus Medical College, 1892; aged 66; Fellow of the American Medical Association; died June 24. Dr. Bown practiced in eastern Ohio before locating in Asheville, 15 years ago. He is survived by two brothers, N. C. Bown, of Marysville, and Dr. Stanley Bown, of Richwood.

Marjorie B. Burnham, M.D., Los Angeles, California; University of Michigan Medical School, Ann Arbor, 1903; aged 54; former member of

the Ohio State Medical Association; died June 26. Dr. Burnham practiced in Youngstown and Kinsman for several years, and during the World War was with the Red Cross in the Balkins. She had resided in Los Angeles since 1924. Two brothers survive her.

William C. Ellis, M.D., Phoenix, Arizona; Medical College of Ohio, Cincinnati, 1899; aged 56; died July 2. Dr. Ellis formerly resided at Manchester, Adams County. He is survived by his widow, one daughter; his mother, four sisters and a brother.

NEWS NOTES of OHIO

Glouster—Improvement has been noted in the condition of Dr. E. LeFever who has been bedfast for several weeks.

Lakewood—Dr. Frank C. Yeager, formerly of Berea, who recently completed his internship at a Youngstown hospital, has opened offices here.

Cleveland—Dr. Edward Peterka suffered a fractured leg and internal injuries when he was thrown from a horse.

Troy—Dr. and Mrs. G. E. McCullough and their two daughters, and Dr. and Mrs. L. N. Lindenberger and their two daughters are in New York City for a month's stay. Dr. McCullough and Dr. Lindenberger are taking post-graduate work at the Presbyterian Hospital.

Middletown—Dr. Mark Millikin, Hamilton, was a recent speaker before the local Kiwanis Club.

Zanesville—Dr. Leo Levi is taking a two-years post-graduate tour of various European medical centers and universities.

Coshocton—Dr. and Mrs. W. H. Keenan are on a four-months tour of Europe. Dr. Keenan expects to study at several European medical centers.

Marietta—Dr. Gordon M. James, formerly of Seattle, Washington, has opened offices here.

Newtown—Dr. C. R. Campbell has been elected president of the National Eclectic Medical Association.

Toledo—Dr. H. G. Pammett with a card of 84 won the golf championship of the Toledo Academy of Medicine in the recent Academy tournament held at Heather Downs Country Club. Dr. R. F. Heatley and Dr. H. L. Wenner were tied for runner-up position with cards of 85.

Marietta—Dr. C. E. Holzer, Gallipolis, addressed the local Kiwanis Club on "True Facts About Cancer".

Covington—Dr. and Mrs. G. A. Woodhouse and children are on an automobile vacation trip through the South and East.

Middletown—Dr. and Mrs. D. F. Gerber and two sons have returned home after a year's stay in Europe where Dr. Gerber engaged in post-graduate study.

Dayton—Dr. John W. Millette has retired as an active member of the staff at St. Elizabeth's Hospital, after 25 years of service.

Greenville—Dr. George H. Davis, formerly of Union City, Indiana, has taken over the offices formerly occupied by the late Dr. John M. Anderson.

Ironton—Dr. Joseph Lowry has been reappointed physician at the Lawrence County jail; Dr. Cosper Burton physician at the county infirmary, and Dr. Anne Marting physician for the children's receiving home.

Bucyrus—Offices have been opened here by Dr. R. L. Solt, graduate of the College of Medicine, Ohio State University, and recently of Detroit.

Manchester—Dr. A. R. Carrigan has retired from active practice due to poor health.

Celina—Drs. J. T. Gibbons, L. M. Otis and W. Scheidt, Celina, and Dr. F. H. Brumm, Coldwater, were hosts to about 20 Lima and Minster physicians at a golf-dinner at the North Shore Golf Club, Grand Reservoir.

Fairport—Dr. F. F. Schwartz, formerly of Cleveland, has opened offices here.

Painesville—A joint picnic was held at North Perry Park by the physicians and dentists of Lake County and their families.

Prospect—Dr. John T. Boxwell, who recently completed his internship at Grace Hospital, Detroit, has opened offices here for general practice.

Archbold—Offices have been opened here by Dr. W. E. McKee, graduate of the College of Medicine, Ohio State University, and recently an intern at Grant Hospital, Columbus.

Caldwell—Dr. E. G. Ditch, who recently completed his internship at St. Elizabeth's Hospital, Youngstown, has located here.

Wauseon—Dr. James F. Frye, for the past year resident physician at the Detwiler Hospital, has opened offices here for general practice.

Akron—Dr. D. F. Mathias has returned home after four-months post-graduate study at New York City.

Lima—Dr. R. O. Hunter, Auglaize, received minor bruises when the automobile he was driving skidded into a ditch near here.

Ironton—Dr. O. B. Dunn, practicing physician here for 53 years, has retired from active practice. He has been in bad health as a result of an automobile accident a year ago.

Fostoria—Dr. Bert G. Chollett, Toledo, addressed the Fostoria Rotary Club on work being done in Ohio among crippled children.

Mt. Gilead—The Mt. Gilead Kiwanis Club was addressed recently by Dr. Robert B. Drury, Columbus.

Cleveland—Yasha A. Venar, sophomore in the School of Medicine, Western Reserve University,

RADIUM THERAPY
DEEP X-RAY THERAPY
ELECTRO COAGULATION

BEN RENICK KIRKENDALL, M.D.
EDWARD TAYLOR KIRKENDALL, M.D.

137 E. State Street, Columbus, Ohio
Or Mt. Carmel Hospital

Office Phone **Adams 7656** **Res. Phone** **Gahana, Ohio 44 F. 14**

W. H. MILLER, M. D.

X-Ray

328 East State Street **Columbus, Ohio**

Complete Diagnosis and Therapy

Diseases of Chest
Gastro-Intestinal Tract
Genito-Urinary Tract
Gall Bladder
High Voltage X-Ray Therapy
Portable X-Ray
Electro-Coagulation
Fractures and Dislocations

PROMPT AND FULL REPORT

has been awarded the Herbert S. Steuer Memorial prize, given annually to the undergraduate contributing the most meritorious research work in anatomy.

Findlay—Dr. J. H. Marshall is in New York City for a six-months post-graduate course.

Cleveland—Drs. H. J. Gerstenberger, Charles W. Burhans, Otto Beck, Arthur J. Horesh and T. Wingate Todd attended the annual meeting of the American Pediatric Society at Edgewater Park, Mississippi.

Cleveland—Dr. James A. Doull, professor of hygiene and public health at Western Reserve University, has been serving as visiting professor of bacteriology at the University of Chicago during the summer session.

Columbus—Dr. Earl W. Euans, this city, has been re-elected supreme surgeon of the United Commercial Travelers of America.

Columbus—W. I. Jones, D.D.S., has been reappointed by Governor White as a member of the Ohio Public Health Council.

Gallipolis—Dr. G. G. Kineon, superintendent of the Ohio Hospital for Epileptics, is the new president of the Gallipolis Rotary Club.

Cincinnati—Announcement has been made of the engagement of Miss Louisa J. Bledsoe and Dr. M. Scott Kearns, coroner of Hamilton County.

Zanesville—Dr. Robert S. Martin, formerly of Columbus, has opened an office for the practice of eye, ear, nose and throat work at 601 Market Street, this city.

Portsmouth—Dr. G. D. Tatje, health commissioner of Portsmouth, was painfully injured when he was struck while walking on the sidewalk by an automobile that had skidded onto the sidewalk after colliding with another machine.

Urbana—Mrs. D. H. Moore, wife of Dr. Moore, coroner of Champaign County, died at her home here.

PUBLIC HEALTH NOTES

—Dr. Henry R. O'Brien, formerly of Johns Hopkins University, has assumed his duties as health commissioner of Lorain County, succeeding Dr. C. D. Barrett, who is now associated with the State Health Department of Michigan.

—Dr. Beatrice T. Hagen, health commissioner of Muskingum County, has been attending the Mayo Clinic, Rochester, Minn.

—Dr. Miriam Marting, Ironton, has been appointed health commissioner of Greenup County, Kentucky.

—Dr. Homer M. Austin, chief of the division of hygiene, State Department of Health, has accepted a position as assistant superintendent of the Clark County Tuberculosis Hospital, Springfield. Dr. Austin joined the staff at the State Department of Health in 1927 as chief of the bureau of tuberculosis and became chief of the division of hygiene upon the death of Dr. J. A. Frank in 1929.

—A group of foreign physicians making a tour of the United States to investigate public health services were recent visitors at the State Department of Health. Those in the party, which was in charge of Dr. Harold W. Stevens, Harvard School of Public Health, were Dr. Tomoyoshi Ishikawa, Japan; Dr. Alfred Khaum, Austria; Dr. Eugene Rasmeritza, Rumania, and Dr. Frank Swoboda, Czechoslovakia.

—A recent study of infant deaths by the State Department of Health, Division of Vital Statistics, covering a 10-year period ended with the year 1930, discloses the fact that for every 14 babies born during this period, an average of one baby did not live to celebrate its first birthday anniversary.

In the past 10 years 85,649 children died during their first year of life and in the same decade Ohio's population was increased 1,244,049 by births, less the deaths. Many different causes of death were written on the medical certificates for these babies. Careful study of the data reveals a fertile field for health activities in this age group.

In grouping the data it was found that in every 1000 infant deaths, 270 were caused by premature birth, 150 were due to pneumonia, 110 congenital malformations, 90 diarrhea and enteritis, 60 injury at birth, 50 influenza, 40 congenital debility, 30 whooping cough, 20 accidents not connected with birth (the greater proportion the result of suffocation by bed clothing), 10 diseases of the thymus glands, 10 congenital syphilis, 7 diseases of the ear, 6 tuberculosis, 6 measles, 6 erysipelas, and the remaining 200 from many other minor causes, in smaller numbers and fractional percentages.

The figures demonstrate progress made in combatting many of these causes. In tuberculosis, for instance, the 10-year average of six per 1000 compares with 16 per 1000 in 1910, and in diarrhea and enteritis the 10-year average of 90 compares with 272 in 1910.

In checking the number of deaths in the age groups, it is found that 28.8 per cent occurred under one day old; 16.6 per cent, one to seven days old; 12.6 per cent, eight days to one month; and during the one month period (under two months), 7.4 per cent; second month, 5.9 per cent; third month, 5 per cent; fourth month, 4.4 per cent; fifth month, 3.8 per cent; sixth month, 3.3 per cent; seventh month, 3.2 per cent; eighth month, 3 per cent; ninth month, 2.8 per cent; tenth month, 24 per cent; with the eleventh month, which completes the period under one

RADON

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Gold Radon implants for interstitial use. The scientific means of applying radiation intratumorally. Certificate of guarantee furnished with each preparation assuring accurate dosage.

RADON COMPANY, Inc.

1 East 42nd St., New York

Telephones: Vanderbilt 3-2811; 3-2812

RADIUM RENTAL SERVICE

BY

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to Physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

CAREFUL CONSIDERATION WILL BE GIVEN INQUIRIES CONCERNING CASES IN WHICH THE USE OF RADIUM IS INDICATED.

The Physicians Radium Association

1307 Pittsfield Bldg., 55 E. Washington St.,
CHICAGO, ILL.

Telephones Central 2268-2269

Wm L. Brown, M.D., Director.

BOARD OF ADVISORS

William L. Baum, M.D. Bennett R. Parker, M.D.
Frederick Menge, M.D. Walter S. Barnes, M.D.
Louis E. Schmidt, M.D. S. C. Plummer, M.D.

X-Ray Film Consultation



A service for Physicians who do their own X-Ray work and are in doubt as to the interpretation. Detailed reports will be made.

A brief case history sent with the films will assist in the diagnosis.

Correspondence solicited.

HUGH J. MEANS, M.D.

683 East Broad St.,
Columbus, Ohio

X-RAY DIAGNOSIS AND THERAPY

LABORATORY

Service and Consultation

James A. Beer, B.Sc., A.M., M.D.

21 East State Street Columbus, Ohio

Telephone, ADams 3847

year, showing an increase over the tenth, at 2.5 per cent.

In each group under one month, there were more deaths from premature birth than any other cause, with a total of 46.6 per cent. In the age groups from one to eleven months inclusive, pneumonia predominated as a cause of death, with 29.4 per cent of the total.

More than one-fourth of the infant deaths for the decade occurred before the close of the first day.

—Dr. Frank G. Boudreau, former chief of the division of communicable diseases, State Department of Health, and for the past six years with the international health service of the League of Nations, Geneva, Switzerland, has written that he and Mrs. Boudreau expect to be in Columbus during a part of the month of August. They expect to remain in America until early in September.

—Health Commissioners of the Southeastern Conference District held a meeting at Caldwell recently, as guests of Dr. G. M. Mason, health commissioner of Noble County.

Sixteen nurses from the conference territory and two from the State Department of Health held a sectional meeting besides taking part in the general session. Mrs. Zoe McCaleb, chief of the nursing service, and Miss Florence Tallman, who had reached Noble County in her survey of the drought area, represented the central department.

Dr. H. G. Southard, State Director of Health, outlined the plan of Federal aid in the drought area, and emphasized the point that it will be exercised only through official agencies in cooperation with the medical profession. It will be applied wholly in strengthening the nursing service and in provision of prophylactics against smallpox, diphtheria and typhoid fever.

There was some discussion of a proposal to change the name of the Ohio Society of Sanitarians, and a committee of two was authorized, to meet with similar committees from other districts in the selection of a suitable name. Dr. F. J. Crosbie of Perry County, and Dr. D. M. Criswell of Coshocton, city and county, were appointed.

After some discussion, the conference authorized appointment of a committee of three, to meet with other district committees and, if possible, evolve a simpler form of the annual report which will meet the needs of the central office while also meeting needs of the local departments in their annual reports to the district Advisory Councils. This committee consists of Dr. F. R. Dew, Belmont; Dr. D. L. Cowden, Guernsey, and Miss Louise Steel, public health nurse in Monroe.

Women of the Presbyterian Church served a dinner, preceding the session, and there was a



Superior Back Support

combining sacro-iliac and lumbo-sacral features

Perfectly demonstrating the underlying principle in design and construction incorporated in all Camp Supporting Garments. In addition, the solid back of Model No. 77 provides for the application of pads for extra pressure. Camp Patented Adustment conveys through its vice-like grip a firm sacro-iliac and lumbar support as well as abdominal uplift. Camp Supports are typed to body proportions.

Sold by Drug and Surgical Houses and Corset Dept., Surgical Section of Department Stores. Write for Physician's Manuals. Anatomical Studies (in book form) on receipt of 20c covering postage.

Supporting CAMP TRADE MARK *Garments*

S. H. CAMP *and* COMPANY

Manufacturers, JACKSON, MICHIGAN

CHICAGO 1056 Merchandise Mart | NEW YORK 330 Fifth Avenue | LONDON 252 Regent St. W.

HIXSON BIOLOGICALS

for

Human Use

Rabies Vaccine

Produced under the personal supervision of Dr. James Mc I. Phillips, formerly director of the Pasteur Institute, Columbus, Ohio.

Complete treatment, 14 doses, in either syringe or vial packages, ready for immediate use.

Tetanus Antitoxin

The purification and concentration of TETANUS ANTITOXIN, Hixson, eliminates the less soluble reaction producing proteins. This gives an antitoxin remarkably free from either local or general reactions.

Supplied in prophylactic and therapeutic dose packages.

Hixson Laboratories, Inc.

General Offices and Distribution:
318 E. State Street,
COLUMBUS, OHIO

Laboratories,
JOHNSTOWN, OHIO

BIOLOGICALS

U. S. Government License No. 104

program of music, both vocal and instrumental, readings and impersonations.

Health commissioners present were: Dr. A. G. Sturgiss, Washington County, chairman; Dr. F. R. Dew, Belmont, acting secretary; Dr. W. H. Knauss, Newark; Dr. D. M. Criswell, Coshocton, county and city; Dr. D. L. Cowden, Guernsey; Dr. F. J. Crosbie, Perry; Dr. J. W. Weber, Monroe; Dr. G. M. Mason, Noble.

The central department was represented by the Director, Dr. H. G. Southard; Dr. Finley Van Orsdall, chief, Division of Communicable Diseases; Mrs. Zoe McCaleb, chief, Division of Nursing; Dr. E. R. Shaffer, chief Bureau of Local Organization, and Paul Mason, director of publicity.

—An average of 235 deaths each day was Ohio's mortality record during the first four months of 1931, according to information given out by the division of vital statistics, State Department of Health.

There were 47 deaths daily from diseases of the heart, 36 from influenza and pneumonia, 20 from cancer, 10 from tuberculosis, and 20 deaths occurred each day in infants under one year of age, according to records filed in the division of vital statistics, state department of health.

During this period there were 28,240 deaths, with a rate 12.4 per 1000 population, as compared with 27,602 deaths, rate 12.1 for the first four months in 1930. It was necessary to modify a previous estimate of fewer deaths in 1931, as Ohio again was visited with an epidemic of influenza, at its peak in March. It reached into all counties in the state except Athens, Auglaize, Delaware, Monroe, Paulding, Union and Wyandot. In 10 other scattered counties influenza was reported at little more than the normal death rate.

Counties bordering on Route No. 40 (the National Highway), and No. 3 through the state, and No. 23 south of Columbus reported the greatest number of deaths. There were 553 deaths from influenza and 984 from pneumonia in the state during March, 1931, with totals for the four months period of 1438 and 2949 respectively.

Other causes that showed increases were: Deaths due to diseases of the nervous, circulatory and respiratory systems; scarlet fever, acute anterior poliomyelitis, cerebral hemorrhage, suicide, homicide, accidental burns and automobile accidents.

The number of deaths due to accidents was only 1581, as compared with 1955 for 1930, automobile accidents and accidental burns being the only causes in this group showing increases.

A few of the important causes of death showing increases were: Typhoid fever, smallpox, measles, whooping cough, diphtheria, tuberculosis (all forms), cancer, diabetes, diseases of the heart, nephritis, accidental falls, railroad and street car accidents.

The Wendt-Bristol Company

Two complete ethical stores in Columbus

51 E. State St. 721 No. High St.

for the convenience of the Physicians and Surgeons—and the many people they serve

Two Prescription Departments

maintained in a high class manner with eight registered Pharmacists

Other Complete Departments

OFFICE EQUIPMENT
PHYSIO THERAPY APPARATUS
HOSPITAL SUPPLIES
HEALTH FOODS

W-B Pharmaceutical Supplies

JOBBING STOCKS ALL LEADING MANUFACTURERS

Antitoxins and Vaccines in Special Refrigeration Plants

Prompt Service on Phone Orders

Physicians' Service

QUALITY FIRST

We are exclusive manufacturers of Pharmaceuticals, U. S. P. and N. F. Preparations, Specialties, Tablets, Ointments, Ampoules, Suppositories, Effervescents, etc., for Physicians Dispensing and Prescribing.

NOTHING SOLD AT RETAIL EXCEPT ON ORDER OF PHYSICIAN

Offices and Laboratories
330-336 OAK STREET, EAST
One-half Square North of Grant Hospital and Carnegie Library.

THE COLUMBUS PHARMACAL CO.
COLUMBUS, OHIO

THE NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL
(ORGANIZED 1881)

THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

Eye, Ear, Nose and Throat

For Information Address
Medical Executive Officer, 345 West 50th Street, New York City

CHAS. F. BOWEN, M.D.

SPECIALIZES
in
Superficial
Malignancies
Removal of
Foreign Bodies
Radium and
X-Ray
Diagnosis and
Therapy

332 E. State Street
COLUMBUS, OHIO

Columbus Radium Laboratory

Radium
and
Deep X-Ray Therapy

EDW. REINERT, Ph.G., M.D.
350 E. State St., Columbus, O.
Bell, Main 1537

This laboratory is approved by the Council on Medical Education and Hospitals of the American Medical Association

Langdon-Meyer Laboratories

OFFER A COMPLETE 24 HOUR SERVICE ON WASSERMANNS—INCLUDING, WATER-BATH; ICE-BOX; AND KAHN TEST.

Fee—$5.00

Send for our Fee Table

519 Main Street **CINCINNATI, OHIO**

HOSPITAL NOTES

—Frank E. Chapman, director of the hospital group at Western Reserve University and prominent in hospital affairs in Ohio, died July 9 at a sanitarium at Tucson, Arizona, following an operation for brain tumor. He had gone to Tucson recently for an extended rest. Mr. Chapman, one of the recognized and outstanding hospital authorities in this country, was former superintendent of Mt. Sinai Hospital, Cleveland; an ex-president and former executive secretary of the Ohio Hospital Association and president of the Cleveland Hospital Council. He leaves a widow and one daughter.

—Members of this year's senior class at the School of Medicine, Western Reserve University, have accepted internships as follows, the School of Medicine has announced:

Lakeside Hospital, Cleveland—Harold Alvin Conrad, Leetonia; Harold David Green, Zanesville; Jean Adolph Grob, Dover; Grace E. Haskin, Bedford; Edward Payson Judd, Cleveland; John Dudley Marsh, Painesville; Cecil Edward Ross, Erie, Penna.; Reginald Alden Shipley, Dayton; and Vladimir Leslie Tichy, Cleveland.

Charity Hospital, Cleveland—Chester Badertscher, Lima; David Llewellyn Dial, Cleveland; Edwin Owen Niver, Cleveland; Roy Irving Peck, Cleveland, and Robert Marion Taylor, Saint Paris.

City Hospital, Cleveland—James Henry Bahrenburg, Cleveland; Robert Charles Hahn, Elyria; Seymour Kyman, Cleveland Heights; John Henry Lazzari, Cleveland; Robert Martin McMichael, Shaker Heights; Walter Bailey Johnston, Winter Park, Florida, and Morris Arthur Simon, Cleveland.

St. Luke's Hospital, Cleveland—Robert Esterly Ballard, Lakewood; Fay Atkinson LeFevre, Cleveland; Howard Burgess Peck, Cleveland Heights; Melville Newton Reiff, Marion; William Ansel Sommerfield, Cleveland, and Marion Foster Stermont, Cedarville.

St. Alexis Hospital, Cleveland—James Edward Slivka, Cleveland.

Polyclinic Hospital, Cleveland—Selma C. Bolstad, Milwaukee, Wisconsin.

Mt. Sinai Hospital, Cleveland—Arthur Brill, Cleveland; Reuben Robert Goldberg, Cleveland; David Harold Goodman, Cleveland; and Hyman Reitman, Cleveland.

Woman's Hospital, Cleveland—Anna E. Tancek, Cleveland.

Presbyterian Hospital, Philadelphia, Penna.—Morris King Crothers, Maryville, Tenn.

Miami Valley Hospital, Dayton—Roscius Clinton Doan, Miamisburg.

Grasslands Hospital, Valhalla, New York—Harold J. Dunlap, Canton, and James Russell Montgomery, East Canton.

Youngstown City Hospital—Raymond Artie Hall, Youngstown; Howard Ellsworth Mathay, Youngstown; Paul Sinclair Williams, Hubbard.

Mercy Hospital, Baltimore, Maryland—Meyer Hantman, Cleveland.

Santa Barbara Cottage, Santa Barbara, California—Twyman Clair Harper, Sparks, Nevada.

Ohio Valley General Hospital, Wheeling, West Virginia—Edward Heavner Hunter, Buckhannon, West. Va.

Akron City Hospital—Edwin John Kraker, Akron.

Iowa University Hospital, Iowa City, Iowa—Amy Louise Kuhn, Cleveland Heights; Ralph Spaeth, Cleveland.

Grace Hospital, Detroit, Michigan—Benjamin William Lafene, Milan.

United States Army Hospital, Washington, D. C.—Wesley Wayne Lake, Cleveland.

St. Vincent's Hospital, Toledo—Isadore Lampe, Cleveland.

Toledo Hospital—William Nelson Vigor, Carey.

URINE
BLOOD
SPUTUM
EFFUSIONS
STOMACH CONTENTS
WASSERMAN & KAHN PRECIPITIN TESTS
GONORRHEAL COMPLEMENT FIXATION TEST
BLOOD CHEMISTRY
PROTEIN SENSITIZATION TESTS
BASAL METABOLISM
AUTOGENOUS VACCINES
FAECES
GENITO-URINARY SURGICAL and GYNECOLOGICAL PATHOLOGY
DARK FIELD ILLUMINATING FOR SPIROCHETA PALLIDA
MEDICO-LEGAL POST-MORTEMS
X-RAY

LABORATORY

Clinical and Pathological

Approved by the American Medical Association

Columbus, Ohio 370 E. Town Street

DIRECTOR

J. J. Coons, B. Sc., M.D., D. Sc.
Dorris Coss, B. Sc., M. Sc.
Frances Coup, A. B.
Flora Moone

PROMPT SERVICE
Immediate Report on Frozen Sections of all Tumors.
ESTABLISHED 1904

OVER 50 WAYS TO KEEP A DIABETIC PATIENT HAPPY!

JELLIED VEGETABLE SALAD
(Six Servings)

	Grams	Prot.	Fat	Carb.	Cal.
1 tablespoon Knox Sparkling Gelatine	7	6	....	....	....
¼ cup cold water	....	....	....	....	....
1⅓ cups hot water	....	....	....	....	....
1 teaspoonful whole mixed spices	....	....	....	....	....
½ teaspoon salt	....	....	....	....	....
⅓ cup vinegar	....	....	....	....	....
½ cup chopped cabbage	50	1	....	3	....
½ cup chopped celery	60	1	....	2	....
¼ cup canned green peas	40	1	....	4	....
¼ cup cooked beets cubed	40	1	....	3	....
Total		10	....	12	88
One serving		2	....	2	15

Soak gelatine in cold water for five minutes. Bring to boil water, salt and spices. Pour on gelatine to dissolve it and add vinegar. Strain and set aside to cool. When jelly is nearly set, stir in the vegetables, pour into mold and chill until firm. Unmold on lettuce leaf or sbredded lettuce and serve with mayonnaise or salad dressing. Garnish with sprig of parsley or strip of pimento.

CHOCOLATE PUDDING *(Six Servings)*

	Grams	Prot.	Fat	Carb.	Cal.
1½ tablespoons Knox Sparkling Gelatine	10	9	....	....	....
¼ cnp cold water	....	....	....	....	....
2 cups milk	480	14	19	24	....
¾ cnp boiling water	....	....	....	....	....
1 square chocolate grated (1 oz.)	30	4	15	9	....
Pinch salt	....	....	....	....	....
Pinch cinnamon	....	....	....	....	....
¼ teaspoon vanilla	....	....	....	....	....
1 gr. saccbarin	....	....	....	....	....
Total		27	34	33	546
One serving		4.5	6	5.5	91

Soak gelatine in cold water five minutes. Melt chocolate in boiling water. Add gelatine and stir until dissolved. Add milk, salt, cinnamon, vanilla and saccbarin. Stir well and chill. When nearly set, beat until frothy, mold and chill until firm. Serve plain or witb thin cream or whipped cream.

ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods

THE Knox Sparkling Gelatine book of recipes for diabetic patients gives over 50 dish suggestions, two of which are shown above—but they are more than dishes conforming to a diet. They are dishes that help the physician keep the patient on the diet. Knox Gelatine combined with the wholesome foods permitted provides the bulk to satisfy a yearning stomach. The many *different* dishes give a variation that makes eating a pleasure from the standpoint of looks and taste.

Knox dishes give a patient latitude . . . not alone because of variation . . . but because Knox Gelatine is the plain gelatine without *sweetening,* flavoring or coloring. Therefore—it harmonizes perfectly with all the fruits, vegetables and other foods with which it is combined. A ready-prepared gelatin dessert mixture will have as high as 85% sugar—a fact which necessitates that physicians carefully prescribe KNOX Gelatine for dishes that will not violate the most rigid diet. Send for the book, using the coupon provided for your convenience.

KNOX *is the real* GELATINE

If you agree that recipes like the ones on this page will be helpful in your diabetic practice, write for our complete Diabetic Recipe Book—it contains dozens of valuable recommendations. We shall be glad to mail you as many copies as you desire. Knox Gelatine Laboratories, 434 Knox Ave., Johnstown, N. Y.

Name.....*Address*.....*City*.....*State*.....

Harlam Hospital, New York City—Nolan Alphonse Owens, Cleveland.
Montefiore Hospital, New York City—Daniel Edward Schneider, Cleveland.
Springfield Hospital, Springfield, Mass.—Frank Bernard Papierniak, Cleveland.
Marine Hospital, Chicago, Illinois—Paul Elmer Rex, Youngstown.
University of Illinois Hospital, Chicago, Illinois—Alexander Spaeth, Cleveland.
Duke University Hospitals, Durham, N. C.—James Moore Ruegsegger, Baltic.
Beth Israel Hospital, Boston, Mass.—Archie Adam Abrams, Cleveland.

—Probate Judge C. M. Woodside, Youngstown, has asked the Mahoning County Commissioners to establish a temporary psychopathic county hospital, pending submission to the voters in 1932 of a bond issue to raise funds for a permanent institution of this kind.

—The new 100-bed wing to the Cleveland Municipal Tuberculosis Hospital at Warrensville was recently dedicated. The principal address was made by Dr. H. L. Rockwood, former Cleveland health commissioner and now director at Mt. Sinai Hospital, Cleveland.

—General Frank T. Hines, head of the United States Veterans' Bureau, was present at the dedication of the new government hospital at the National Military Home, Dayton. It has a bed capacity of 650 and is the largest government hospital.

—The cornerstone was laid recently at the new $2,000,000 Good Samaritan Hospital, Dayton.

—Dr. Merle Flenner has been re-elected president of the medical staff at the Fort Hamilton Hospital, Hamilton. Dr. Dan Skinner was re-elected secretary. Members of the board of directors are: Dr. F. P. Zerfass, Dr. Mark Millikin and Dr. J. L. Francis.

—Mrs. Jennie Grabill, recently superintendent of the Poole Hospital, Port Clinton, has taken up her new duties as superintendent of the Van Wert County Hospital.

—Clarence J. Brown, secretary of state, delivered the dedication address at the laying of the cornerstone of the new Pleasant View tuberculosis sanatorium near Amherst.

—Dr. O. E. Harvey, Ohio City, has been appointed superintendent of the district tuberculosis hospital, Lima, succeeding Dr. J. V. Pace, resigned.

—The Masonic orders of Akron have presented the Springfield Lake tuberculosis sanatorium with *X*-ray equipment costing $7,500.

—Many leading members of the medical profession from all parts of the country were present at dedication exercises for the new Lakeside Hospital and five other allied buildings in the medical center at Western Reserve University, June 17. Warren S. Hayden, chairman of the hospital building committee formally presented the hospital to Samuel Mather, president of the hospital board of trustees and the largest donor to the medical center building program. The other bulidings dedicated were Hanna House, private patients' hospital; Robb House, resident



Solving the problem of appetite deficiency

with this delicious chocolate flavor food drink

FOR the patient who will not eat . . . for the child who is undernourished, underweight . . . for the convalescent with sluggish appetite.

Cocomalt is the ideal food drink! Not only does it stimulate the appetite, *but it actually increases the caloric value of a glass of milk more than 70%.*

Cocomalt comes in powder form ready to mix with milk—hot or cold. It is high in nutritive value and tempting even to the fussiest invalid.

Easily assimilated

Cocomalt is composed of barley malt, processed cocoa, whole eggs, sugar, milk proteins and milk minerals, properly balanced and properly converted so as to be readily digested.

Laboratory tests show that Cocomalt contains Vitamins A, B Complex and D. Vitamin D is present in sufficient quantity to be of definite antirachitic influence in the child's diet. Cocomalt also helps to digest the starches of other foods.

Available in 5 lb. cans for hospital use, at a special price. Or at grocers and leading drug stores, in ½ lb. and 1 lb. sizes. We would like to send you a trial can for testing. Coupon brings it to you—*free.*

Cocomalt

DELICIOUS HOT OR COLD



ADDS 70% MORE NOURISHMENT TO MILK

R. B. DAVIS CO., Dept. AT-8, Hoboken, N. J.
Please send me, without charge, a trial can of Cocomalt.
Name _____
Address _____
City _____ *State* _____

The Mark of Distinction

Your Doctor's degree after your name sets you apart from other men. You must have a special knowledge, training and ability to achieve this mark of distinction.

Specialized Service likewise sets our protection against malpractice suits apart from all others. It denotes exclusive application to this field, embracing a special knowledge of Medicine and Dentistry for outlining your defense, a training in Law for presenting it properly, and an ability to coordinate the two so as to most effectively safeguard your interests. It is our mark of distinction.



The Medical Protective Company
of Fort Wayne, Ind.
360 North Michigan Boulevard : Chicago, Illinois

MEDICAL PROTECTIVE CO. 360 North Michigan Blvd. Chicago, Ill.	*Name*_____
	*Address*_____
Kindly send details on your plan of Complete Professional Protection	*City*_____

7-31

physicians' quarters, and the Mather, Lowman and Harvey houses, nurses' dormitories. The six units were constructed at an approximate cost of $15,000,000. The dedication address was delivered by Dr. Hans Zinsser, professor of bacteriology, Harvard University.

—Sixty-three Marion and Marion County physicians have been appointed to the staff of the Marion City hospital, it has been announced by Dr. H. K. Mouser, chief of the staff and leader in the recent reorganization of the hospital to make it conform with the standards of the American College of Surgeons. Appointments made follow:

Internal medicine—Dr. Fillmore Young, Dr. Robert Ramroth, Dr. L. L. Roebuck, Dr. S. W. Mattox, Dr. K. D. Smith, Dr. N. Sifritt, Dr. T. H. Sutherland, Dr J. M. Hoskins, Dr. John W. Bull, Dr. B. H. Taylor, Dr. Robert McMurray, Dr. W. J. Weiser, Dr. Maude Bull, Dr. J. E. Baker, Dr. C. S. Burnside of Marion, Dr. A. L. Gast and Dr. R. H. Finefrock of Prospect, Dr. C. L. Baker of Kirkpatrick, Dr. B. D. Osborne of Waldo, Dr. Don Shira and Dr. J. M. Ruckman of LaRue, Dr. H. A. Skidmore of Caledonia, Dr. F. F. Fields of Meeker, Dr. Ward Athey and Dr. W. R. Taylor of Morral.

Ear, eye, nose and throat—Dr. E. L. Brady, Dr. D. W. Brickley, Dr. E. O. Richardson, Dr. F. J. Hunter.

Kidneys—Dr. B. B. Hurd.

General surgery—Dr. J. A. Dodd, Dr. H. K. Mouser, Dr. F. V. Murphy, Dr. A. Rhu, Dr. H. S. Rhu, Dr. A. A. Starner, Dr. C. G. Smith, Dr. H. L. Uhler, Dr. A. J. Willey, and Dr. C. J. Atlmaier.

Dental surgery—Dr. B. J. Cehrs, Dr. C. B. Emery, Dr. Z. B. Houghton, Dr. E. W. Imbody, Dr. V. C. Kissel, Dr. A. B. Lawson, Dr. A. F. Linscott, Dr. F. R. Mann, Dr. W. F. Pasters, Dr. E. H. Raffensperger, Dr. O. G. Stephenson, Dr. A. J. Wagner, and Dr. O. M. Young.

Diseases of children—Dr F. E. Mahla.

Obstetrics—Dr. R. T. Morgan, Dr. J. G. McNamara, Dr. R. S. Dombaugh, Dr. F. L. Thomas .

X-ray—Dr. J. W. McMurray, Dr. J. W. Jolley.

Mental and nervous diseases—Dr. Carl W. Sawyer.

Anesthetics—Dr. E. H. Morgan and Dr. J. H. Jackson.

—Extensive remodeling of the Warren City hospital has been completed.

—Three new resident physicians and thirteen interns have been appointed to the staff of the Miami Valley Hospital, Dayton. The resident doctors are: Dr. Thomas Sharkey, Dayton; Dr. Edwin Smith, Dayton, and Dr. Warren Thomas, Niles. The interns are: Clyde W. Berry, Cincinnati; Corwin A. Smith, Dayton; August J. Dian, Gary, Indiana; Arthur B. Ream, Bowersville; John E. Davis, D.D.S., Columbus; Perry R. Longenaker, Miamisburg; Seldon Hamilton, Franklin; W. Shuler Ginn, Miamisburg; Paul C. Bratten, Dayton; Orville Wright, Dayton; Lee D. Van Antwerp, Ann Arbor, Michigan; Roscius C. Doan, Miamisburg, and Edwin F. Deppe, Franklin.

—Charles F. Kettering, vice president of the General Motors' Corporation, has announced that he will present to the Miami Valley Hospital one of the new "fever machines", developed in the laboratories of the General Electric Company and being used in the treatment of those suffering from mental diseases.



To the **PEDIATRICIAN:**



"Babies deprived of mother's milk find a food closely resembling it chemically and physically in formulas prepared with evaporated milk . . . In the transformation of raw cow's milk into evaporated milk, the protein and fat are given physical properties like the protein and fat of breast milk. . . . Laboratory tests, therefore, would indicate that Unsweetened Evaporated Milk is the best form of cow's milk for preparing the feeding formula."—*Archives of Pediatrics, October, 1930.*

Wilson's Evaporated Milk brings to you the maximum of wholesomeness and safety in your feeding formulas. Clinical samples, also information and literature will be forwarded to physicians upon request.

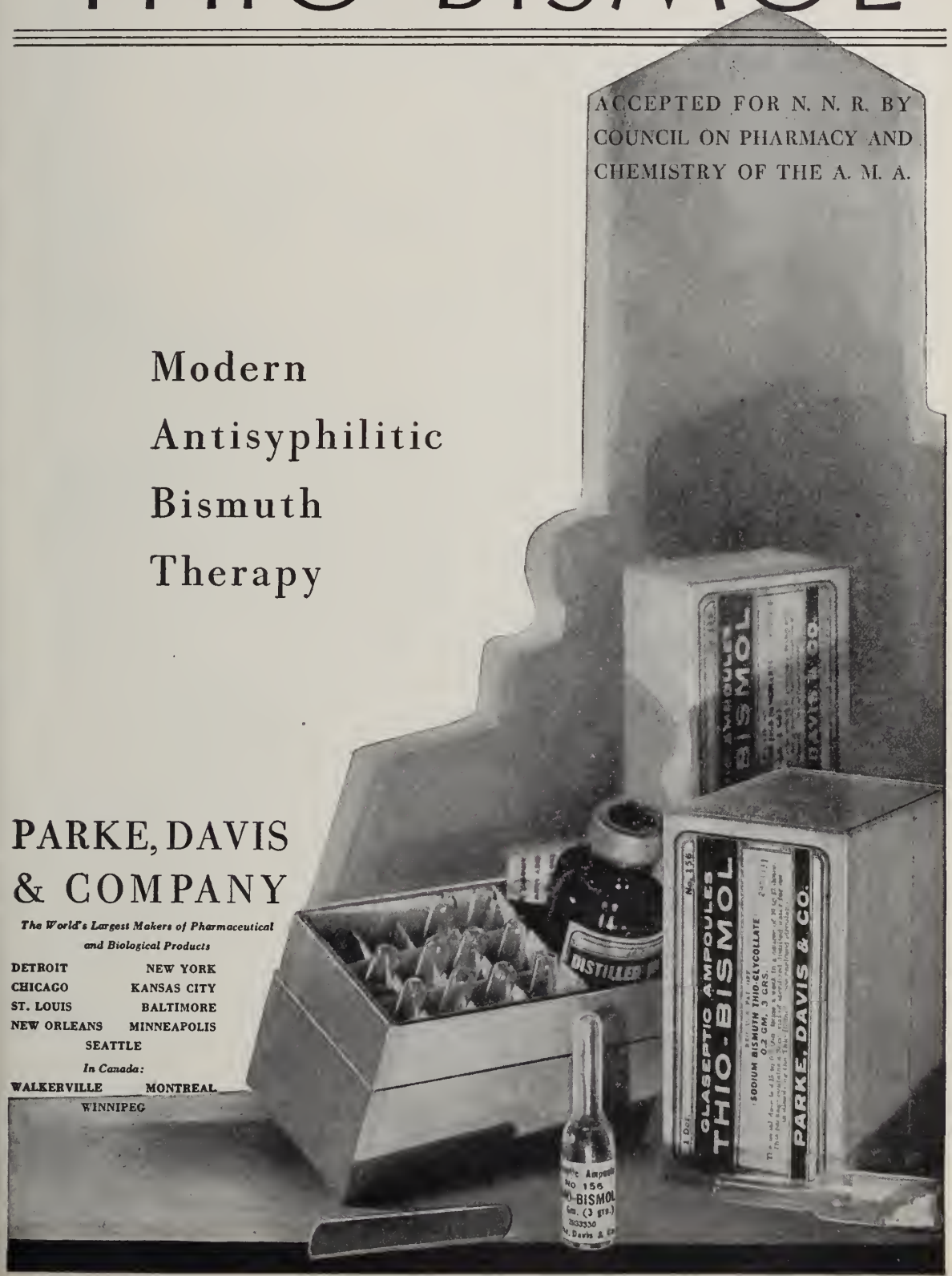
WILSON'S MILK COMPANY

728 CHAMBER OF COMMERCE BLDG., INDIANAPOLIS, IND.

THIO-BISMOL

ACCEPTED FOR N. N. R. BY COUNCIL ON PHARMACY AND CHEMISTRY OF THE A. M. A.

Modern
Antisyphilitic
Bismuth
Therapy



PARKE, DAVIS & COMPANY

The World's Largest Makers of Pharmaceutical and Biological Products

DETROIT NEW YORK
CHICAGO KANSAS CITY
ST. LOUIS BALTIMORE
NEW ORLEANS MINNEAPOLIS
SEATTLE

In Canada:
WALKERVILLE MONTREAL
WINNIPEG

News Notes From County Societies and Academies

First District

Clinton County Medical Society held its regular meeting at Wilmington, Tuesday, June 16, at the Shreve Hotel. Attendance 21. Case reports were presented as follows: Dr. Regan: two cases of Trichinosis; Dr. Scott: four cases of obstinate hiccough, relieved by a barbituric acid preparation. Dr. Conard: Choroiditis with positive Wassermann. Dr. Tribbett: Heart block. Dr. Hale: Resection of colon for early carcinoma.

Dr. W. K. Ruble, Health Commissioner, read a paper on Venereal Disease Control, and asked for the co-operation of the physicians of the county in the control of this group of diseases.

Dr. Carl N. Wilzbach, of Cincinnati, very ably presented the subject of Periodical Health Examinations, and gave the details of the form of examinations adopted by the Cincinnati Academy of Medicine.

Doctors Frame, of Highland, Cropper and Gibson, of Lynchburg, and Chaney, of Sugartree Ridge, were guests.—Robert Conard, Correspondent.

Second District

Clarke County Medical Society met Friday evening, June 5 at Hotel Shawnee, Springfield. Following a dinner at 6:30 P.M., Dr. J. A. Link, of Springfield, spoke on the subject of "Fractures of the Extremities". His lecture was centered around observations made in the clinic at Vienna, and was illustrated with moving pictures and lantern slides which he obtained during his last trip abroad. Visitors were present from Dayton, Xenia, St. Paris, Urbana and Yellow Springs.—News Clipping.

The annual picnic of the Clarke County Medical Society was held at the Springfield Country Club on Wednesday, June 17. Regular meetings of the society will be resumed in the fall.—News Clipping.

Greene County Medical Society held its regular meeting at the Court House, Xenia, on Thursday, June 4. The guest speaker was Dr. Kelly Hale, Wilmington, who discussed "Diseases of the Bladder".—News Clipping.

Preble County Medical Society met Thursday evening, June 17, at the Central Hotel, Eaton. Following a dinner, Dr. Louis H. Segar, Indianapolis, professor of Pediatrics, University of Indiana, addressed the Society on "Some of the Recent Advances in Pediatrics".—News Clipping.

Third District

Allen County—The Academy of Medicine of Lima and Allen County held its regular meeting in Lima on Tuesday evening, June 16, with an at-

LABORATORY APPARATUS

Coors Porcelain Pyrex Glassware
R. & B. Calibrated Ware
Chemical Thermometers
Hydrometers Sphygmomanometers

J. T. Baker & Co's C. P. Chemicals

Stains and Reagents
Standard Solutions

BIOLOGICALS

Serums Bacterins Media
Antitoxins Vaccines Pollens

We are completely equipped, and solicit your inquiry for these lines as well as for Pharmaceuticals, Chemicals and Supplies, Surgical Instruments and Dressings.

The Rupp & Bowman Co.
319 Superior St. Toledo, Ohio

HYCLORITE

HYCLORITE SOLUTION SODIUM HYPOCHLORITE

Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed.

For Hand and Skin Sterilization.

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity.

NON-POISONOUS
NON-IRRITATING

Write for Literature

BETHLEHEM LABORATORIES
INCORPORATED
300 Century Building,
PITTSBURGH, PENNA.

Lilly

PULVULES SODIUM AMYTAL

Preoperative anxiety and excitement are replaced by tranquillity thraugh the administratian af Pulvules Sodium Amytal.

Fallowing their use the anesthetic is mare easily administered; less of it is required. Pastaperative nausea is absent or diminished.

Pulvules Sadium Amytal are useful in surgery, abstetrics, and internal medicine. They may be administered arally or rectally. Order through the drug trade. Write for sample and pamphlet.

Each Pulvule af Sadium Amytal cantains 3 grains of sadium iso-amyl ethyl barbiturate.



ELI LILLY AND COMPANY

INDIANAPOLIS, U. S. A.

ILETIN
INSULIN, LILLY

For more than eight years leading specialists in diabetes in the United States have used Iletin (Insulin, Lilly) with excellent results in thousands of cases.

The purity, stability, and uniformity of Iletin (Insulin, Lilly) are characteristic, and it is in constantly increasing use by the medical profession.

Write for pamphlet on
Insulin and Diet Charts

ELI LILLY AND COMPANY
INDIANAPOLIS, U. S. A.



The Penalty of Leadership

IN EVERY FIELD of human endeavor, he that is first must perpetually live in the white light of publicity. Whether the leadership be vested in a man or in a manufactured product, emulation and envy are ever at work. In art, in literature, in music, in industry, the reward and the punishment are always the same. The reward is widespread recognition; the punishment, fierce denial and detraction.

When a man's work becomes a standard for the whole world, it also becomes a target for the shafts of the envious few. If his work be merely mediocre, he will be left severely alone . . . if he achieve a masterpiece, it will set a million tongues a-wagging. Jealousy does not protrude its forked tongue at the artist who produces a commonplace painting.

Whatsoever you write, or paint, or play, or sing, or build, no one will strive to surpass or to slander you, unless your work be stamped with the seal of genius. Long, long after a great work or a good work has been done, those who are disappointed or envious continue to cry out that it cannot be done.

Spiteful little voices in the domain of art were raised against our own Whistler as a mountebank, long after the big world had acclaimed him its greatest artistic genius.

Multitudes flocked to Bayreuth to worship at the musical shrine of Wagner, while the little group of those whom he had dethroned and displaced argued angrily that he was no musician at all.

The little world continued to protest that Fulton could never build a steamboat, while the big world flocked to the river banks to see his boat steam by.

The leader is assailed because he is a leader, and the effort to equal him is merely added proof of that leadership. Failing to equal or to excel, the follower seeks to depreciate and to destroy . . . but only confirms once more the superiority of that which he strives to supplant. There is nothing new in this. It is as old as the world and as old as the human passions . . envy, fear, greed, ambition, and the desire to surpass. And it all avails nothing.

If the leader truly leads, he remains . . . the leader. Master-poet, master-painter, master-workman, each in his turn is assailed, and each holds his laurels through the ages. That which is good or great makes itself known, no matter how loud the clamor of denial. *That which deserves to live . . lives.*

[This text first appeared as an advertisement of The Cadillac Motor Car Company and is reprinted by their special permission]

SMA . . an Adaptation to Breast Milk

▲ S. M. A. ▲
CORPORATION
CLEVELAND, OHIO



West of Rockies:
437-8-9 Phelan Bldg.,
San Francisco, Calif.
In Canada: 64 Gerrard
Street, East, Toronto.

© SMAC

tendance of more than 100. "The Athletic Heart and Medical Complications" was the subject of an address by Dr. J. W. Wilce, of Columbus. Dr. W. W. Beauchamp, president, announced the appointment of Dr. E. B. Pedlow as secretary in place of Dr. J. V. Pace, who has accepted the superintendency of an Indiana tuberculosis hospital.—News Clipping.

Mercer County Medical Society met Thursday evening, June 18, at Celina, with Drs. F. H. Brumm and P. F. Weamer, as hosts. Following a chicken dinner at the Court House Restaurant, members met in Dr. D. H. Richardson's office, and heard an interesting lecture on "Diagnosis and Treatment of Cancer", by Dr. B. L. Good, of Van Wert.—News Clipping.

Fourth District

Wood County Medical Society held its regular meeting at the Woman's Club, Bowling Green, on Thursday evening, June 18. A paper on "Duodenal Stasis" was presented by Dr. Paul M. Holmes, of Toledo.—Bulletin.

Fifth District

Geauga County Medical Society met at the home of Dr. F. S. Pomeroy, Chardon, on Wednesday afternoon, June 24. Dr. H. O. Ruh, of Cleveland, addressed the Society on the subject of "Problems in the Care of Children".—News Clipping.

Lorain County Medical Society held its regular monthly meeting on Friday evening, June 12, at Oberlin Inn. An interesting discussion on "Medical Economics" was given by Dr. Milton B. Cohen, of Cleveland.—News Clipping.

Sixth District

Portage County Medical Society met at the home of Dr. E. H. Knowlton, Mantua, on Thursday evening, July 2. A splendid paper on "Common Difficulties of Infant Feeding", presented by Dr. C. W. Wyckoff, of Cleveland, was followed by a lively discussion.—Bulletin.

Stark County Medical Society held its annual outing at the Congress Lake Country Club, Wednesday, June 17. Members spent the afternoon at golf, and their wives played bridge. A dinner at six o'clock was followed by an address on "The Life of William Beaumont", by Dr. John A. Lichty, of Clifton Springs, New York.—News Clipping.

Seventh District

The annual meeting of the Seventh Councilor District Society was held at the Steubenville Country Club, Thursday, June 25, with an attendance of 100. The following program was presented at the afternoon session: "The Stomach and Dyspepsia", by Dr. John D. Garvin, Pittsburgh; discussion by Dr. N. C. Ochsenhirt, Pittsburgh; "Pre-Malignancies and Malignancy of the Skin, Diagnosis, Prognosis and Treatment", by Dr. F. M. Jacob, Pittsburgh; discussion by Dr. Howard T. Phillips, Wheeling; "Urinary Calculi", by Dr. W. N. Taylor, Columbus; discussion by Dr. R. D. Gill, Wheeling. Following a dinner at six o'clock, Dr. Theodore Diller, Pittsburgh, spoke on "The Devil and Witchcraft". Dr. J. A. McCollam, Uhrichsville, was elected president, and Dr. W. W. H. Curtiss, Dennison, secretary. Dr. E. B. Shanley, of New Philadelphia, is Councilor of the District.

Eighth District

The semi-annual meeting of the Eighth Councilor District Society of the Ohio State Medical Association was held on Thursday, June 18, at Rocky Glen Sanatorium, McConnelsville. Following a dinner at 12:30, Dr. D. G. Ralston, acting president of the Society, and Mr. H. A. Phillips, superintendent of the Sanatorium, extended a welcome to the members and guests. Dr. H. M. Platter, President-elect of the Ohio State Medical Association, was guest speaker at the general session. The scientific program was as follows: "Diseases of the Heart", by Dr. George I. Nelson, Assistant Professor of Medicine, Ohio State

BACKWARD and PROBLEM CHILDREN

Require Intensive Scientific Training in a Suitable Environment

The Bancroft School

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. Winter quarters in New Jersey, summer camp on the coast of Maine. An incorporated educational foundation, operated not for profit, controlled by a Board of Trustees, offering the highest type of education attainable at rates within the reach of all. Organized to give the fullest possible cooperation to physicians.

Illustrated Catalog on Request

The Bancroft School Haddonfield, N. J.

CLASSIFIED ADVERTISEMENTS

Rates for advertisements under this heading are 50 cents per line, payable in advance. Minimum charge of $1.00 for each insertion. Price covers the cost of remailing answers. Forms close 16th of the month preceding publication.

Situation Wanted—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan Chicago. Established 1896. Member of Chicago Association of Commerce.

Speeches, special articles, papers on special subjects, prepared from the latest data and authorities, for busy physicians. Prompt service extended at reasonable rates in an expert manner to your requirements. Authors' Research Bureau, 516 Fifth Ave., New York.

For Sale—One of the best locations for a village practice. Good roads, fees, people, churches, schools and collections. A home modern up to the minute. No other physician here. I have quit. Address Dr. W. R. Taylor, L.B. III, Morrall, Ohio.

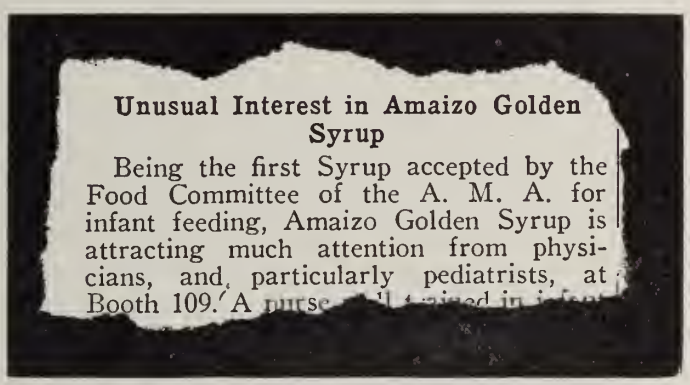
Office Assistant—Graduate nurse, trained in x-ray, laboratory, anesthesia, stenography. Cooperative, conscientious. Vital personality. Morris Hospital Service, Inc., Medical Arts Building, Chicago, Ill.

Amaizo Golden Syrup

at the

A. M. A. PHILADELPHIA CONVENTION

(TECHNICAL EXPOSITION)



From the A. M. A. Daily Bulletin—June 11, 1931

Amaizo

GOLDEN SYRUP

(Corn Syrup and Refiner's Syrup)

FIRST CORN SYRUP accepted by the American Medical Association for INFANT FEEDING



A 1 lb. can of Amaizo Golden Syrup will be sent postpaid to any physician mailing his name and address. PLEASE USE COUPON.

AMERICAN MAIZE-PRODUCTS CO.
100 E. 42nd St., New York City

AMERICAN MAIZE-PRODUCTS CO.
100 East 42nd St., New York City

Please send sample can of Amaizo Golden Syrup

Name_____

Address_____

_____

O.S.M.

The Ohio State Nurses' Association

Official Registries for Nurses

District No. 1—42 Hawthorne Ave., Akron, Ohio. Phone: Lincoln 0600
District No. 3—601 Mahoning Bank Bldg., Youngstown; Phone 44581; 44582
District No. 4—2157 Euclid Ave., Cleveland, Ohio. Phone: Prospect 1951
District No. 8—Room 1112 Chamber of Commerce Bldg., Cincinnati, Ohio Phone: Main 7142
District No. 9—1930 Robinwood Ave., Apartment 40, "The Scotwood," Toledo, Ohio. Phone: Main 7962
District No. 12—The Normandie Hotel, Room 610, Columbus, Ohio. Phone Adams 1569
District No. 15—Portsmouth General Hospital, Portsmouth, Ohio. Phone: 559

CURDOLAC FOODS LENGTHEN DIABETIC LIVES

Curdolac Breakfast Cereal
Curdolac Casein Bran
Curdolac Casein Compound.
Curdolac Soya-Bran Breakfast Food.
Curdolac Soya-Bran Flour.
Curdolac Soya Cereal Johnny Cake Flour.
Curdolac Soya Flour.
Curdolac Wheat-Soya Flour.
Improved Flour.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

These foods are lower in blood sugar producing nutrients than many starch-free products
Samples and literature on request.

CURDOLAC FOOD COMPANY Box 299 Waukesha, Wis.

University, Columbus; "Tuberculosis in Children", by Dr. S. D. Edelman, Department of Pediatrics, White Cross and University hospitals, Columbus; "Non-Tuberculous Diseases of the Lungs", by Dr. R. B. Bailey, Wheeling Clinic, Wheeling, West Virginia. Case presentations by Drs. Louis Mark, D. G. Ralston, and Mrs. G. T. Fredericks, of the staff at Rocky Glen Sanatorium.

Fairfield County Medical Society held its regular meeting on Tuesday evening, May 5, in connection with the chest clinic held on May 5 and 6 in Lancaster. Dr. C. O. Probst, superintendent of the Franklin County Tuberculosis Sanatorium, spoke on "Diagnosis of Tuberculosis", and Dr. F. C. Anderson, superintendent of the State Sanatorium at Mt. Vernon, spoke on "Treatment of Tuberculosis". Short talks were given by Drs. Austin and Stillman, of the State Department of Health.—News Clipping.

Guernsey County Medical Society met at luncheon at the Romance Restaurant, Cambridge, on Thursday, May 7. Dr. Charles F. Shively addressed the members on the subject of "The Nervous Child."

Dr. J. O. Rankin, of the Wheeling Clinic, addressed the members of the Society at their May meeting, held Thursday, May 21. Dr. Rankin illustrated his lecture on "Fractures", with *X*-ray pictures and showed photographs of the most approved appliances for the treatment of different fractures.

Dr. D. L. Cowden, county health commissioner, addressed the first June meeting of the Society, June 4, on "Nostrums and Quackery".—D. L. Cowden, correspondent.

Dr. Fred Lane, presented a paper on "State Medicine", at the second June meeting, held Thursday noon, June 25, at the Romance Restaurant, Cambridge. "The Doctor in Court", was the subject of an address by Judge C. S. Turnbaugh, at the regular luncheon meeting held Thursday noon, July 2.—News Clippings.

Muskingum County Academy of Medicine held its June meeting in the new office building of the American Rolling Mills, Zanesville, on Wednesday evening, June 3. A paper on "Skin Grafting, with Special Reference to Extensive Burns", was presented by Dr. H. T. Sutton.—Bulletin.

Ninth District

Scioto County—The regular meeting of the Hempstead Academy of Medicine was held at the Nurses Home, Portsmouth, on Monday evening, June 8. Dr. Jackson Herbert, Portsmouth, presented a paper on "Thymus Gland". Discussion was opened by Dr. Tunis Nunemaker, of Portsmouth. Buffet luncheon was served following the meeting.—Bulletin.

Tenth District

COLUMBUS ACADEMY OF MEDICINE

(James A. Beer, M.D., Columbus)

May 4—The program for the regular meeting of the Columbus Academy of Medicine, held in Columbus Public Library, Monday evening, May 4, included discussion of "Pain in the Chest". Dr. E. F. McCampbell gave a general discussion of the topic; Dr. J. M. Dunn spoke from the standpoint of the surgeon, and Dr. Louis Mark discussed diseases of the lungs. Medical history was presented by Dr. H. M. Platter.

June 1—The subject of "Pain in the Abdomen"

Mead's Powdered Lactic Acid Milk No. 1 (containing Dextri-Maltose) may be boiled for ten minutes without curdling. While boiling is unnecessary, as the product is practically sterile, it is a feature which removes a hindrance to the physician's technique confronting him in the use of the old type of powdered lactic acid milk which cannot be boiled without curdling. This product never curdles; it is always ready, and quickly reliquefied. No ice is necessary to keep the powder. It is convenient while traveling. Samples and literature sent on request. Mead Johnson and Company, Evansville, Indiana, U.S.A.

"MESCO" Laboratories

The "MESCO" Laboratories manufacture the largest line of Ointments in the world. Sixty different kinds. We are originators of the Professional Package. Specify "MESCO" when prescribing Ointments. Send for lists.

MANHATTAN EYE SALVE CO.
Louisville, Kentucky

HERE

is one of the advertisements of The Sugar Institute

THE advertisement reproduced here is one of the series appearing in newspapers throughout the country. In order to keep the statements in accord with modern medical practice, they have been submitted to and approved by some of the leading authorities in the field of human nutrition in the United States. The Sugar Institute, 129 Front Street, New York.



was presented as follows: Gynecology, by Dr. Fred Fletcher; from the standpoint of the surgeon, Dr. W. P. Smith; the internist, Dr. C. A. Hyer; the urologist, Dr. F. W. Harrah—Bulletin.

June 15—The last meeting of the Academy before the summer vacation, was held at the Columbus State Hospital on Monday evening, June 15, with program presented by Dr. William H. Pritchard, superintendent, and staff, including a short history of the Columbus State Hospital, presented by Dr. Isabel A. Bradley.—Bulletin.

Knox County Medical Society held its regular monthly meeting at the Alcove, Mt. Vernon, on Thursday, May 28. Dr. Charles A. Doan, of the Research Department of Ohio State University, gave a very interesting talk on "Modern Diagnosis and Treatment of Tuberculous Disease". The address was illustrated by lantern slides.—Julius Shamansky, Secretary.

The June meeting of the Knox County Medical Society, held at the Alcove, Mt. Vernon, on Thursday, June 25, was addressed by Dr. W. D. Inglis, of Columbus, who spoke on "Pre-Eclampsia and Eclampsia".—News Clipping.

Federal Trade Commission Proceeds Against Patent Medicine

Through the recent decision of the United States Supreme Court in the Raladam case, the Federal Trade Commission has been placed in a position to proceed directly against interstate distributors of "fake" patent medicines, according to a statement issued by W. E. Humphrey, chairman of the Federal Trade Commission.

Although the court rules that the Commission exceeded its jurisdiction in prohibiting advertisements of the Raladam Company's alleged obesity remedy, upon the sole question of failure to show that it had a competitor, the court, nevertheless, Mr. Humphrey said, eliminated by its decision all doubt as to the Commission's authority to find a patent medicine unsafe for health when proceeding against such vendors, when competition is involved.

A campaign against false medicine distributors is to be continued by the Commission which was not sure of its authority to find a patent medicine unsafe for health or life until the Supreme Court rendered this decision, Mr. Humphrey explained.

Commissioner Humphrey pointed out that the Court stated in no uncertain terms that if the element of competition had been proved to the satisfaction of the Court, there would be no question whatever regarding the Commission's right to claim a need of protecting the public health in presenting the findings, supported by evidence, which "warrant the conclusion that the preparation is one which cannot be used generally with safety to physical health except under medical direction and advice".

Mercurochrome
220 Soluble
(Dibrom-oxymercuri-fluorescein)

The Stain Provides for Penetration
—and—
Fixes the Germicide in the Tissues

Mercurochrome is bacteriostatic in exceedingly high dilutions and as long as the stain is visible bacteriostasis is present. Reinfection or contamination are prevented and natural body defenses are permitted to hasten prompt and clean healing, as Mercurochrome does not interfere with immunological processes. This germicide is non-irritating and non-injurious when applied to wounds.

Hynson, Westcott & Dunning
Inc.
BALTIMORE, MD.



DISCOMFORT SPOTS . . .

THE armpits—the feet—the hands—become discomfort spots when plagued by excessive perspiration. The physical result may be chafing, "heat rash," excoriation. The social consequences may be equally distressing, for perspiration often leaves in its wake an odor quite unpleasant.

For those suffering from excessive perspiration

NONSPI
(AN ANTISEPTIC LIQUID)

may be safely prescribed or recommended. It checks excessive perspiration and prevents the odor, too. It needs to be applied only once or twice a week to those parts of the body not exposed to adequate ventilation.

Trial supply gladly sent to physicians on request.

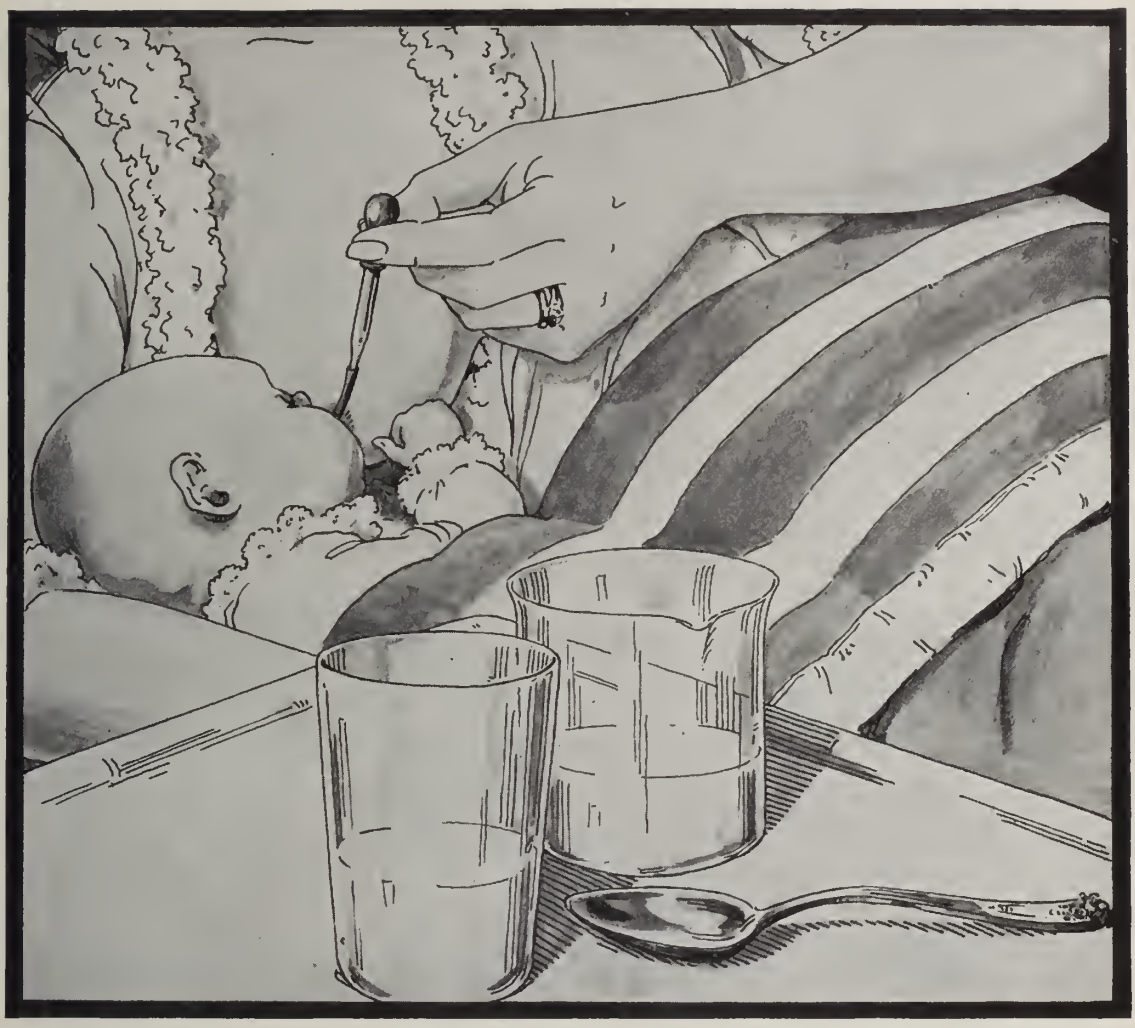
YES, I'd like to try NONSPI. Please send me a free trial supply.

Name.....

Address.....

City.....*State*.....

THE NONSPI COMPANY, 117 West 18th Street, N.Y. City



MEDICINE-DROPPER METHOD

OF FEEDING THE NEWLY-BORN



SIMILAC fed with a medicine dropper, simultaneously with the breast, during the newly-born period, reduces the initial loss in weight and prevents inanition fever, according to the results reported by a number of physicians.

The use of the medicine dropper instead of the rubber nipple nursing bottle, at this time, teaches the newly-born a very important lesson—that of nursing at its mother's breast.

Ask for Index Card, "Feeding the Newly-Born."

M & R DIETETIC LABORATORIES, INC.,
COLUMBUS, OHIO

OHIO STATE MEDICAL ASSOCIATION

STANDING COMMITTEES
(Constitutional)

PUBLIC POLICY

John B. Alcorn, Chairman, (1933) Columbus
C. W. Stone, (1932) Cleveland
J. H. J. Upham, (1934) Columbus
D. C. Houser, (ex-officio) Urbana
H. M. Platter, (ex-officio) Columbus

PUBLICATION

Andrews Rogers, Chairman, (1934) Columbus
Gilbert Micklethwaite, (1932) Portsmouth
A. B. Denison, (1933) Cleveland

MEDICAL DEFENSE

J. E. Tuckerman, Chairman, (1934) Cleveland
F. P. Anzinger, (1932) Springfield
W. H. Snyder, (1933) Toledo

MEDICAL EDUCATION AND HOSPITALS

Ben R. McClellan, Chairman, (1934) Xenia
R. H. Birge, (1932) Cleveland
John F. Wright, (1933) Toledo

MEDICAL ECONOMICS

J. Craig Bowman, Chairman, (1933) Upper Sandusky
E. O. Smith, (1932) Cincinnati
A. B. Brower, (1934) Dayton

SPECIAL COMMITTEE

MILITARY COMMITTEE

H. H. Snively, Chairman Columbus
David H. Moore Urbana
Harry D. Jackson Circleville

MENTAL HYGIENE

E. J. Emerick Columbus
O. O. Fordyce Toledo
L. J. Karnosh Cleveland
Wm. H. Pritchard Columbus
T. A. Ratliff Cincinnati

COUNCIL COMMITTEES

AUDITING AND APPROPRIATIONS

S. J. Goodman, Chairman Columbus
C. L. Cummer Cleveland
E. M. Huston Dayton

ARRANGEMENTS 1932 ANNUAL MEETING

E. M. Huston, Chairman Dayton
H. S. Davidson Akron
I. P. Seiler Piketon

PROGRAM 1932 ANNUAL MEETING

H. M. Platter, Chairman Columbus
John A. Caldwell Cincinnati
S. J. Goodman, Secretary Columbus

Delegates and Alternates to American Medical Association

DELEGATES

Wells Teachnor, Sr., (1932) Columbus
Ben R. McClellan, (1932) Xenia
E. R. Brush, (1932) Zanesville
C. W. Stone, (1932) Cleveland
J. P. DeWitt, (1933) Canton
C. E. Kiely, (1933) Cincinnati
C. W. Waggoner, (1933) Toledo

ALTERNATES

D. H. Morgan, (1932) Akron
A. C. Messenger, (1932) Xenia

C. L. Cummer, (1932) Cleveland
G. F. Zinninger, (1933) Canton
L. H. Schriver, (1933) Cincinnati
John Sprague, (1933) Athens

SECTION OFFICERS FOR 1931-1932

MEDICINE

Leo C. Bean, Chairman
Gallipolis
C. S. Mundy, Secretary
125 15th Street, Toledo

SURGERY

M. E. Blahd, Chairman
1420 Medical Arts Bldg., Cleveland
C. R. Steinke, Secretary
1027 Second National Bldg., Akron

OBSTETRICS AND PEDIATRICS

E. G. Horton, Chairman
350 E. State Street, Columbus
B. H. Carroll, Secretary
240 Michigan Street, Toledo

EYE, EAR, NOSE AND THROAT

Albert L. Brown, Chairman
2700 Union Central Bldg., Cincinnati
Ivor G. Clark, Secretary
188 E. State St., Columbus

NERVOUS AND MENTAL DISEASES

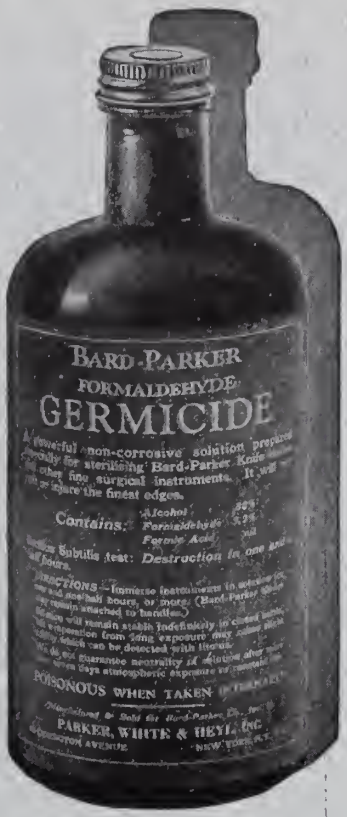
John D. O'Brien, Chairman
332 Market Ave. N., Canton
J. Fremont Bateman, Secretary
Box 36, Elmwood Place

PUBLIC HEALTH AND INDUSTRIAL MEDICINE

R. C. Engel, Chairman
3102 Independence Rd., Cleveland
R. H. Markwith, Secretary
Court House Annex, Akron

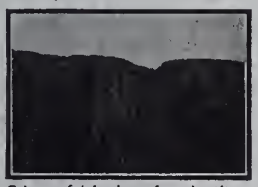
Eighty-Sixth Annual Meeting, Dayton, May, 1932.

BARD-PARKER
Formaldehyde
GERMICIDE

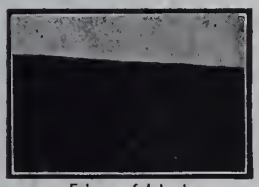


Rapid, Safe Sterilization for Metallic Instruments

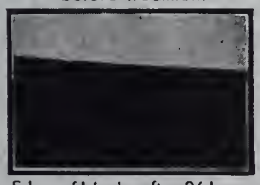
Micro-photographs of steel blade magnified 400 diameters



Edge of blade after boiling in water for 5 minutes



Edge of blade before treatment



Edge of blade after 36 hours in BARD-PARKER *Formaldehyde* GERMICIDE

Prices:

Pint bottle	$1.00
Quart bottle . . .	1.75
Gallon bottle . .	5.00

BARD-PARKER *Formaldehyde* GERMICIDE is a non-corrosive and non-rust forming sterilizing medium possessing great germicidal power. Destruction of the most tenacious spore bearing bacilli and their spores is accomplished within 1 hour. Destroys non-spore bearing bacilli within 2 minutes.

Boiling of sharp edged or pointed instruments destroys the edges or points. BARD-PARKER GERMICIDE eliminates the necessity of boiling and greatly increases the life of metal instruments.

Metal instruments, needles and glass syringes may be kept in the solution constantly, insuring positive sterilization and readiness for immediate use. Is non-injurious to rubber gloves.

Reports of bacteriological tests sent upon request

Parker, White & Heyl, Inc. 0-7
369 Lexington Ave., New York, N.Y.

Please send me, without obligation, a liberal sample of BARD-PARKER *Formaldehyde* GERMICIDE.

DOCTOR_____

STREET_____

CITY_____ STATE_____

DEALER'S NAME_____

an improved bifocal, doctor, with single vision comfort

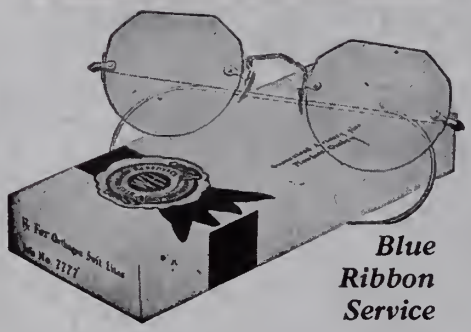
notice the distinctive shape of



» segment «

—the new

PANOPTIK BIFOCAL



Blue Ribbon Service

IDEAL shape and improved construction of the PANOPTIK Bifocal reading section gives your presbyopic patients natural, single vision comfort. If you wear bifocals yourself, doctor, you'll appreciate even more quickly how easy it is to get used to PANOPTIK Bifocals. If you haven't a price list and a list of the PANOPTIK advantages—just drop us a card or letter.

The WHITE-HAINES OPTICAL COMPANY

"There's a W-H house near you"

Columbus Cleveland Cincinnati Dayton
Lima Zanesville Springfield
Marion Youngstown



STONEMAN PRESS, COLS. O

PRINTED IN U.S.A.

OF MEDICINE

The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY BY
THE OHIO STATE MEDICAL ASSOCIATION
AS A MEDIUM OF SERVICE TO ITS MEMBERS

SEPTEMBER 1, 1931 VOLUME XXVII Number - - 9

"Should medicine ever fulfill its great ends; it must enter into the larger political and social life of our time; it must indicate the barriers which obstruct the normal completion of the life-cycle and remove them."—*Virchow.*

Summary of Contents

ORIGINAL ARTICLES

Anemia. A. Blaine Brower, M.D., F.A.C.P., Dayton 701
Extrophy of the Bladder With Transplantation of the Ureters Into the Rectum. C. C. Higgins, M.D., Cleveland 705
Laryngoscopy, Bronchoscopy and Esophagoscopy. John D. Fouts, M.D., Dayton 708
Maternal Toxemia and Infant Mortality. Theodore Miller, M.D., and Frederick A. Snyder, M.D., Cleveland 711
Tenosynovitis. Harold R. Conn, M.D., F.A.C.S., Akron 713
Mitral Stenosis Following Infectious Mononucleosis. R. W. Bradshaw, M.D., Oberlin 717
The President's Page 722

EDITORIAL

Physicians and Lay Health Groups 697
The Radical or The Inconsistent Conservative 698
High Standards of Medical Education 698
Bargain-Basement Medical Service 699
Credit and Installment Buying 699
"Without Charity—Without Profit" 700

STATE NEWS

Attorney General Opinions and Court Decisions on: Corporations Practicing Professions, Limitation on Health Authorities Establishing Dental Clinics, Township Poor Fund Cases, Difference Between Tort and Malpractice, etc. 721
New Pharmacy Organization to Study Professional Problems 724
Physicians Are Responsible for Personal, Professional Service In Workmen's Compensation Cases, Just As In Private Practice 725
Some Dangers in Flat Rate Fees in Hospital Service or Private Practice 726
Be Careful in Making Contracts with Collecting Agencies 727
Summary of Recent Changes in Ohio's Workmen's Compensation Law Including Occupational Diseases 728
Importance of Nurses Training in Communicable Diseases is Pointed out by Committee on Nursing Schools 729
Pointers on Filing Workmen's Compensation Fee Bills 731
Recent Court Decisions on Practice of Medicine, Violation of Statutes and Sales of Medicine 732
Postgraduate and District Meetings 735
News Notes from County Societies and Academies 736
Deaths in Ohio 737
News Notes of Ohio 739
Public Health Notes 740
Hospital Notes 744
Classified Advertisements 748



IPRAL SQUIBB

Approximates the ideal hypnotic

In alleviating restlessness and irritability following operations, and in mental and nervous cases, Ipral Squibb has been found by clinical experience to be particularly useful.

Ipral Squibb is effective in small doses and induces sleep which closely resembles the normal. It is rapid in action, of low toxicity, and when administered in therapeutic doses no untoward effect on the heart, lungs, kidneys or gastro-intestinal tract has been observed. It is marketed in 2-gr. tablets in bottles of 10, 100 and 1000.

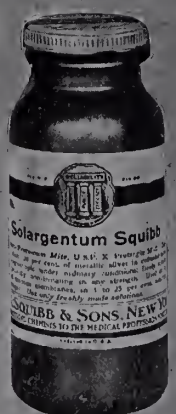
SOLARGENTUM SQUIBB

For urethral administration

Solargentum is an effective, mild silver protein. In prophylaxis and treatment of gonorrhea, Solargentum has been found to be satisfactory when used in 10 per cent solution. It is quickly and freely soluble in distilled water.

Solargentum acts as an antiseptic without irritation or appreciable astringent effect.

It is marketed in packages of 1 oz., ¼ lb., and 1 lb., and also in bottles of 100 and 500 tablets, 4.6 gr. each.



For literature, write to Professional Service Department, 745 Fifth Avenue, New York

E·R·SQUIBB & SONS
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858
NEW YORK

THE SAWYER SANATORIUM

White Oaks Farm, Marion, Ohio

TREATS NERVOUS AND MENTAL DISEASES



THE PATIO

Provides Thorough Diagnosis, Scientific Treatment, Homelike Surroundings, Complete Equipment, Individual and Personal Professional Attention, Splendid Cuisine, all the modern conveniences of the best private homes. Located on an 130-acre farm. Presided over by men and women devoting all their time to the work.

Send for Booklet, Address

SAWYER SANATORIUM WHITE OAKS FARM MARION, OHIO

The Ohio State Medical Association

Ohio State Medical Journal

Entered as second class matter July 5, 1905, at the Postoffice at Columbus, Ohio, under act of Congress of March 3, 1879: Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Oct. 3, 1917. Authorized July 10, 1918.

Published monthly by
THE OHIO STATE MEDICAL ASSOCIATION
131 East State Street, Columbus, Ohio
Telephone: ADams 7045

This journal is published for and by the members of the Ohio State Medical Association. The Publication Committee does not assume responsibility for opinions expressed by individual essayists. It endeavors to maintain a high standard of advertising. Its advertising policy is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

Subscription $3.00 per year; single copies 30 cents.
Issued under the direction of the Publication Committee.

PUBLICATION COMMITTEE

Andrews Rogers, M.D., Chairman (1934) ... Columbus
Gilbert Micklethwaite, M.D. (1932) ... Portsmouth
A. B. Denison, M.D. (1933) ... Cleveland

EXECUTIVE STAFF

Don K. Martin ... Editor-Manager
Alice B. Haney ... Advertising Manager

Officers 1931-1932

PRESIDENT
D. C. Houser, M.D. ... Urbana

PRESIDENT-ELECT
H. M. Platter, M.D. ... Columbus

TREASURER
James A. Beer, M.D. ... Columbus

EXECUTIVE SECRETARY
Don K. Martin ... Columbus

State Council

First District
John A. Caldwell, M.D. ... Cincinnati
Second District
E. M. Huston, M.D. ... Dayton
Third District
O. P. Klotz, M.D. ... Findlay
Fourth District
B. J. Hein, M.D. ... Toledo
Fifth District
C. L. Cummer, M.D. ... Cleveland
Sixth District
H. S. Davidson, M.D. ... Akron
Seventh District
E. B. Shanley, M.D. ... New Philadelphia
Eighth District
E. R. Brush, M.D. ... Zanesville
Ninth District
I. P. Seiler, M.D. ... Piketon
Tenth District
S. J. Goodman, M.D. ... Columbus
Ex-Officio, The Ex-President
C. W. Waggoner, M.D. ... Toledo

CORRECTED ROLL OF DISTRICT AND COUNTY SOCIETIES

Societies	President	Secretary	
First District			
Adams	Ray Vaughn, West Union	O. T. Sproull, West Union	3d Wednesday in April, June, Aug., Oct.
Brown	R. B. Hannah, Georgetown	Geo. P. Tyler, Jr., Ripley	4th Wednesday in Feb., May and Nov.
Butler	P. E. Decatur, Hamilton	H. N. Ward, Hamilton	2d Wednesday, monthly.
Clermont	H. E. Cover, Bantam	Allan B. Rapp, Owensville	3d Wednesday, monthly.
Clinton	Kelley Hale, Wilmington	Rohert Conard, Wilmington	1st Tuesday, monthly.
Fayette	E. H. McDonald, Bloominghurg	J. F. Wilson, Washington C. H.	1st Thursday, monthly.
Hamilton	L. H. Schriver, Cincinnati	D. T. Vail, Jr., Cincinnati	Monday evening of each week.
Highland	J. D. McBride, Hillsboro	W. B. Roads, Hillshoro	1st Wednesday in Jan., April, July and Oct.
Warren	S. S. Stahl, Franklin	James Arnold, Lebanon	1st Tuesday in May, June, July, Sept., Oct. and Nov.
Second District	Howard Harris, Springfield	H. R. Huston, Dayton	
Champaign	E. W. Ludlow, Urhana	L. A. Woodhurn, Urhana	2d Thursday, monthly.
Clarke	D. W. Hogue, Springfield	Wm. M. Runyan, Springfield	2d and 4th Wednesday noon.
Darke	E. A. Fisher, Yorkshire	W. D. Bishop, Greenville	Friday each month.
Greene	W. C. Marshall, Yellow Springs	Marshall M. Best, Xenia	1st Thursday, monthly.
Miami	M. I. Miller, Troy	G. A. Woodhouse, Pleasant Hill	1st Friday, monthly, except July and August.
Montgomery	H. H. Herman, Dayton	Miss M. E. Jeffrey, Dayton	1st and 3d Friday each month.
Prehle	J. I. Nishet, Eaton	C. M. Treffinger, Eaton	3d Thursday, monthly.
Shelhy	M. F. Hussey, Sidney	B. S. Stephenson, Sidney	1st Friday, monthly.
Third District	F. M. Douglass, Toledo	E. E. Rakestraw, Findlay	
Allen	W. W. Beauchamp, Lima	E. B. Pedlow, Lima	3d Tuesday, monthly.
Auglaize	F. F. Fledderjohann, New Bremen	C. C. Berlin, Wapakoneta	2nd Thursday, hi-monthly.
Hancock	E. E. Rakestraw, Findlay	J. H. Marshall, Findlay	1st Wednesday, monthly.
Hardin	R. C. McNeill, Kenton	W. N. Mundy, Forest	1st Thursday, monthly.
Logan	Ben S. Leonard, West Liberty	O. C. Amstutz, Bellefontaine	1st Friday, monthly.
Marion	F. E. Mahla, Marion	Kenneth D. Smith, Marion	1st Tuesday, monthly.
Mercer	M. L. Downing, Rockford	F. E. Ayers, Celina	2d Tuesday, monthly.
Seneca	R. E. Hershherger, Tiffin	Rohert Benner, Tiffin	3rd Thursday, monthly.
Van Wert	S. A. Edwards, Van Wert	R. H. Good, Van Wert	3d Tuesday, monthly.
Wyandot	B. A. Moloney, Upper Sandusky	J. Craig Bowman, Up. Sandusky	1st Thursday, monthly.
Fourth District	(With Third District in Northwestern Ohio District)		
Defiance	Geo. DeMuth, Sherwood	D. J. Slosser, Defiance	3d Thursday, monthly.
Fulton	L. C. Cosgrove, Swanton	Harold Heffron, Metamora	Semi-monthly.
Henry	T. P. Delventhal, Napoleon	F. M. Harrison, Napoleon	3d Wednesday, monthly.
Lucas	B. G. Chollett, Toledo	A. P. Hancuff, Toledo	Friday, each week.
Ottawa	Geo. Boon, Oak Harbor	Gordon S. Sloan, Elmore	2d Thursday, monthly.
Paulding	L. R. Fast, Paulding	Gaile L. Doster, Paulding	3d Wednesday, monthly.
Putnam	H. H. Sinks, Columhus Grove	Oscar J. Fatum, Ottoville	1st Tuesday, monthly.
Sandusky	J. L. Curtin, Fremont	L. N. Bates, Fremont	Last Thursday, monthly.
Williams	H. W. Wertz, Montpelier	H. J. Luxan, Montpelier	3d Thursday, monthly.
Wood	O. S. Canright, Haskins	F. V. Boyle, Bowling Green	3d Thursday, monthly.
Fifth District	C. L. Cummer, Councilor	Chrm. Com. on Arrangements	Cleveland.
Ashtahula	P. J. Collander, Ashtahula	E. H. Merrell, Geneva	1st Tuesday, monthly.
Cuyahoga	S. C. Lind, Cleveland	Clarence H. Heyman, Cleveland	3d Fri. March, May, Sept., Nov., Dec.
Erie	H. W. Lehrer, Sandusky	G. A. Stimson, Sandusky	Last Thursday, monthly.
Geauga	Clara J. Swan, Chardon	Isa Teed-Cramton, Burton	Last Wednesday, Apr. to Dec.
Huron	John A. Sipher, Norwalk	B. C. Pilkey, Norwalk	2d Thursday, monthly.
Lake	W. R. Carle, Perry	F. J. Dineen, Painesville	4th Tuesday, monthly.
Lorain	W. S. Baldwin, Lorain	W. E. Hart, Elyria	2d Tuesday, monthly.
Medina	R. L. Mansell, Medina	J. K. Durling, Wadsworth	3d Thursday.
Trumbull	H. J. Meister, Warren	R. H. McCaughtry, Warren	3d Thursday, monthly, except June, July, August.

Societies	President	Secretary	
Sixth District	J. G. Blower, Akron	J. H. Seiler, Akron	2d Wed., Jan., April & Oct.
Ashland	G. B. Fuller, Loudonville	H. M. Gunn, Ashland	1st Friday, bi-monthly.
Holmes	L. E. Anderson, Mt. Hope	C. T. Bahler, Walnut Creek	1st Tuesday, quarterly, Jan., April, July, October.
Mahoning	A. W. Thomas, Youngstown	J. P. Harvey, Youngstown	3d Tuesday, monthly.
Portage	A. O. DeWeese, Kent	E. J. Widdecombe, Kent	1st Thursday, monthly.
Richland	D. C. Lavender, Mansfield	C. H. Bell, Mansfield	3d Thursday, monthly.
Stark	H. M. Schuffell, Canton	F. S. VanDyke, Canton	2d Tuesday monthly except July and August.
Summit	C. C. Pinkerton, Akron	A. S. McCormick, Akron	1st Tuesday, monthly.
Wayne	W. B. Turner, Wooster	R. C. Paul, Wooster	2d Tuesday, monthly.
Seventh District			
Belmont	A. T. Hopwood, Holloway	C. W. Kirkland, Bellaire	2d Wednesday, monthly at 1:45 p.m.
Carroll	(With Stark Co. Society)		
Columbiana	E. W. Miskall, East Liverpool	T. T. Church, Salem	2d Tuesday, monthly.
Coshocton	J. G. Smailes, Coshocton	J. D. Lower, Coshocton	4th Thursday, April, June, Sept., December.
Harrison	J. M. Scott, Scio	R. P. Rusk, Cadiz	3d Wednesday, monthly.
Jefferson	M. H. Rosenblum, Steubenville	John Y. Bevan, Steubenville	Last Friday, monthly.
Monroe	G. W. Steward, Woodsfield	A. R. Burkhart, Woodsfield	2d Wednesday, monthly.
Tuscarawas	Jay W. Calhoon, Uhrichsville	R. E. Wolf, Uhrichsville	1st Thursday, monthly.
Eighth District			
Athens	H. T. Phillips, Athens	T. A. Copeland, Athens	1st Monday, monthly.
Fairfield	J. W. Whittus, Baltimore	C. W. Brown, Lancaster	2d Tuesday, monthly.
Guernsey	O. R. Jones, Cambridge	W. L. Denny, Cambridge	1st and 3rd Tuesday each month.
Licking	C. J. Dillon, Newark	D. A. Skinner, Newark	Last Friday, monthly.
Morgan	D. G. Ralston, McConnelsville	C. E. Northrup, McConnelsville	3d Wednesday, monthly.
Muskingum	O. I. Dusthimer, Zanesville	Beatrice Hagen, Zanesville	1st Wednesday, monthly.
Noble			
Perry	W. D. Porterfield, Junction City	F. J. Crosbie, New Lexington	3d Monday, monthly.
Washington	C. A. S. Williams, Marietta	E. W. Hill, Jr., Marietta	2d Wednesday, monthly.
Ninth District			
Gallia	O. A. Vornholt, Gallipolis	Milo Wilson, Gallipolis	1st Thursday, monthly.
Hocking	H. M. Boocks, Logan	M. H. Cherrington, Logan	Quarterly.
Jackson	Gomer E. Jones, Oak Hill	W. R. Riddell, Jackson	1st Tuesday, monthly.
Lawrence	F. R. Stewart, Ironton	Chas. H. Gallagher, Ironton	1st Thursday, monthly.
Meigs	P. A. Jividen, Rutland	Byron Bing, Pomeroy	1st Thursday, April, July and Oct
Pike	Paul Jones, Stockdale	L. E. Wills, Waverly	1st Monday, monthly.
Scioto	Geo. Martin, Portsmouth	C. M. Fitch, Portsmouth	2d Monday, monthly.
Vinton	O. S. Cox, McArthur	H. S. James, McArthur	3d Wednesday, monthly.
Tenth District			
Crawford	K. H. Barth, New Washington	A. E. Loyer, New Washington	1st Monday, monthly.
Delaware	D. S. James, Delaware	F. M. Stratton, Delaware	1st Tuesday, monthly.
Franklin	Joseph Price, Columbus	James A. Beer, Columbus	1st four Mondays.
Knox	W. H. Eastman, Fredericktown	J. Shamansky, Mt. Vernon	Last Thursday, monthly.
Madison	R. H. Trimble, Mt. Sterling	H. P. Sparling, London	4th Wednesday.
Morrow	C. E. Neal, Cardington	Todd Caris, Mt. Gilead	1st Wednesday, monthly.
Pickaway	Glenn D. Sheets, Williamsport	E. S. Shane, Circleville	1st Friday, monthly.
Ross	John Franklin, Chillicothe	W. C. Breth, Chillicothe	1st Thursday, monthly.
Union	H. G. Southard, Marysville	Angus MacIvor, Marysville	2d Tuesday, monthly.

A PRIVATE SANATORIUM WITH HOSPITAL FACILITIES

A quarter century of efficient operation

RATES: $25.00 PER WEEK AND UP



ALCOHOLIC treatment destroys the craving for alcohol, restores the appetite and sleep, and builds the patient up physically and mentally. Whiskey withdrawn gradually. Not limited to one pint of whiskey in ten days.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

DRUG treatment is one of GRADUAL REDUCTION. It relieves the constipation, restores the appetite and sleep. Withdrawal pains absent. No Hyoscine or rapid withdrawal methods used unless the patient desires same.

MILD mental cases have every comfort that their own home affords.

FEMALE PATIENTS: Mild mental separated from mild nervous. Female attendants only; absolute privacy; comfortable, well-appointed ladies' lounge.

Cherokee Road (Long Distance Phone East 1488)

DR. STOKES' SANATORIUM LOUISVILLE, KENTUCKY

Situated in the choice highland section of Louisville, just 20 minutes' ride from all railroad stations

CHICAGO SANITARIUM

FOR THE CARE OF NERVOUS AND MENTAL DISORDERS AND ALCOHOLISM

ALSO DRUG ADDICTION INTELLIGENTLY HANDLED



EVERY FACILITY for care and thorough investigation as well as management of Neuro-Psychiatric problems, including kindred physical infirmities pertaining thereto, is available in the new sound-proof building. On admission every case is carefully studied from every angle; routine dental examination is included. Laboratory for routine and special tests is available. Facilities are had for cases for over night stay following a spinal puncture; X-ray is available and an elaborate hydro, physio and mechano-therapy is had.

WHERE HOME-LIKE SURROUNDINGS are a benefit to the patient, one such building is available. Varied entertainment is furnished by motion pictures, radios, books and musicales. The Sanitarium is conveniently located near Lake Michigan and only a few minutes from the Chicago loop, where excellent hotel facilities are available to relatives or friends of out-of-town patients.

DR. ALEXANDER B. MAGNUS, Med. Dir.

◆ 2828 Prairie Avenue, Chicago, Ill. ◆ Phone Victory 5600 ◆

Windsor Hospital

THE Windsor Hospital and Sanitarium is completely equipped with all the best apparatus for giving Hydrotherapy, Occupational Therapy, and other treatment for all types of Nervous diseases, acute and chronic.

Herbert Sihler
Director

Phone RAndolph 2744

4415 Chester Ave., N.E.
(Formerly 4415 Windsor Ave., N.E.)

CLEVELAND, OHIO
ESTABLISHED 30 YEARS

Any one can make belts, but belts which give compression without uplift may do serious injury

"STORM" The New "Type N" STORM Supporter



Pleases doctors and patients. Long laced back. Soft extension, low on hips. Hose supporters attached.

Adapted for ptosis, hernia, pregnancy, obesity, relaxed sacro-iliac articulations, kidney conditions, high and low operations.

Ask for Literature

KATHERINE L. STORM. M.D.

Originator, Owner, and Maker

1701 Diamond Street Philadelphia



For Reducing Nasal Congestion

EPHEDRINE PRODUCTS LILLY

INHALANT No. 20 • EPHEDRINE COMPOUND

For physicians who prefer ephedrine in combination with cooling, aromatic principles—in ounce and pint bottles

INHALANT No. 21 • EPHEDRINE PLAIN

in ounce and pint bottles

EPHEDRINE JELLY

Convenient, bland, water-soluble, in nasal-tip tubes

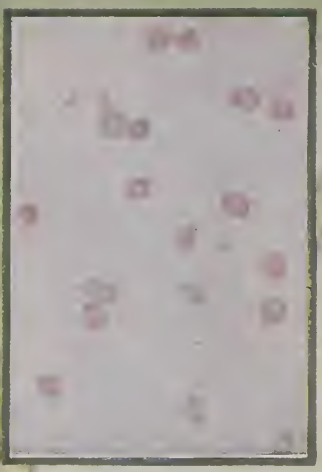
Each Inhalant contains 1 percent ephedrine. Ephedrine Jelly contains ephedrine sulphate 1 percent.

Write for pamphlet on the entire line of Lilly Ephedrine Preparations Supplied through the drug trade

ELI LILLY AND COMPANY
INDIANAPOLIS, U.S.A.



Lilly



Before Treatment

LIVER EXTRACT No. 343



After One Month

Lilly

A Specific in Pernicious Anemia · Potent · Uniform

Each lot clinically tested on a case of pernicious anemia in relapse . . . Liver Extract No. 343 is available through the drug trade in boxes containing twenty-four hermetically sealed vials.

Send for pamphlet

ELI LILLY AND COMPANY

INDIANAPOLIS, U. S. A.

Each vial represents active material from 100 grams (3½ ounces) of fresh, raw liver



THE COLUMBUS RURAL REST HOME

AT WORTHINGTON, OHIO—JUST NORTH OF COLUMBUS



One of The Cottages—Forty-five Acres of Woods and Lawn

NERVOUS AND MILD AFFECTIVE DISORDERS

A Secluded Spot for Rest and Treatment. Good Accommodations—Kind and Efficient Nursing. Medical—Physical—Psychotherapeutic Measures.

Medical Director
G. T. Harding, Jr., M.D.

Laboratory
Geo. T. Harding III, M.D.

Resident Physicians
Fred'k H. Weber, M.D.
Mary J. Weber, M.D.

Grandview Hospital

MENTAL AND NERVOUS DISEASES

2700 GLENWAY AVENUE, PRICE HILL
TELEPHONE, WARSAW 1784
CINCINNATI, OHIO

T. A. RATLIFF, M. D., Resident Medical Director

Especial feature of treatment

INDIVIDUAL CARE

with Modern Hospital Service

Equipment—modern; **Location**—accessible.
Grounds—a park of 25 acres, well wooded and retired
Descriptive Circular on request

THE ORCHARD SPRINGS SANITARIUM
near DAYTON, OHIO

A Private Hospital For Mental and Nervous Diseases — Established in 1911

This institution, with its modern facilities, its delightful and restful suburban location, and its well-trained efficient organization, has for 15 years been in a splendid position to render skilled beneficial service at reasonable rates.

GEORGE V. SHERIDAN
President

For detailed information, address
CHARLES B. ROGERS, M. D.
Resident Medical Director
R. F. D. No. 13, Dayton, Ohio
Telephone: Lincoln 213, Dayton City Exchange

HILLSVIEW FARMS

A sanitarium equipped for diagnosis and follow-up in convalescent cases.

Physical therapy department equipped and staffed by trained technicians for treatment of such Orthopedic conditions as Torticollis, Congenital or acquired Postural changes, Arthritis, anterior Poliomyelitis, Neuritis and allied Bone and Joint conditions.

We are especially interested in the Anemias, Diabetes and Arthritis.



Write for particulars, or telephone 2650.

WASHINGTON, PA.

Laboratory and X-Ray investigations under direction of Physicians of known and recognized ability.

Food preparations under direction of graduate dietitian. Dining-room and tray service. Milk and cream from our own herd of registered tuberculin tested Jerseys.

Mental cases and drug addicts not admitted.

Located high on the edge of Washington, thirty miles south of Pittsburgh.



THE OXFORD RETREAT
OXFORD, OHIO

For

Nervous
and
Mild Mental Cases

R. HARVEY COOK,
Physician in Chief

Write for Descriptive Circular

New Fire Proof Bldg. Opened June 1926



WHITING MINERAL SPRINGS
Sanitarium and Baths

Hydrotherapy scientifically applied for the treatment of rheumatism and allied diseases together with cases for elimination and rest cure.

Medical department thoroughly proficient and STRICTLY ethical.

First class and modern in every department with moderate rates.

DR. U. G. WHITING, Phy. & Mgr. MARTINSVILLE, INDIANA

THE MERCER SANITARIUM - MERCER, PENNA.

For Nervous and Mild Mental Disorders. Located at Mercer, Pa., 30 miles from Youngstown. Farm of 75 acres with registered tuberculin-tested herd. Re-educational measures emphasized, especially arts and crafts and outdoor pursuits. Modern laboratory facilities.

Address

W. W. Richardson, M.D., Medical Director
(Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.)

"REST COTTAGE"

College Hill, Cincinnati, Ohio

STAFF
F. W. Langdon, M.D. ..... Visiting Consultant
Robert Ingram, M.D. ..... Visiting Consultant
Emerson A. North, M.D. ..... Visiting Consultant
D. A. Johnston, M.D. ..... Medical Director
H. P. Collins ..... Business Manager
Box No. 4, College Hill, Cincinnati, Ohio



For purely nervous cases, nutritional errors and convalescents.

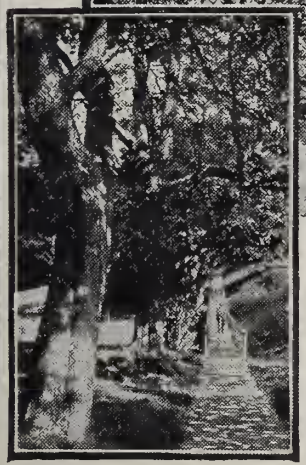
Completely equipped for hydrotherapy, massages, etc.

Cuisine to meet individual needs.

THE CINCINNATI SANITARIUM

INCORPORATED 1873







A strictly modern hospital fully equipped for the scientific treatment of nervous and mental affections. Situation retired and accessible. For details write for descriptive pamphlet.

For Mental and Nervous Diseases

STAFF
Charles E. Kiely, M.D.
Emerson A. North, M.D.
Visiting Consultants
D. A. Johnston, M.D. ... Medical Director
H. P. Collins ..... Business Manager
Box No. 4, College Hill, Cincinnati, O.



Receiving Hospital 2102 Cherry Street
MILD MENTAL AND NERVOUS DISEASES AND GENERAL INVALIDISM

THE TOLEDO SANITARIUM, Toledo, Ohio

2102 Cherry Street — Phone Jeff. 3979
JAS. A. BELYEA, M.D., Manager — LOUIS A. MILLER, M.D., Neurologist, Supervising Physician

Ferguson-Droste-Ferguson Sanitarium

✣

Ward S. Ferguson, M.D. - James C. Droste, M.D. - Lynn A. Ferguson, M.D.

✣

PRACTICE LIMITED TO
DIAGNOSIS AND TREATMENT OF

DISEASES OF THE RECTUM

✣

GRAND RAPIDS, MICHIGAN
6 Park Ave.—on Fulton Park

✣

Sanitarium Hotel Accommodations



DR. GAVER SANITARIUM

71 Winner Ave. Phone Fairfax 8315 Columbus, Ohio

DRUG ADDICTION AND ALCOHOLISM NERVOUS AND MENTAL DISEASES

RATES REDUCED

EARL E. GAVER, Medical Sup't.

H. IRVING COZAD, M.D.
G. DEAN TIPTON, M.D.

FAIR OAKS VILLA

AND

COTTAGES

¶Any NERVOUS or MENTAL CONDITION which in the judgment of the attending physician needs our care, protection or treatment will be received at any time that we have the suitable environment available.

CUYAHOGA FALLS, OHIO

28 Miles from Cleveland
4 Miles from Akron

Reached by
Pennsylvania Lines
B. & O. R. R.
Akron, Bedford, Cleveland Interurban
Kent, Ravenna Interurban



THE McMILLEN SANITARIUM

Cor. Nelson Road and East Fifth Ave.
SHEPARD—COLUMBUS, OHIO

R. A. KIDD, M.D., Superintendent

A PRIVATE NEUROPSYCHIATRIC HOSPITAL, modern in all particulars. Ideal location at the east edge of Columbus. Specialists services, laboratory facilities and well trained nurses. Fifty individual rooms. Patients taken for observation. Phone or write for information. ALCOHOLISM GIVEN SPECIAL ATTENTION.

PAUL W. PALMER, M. D.

21 E. State St. COLUMBUS, OHIO

Practice Limited to

DISEASES OF THE RECTUM

Hospitalization Arranged If Necessary

Office, Adams 2958 Res., Evergreen 1838



AUGUST *to* FROST HAY-FEVER

A BULLETIN—*2nd printing now available*

THE RAGWEED SEASON IS FROM AUGUST TO FROST

And it is important to emphasize that

COSEASONAL TREATMENT

i.e., treatment started after the onset of symptoms, is usually successful—and ***quickly aborts the attack*** as has been amply attested in the literature.

ARLCO-POLLEN EXTRACTS

provide the several ragweeds as regionally dispersed and are selected for delivery according to the locality.

If unavailable locally these extracts will be delivered direct postpaid, special delivery

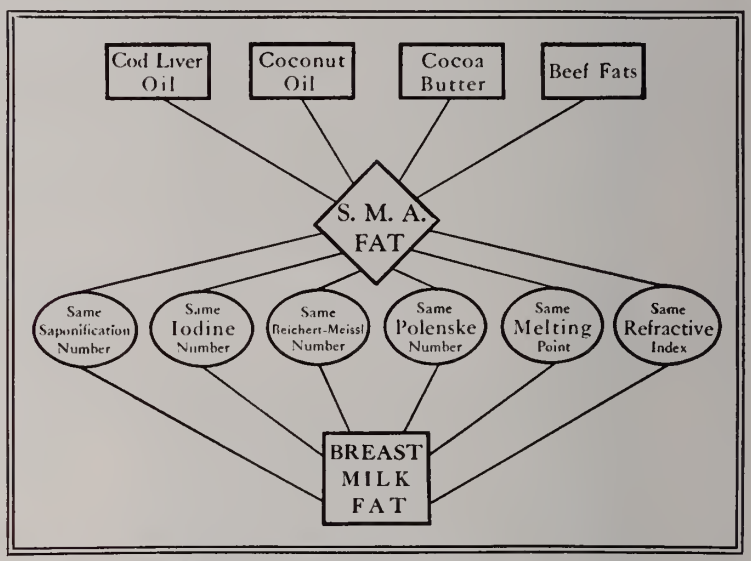
LITERATURE AND REFERENCES ON REQUEST

THE ARLINGTON CHEMICAL COMPANY

YONKERS, NEW YORK

Milk fats are not all alike . . .

There are a few physicians who do not realize that there is a great difference in the composition of various ordinary milk fats. Six different chemical and physical tests* prove that the fat in S. M. A. is the same in all important characteristics as the fat in breast milk. (see chart opposite) One of the reasons that others have failed to find a true substitute for breast milk is because they have been unsuccessful in obtaining a fat like the fat in mother's milk. Never before S. M. A. has an adaptation to breast milk contained a fat so similar to breast milk fat. Cod liver oil also forms a part of the fat of S. M. A. in adequate amount not only to satisfy the body's requirements for fat soluble "A" growth factor, but also enough vitamin "D" to prevent rickets and spasmophilia.

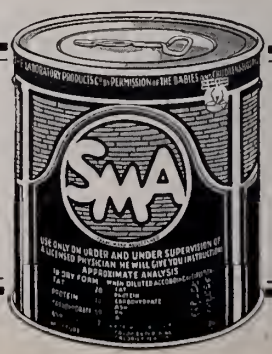


S. M. A. Fat Resembles Breast Milk Fat
The diagram above illustrates the composition of the fat in S. M. A. and shows the relationship of the character numbers of this fat to the fat of breast milk.

* Further details of these tests upon request.

TRY S. M. A. IN YOUR OWN PRACTICE.

Results . . .
more simply - more quickly



©SMAC

S. M. A. CORPORATION, CLEVELAND, OHIO

from the laboratories of

HOFFMANN-LA ROCHE

Makers of Medicines of Rare Quality



DIGALEN *'Roche'. . for the heart*

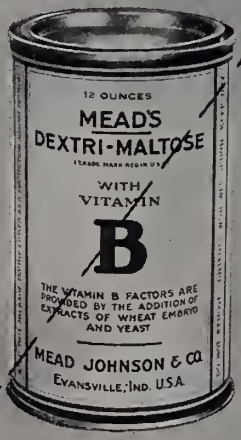
Identified as we are with the best years of pediatric progress, We Know Which Side *of this* Question You Are On

Never any dosage directions in any Mead Products



Should mothers feed their babies by free medical advice given by neighbors, newspapers, manufacturers and other busybodies — or —

Should the problem of infant-feeding be kept where it belongs — in the hands of the medical profession —



Is It Worth While?

From the beginning—

We have stood on this, your side of the question.

MEAD JOHNSON & COMPANY
Evansville, Indiana, U. S. A.

Specialists in Infant Diet Materials and Pioneers in Vitamin Research

MEAD'S DEXTRI-MALTOSE NOS. 1, 2 AND 3. MEAD'S DEXTRI-MALTOSE WITH VITAMIN B. MEAD'S CEREAL. MEAD'S POWDERED LACTIC ACID MILKS, NOS. 1 AND 2. MEAD'S ALACTA. MEAD'S POWDERED WHOLE MILK. MEAD'S POWDERED PROTEIN MILK. MEAD'S SOBEE. MEAD'S VIOSTEROL IN OIL 250 D. MEAD'S 10 D COD LIVER OIL WITH VIOSTEROL. MEAD'S STANDARDIZED COD LIVER OIL. MEAD'S POWDERED BREWER'S YEAST.

Such Acceptance Proves Worth

It is a distinct satisfaction to manufacture a product that has won such favorable comment among leading physicians and surgeons. Today Wagner's Vichy is not only prescribed but also recommended by thousands of medical practitioners because they have learned that its use assures the desired "Vichy Results."

When you write on your prescription "Wagner's Vichy," you know that you are prescribing a proven product, of chemical purity, of accurate uniformity, of unusual palatability. You help to discourage substitution when you write "Wagner's" and underscore it. The W. T. Wagner's Sons Company, Cincinnati, Ohio. Since 1868.



WAGNER'S
VICHY
(artificial)

ENZYMOL

For Topical Application

Observations of the action of gastric juice outside the body show a usefulness for a properly prepared product of this nature. An example of one of its indications is solution of necrotic and carious bone tissue.

ENZYMOL is an extract of the fresh stomach tissue juice, specially designed for topical application.

ENZYMOL is put up in convenient vials. It requires ordinarily for use, dilution with an equal volume of water; also with hydrochloric acid especially for cases in which this may be desirable—refractory tissue, large cavities, etc.

Originated and Made by

Fairchild Bros. & Foster

NEW YORK

PUBLIC HEALTH - SOCIAL WELFARE MEDICAL ECONOMICS and ORGANIZATION PROBLEMS

With Editorial Comment by D.K.M.

Physicians and Lay Health Groups

"The lay worker must remember that the most indifferent and apparently under-qualified medical practitioner in an obscure country community is bound to know a good deal more about health in general and about his community in particular than the best informed and enthusiastic of lay health workers", declared Dr. E. A. Meyerding, St. Paul, in an address before the recent National Conference on Social Work, held in Minneapolis.

The observations and comments made by Dr. Meyerding before this gathering are particularly significant since Dr. Meyerding, who is ranked as one of the leading public health authorities in Minnesota, appeared before the conference in a duel role as an officer of the Minnesota Public Health Association and secretary of the Minnesota State Medical Association.

Frequently, in discussions of the need for better and closer cooperation between public health workers with practicing physicians, the public health work being carried on in Minnesota is referred to, and emphasis placed on the fact that in general there is a mutual cooperative relationship existing in that state between the medical profession and lay public health agencies.

Judging from Dr. Meyerding's remarks, this relationship has resulted from the fact that lay public health organizations in Minnesota have learned that the medical profession is the primary and indispensable factor in worthwhile public health activities, and that unofficial health agencies should look to the medical profession and medical organizations for guidance and supervision.

Further observations made by Dr. Meyerding in his Minneapolis address would seem to indicate why a generally harmonious spirit exists in public health activities in Minnesota.

"Time was when we public health workers," he declared "were content if one or maybe two medical men in the community interested themselves in our work. If the rest of the practicing medical profession seemed indifferent or antagonistic to the work, we took it as part of the inevitable state of things and did nothing.

"We know now that such a state of things is wholly unnecessary. We know, also, that we cannot now and never did accomplish anything of lasting worth that had not the approval and help of the family physician.

"It is well for us to remember, in the first place, in these days of long and intensive training for the practice of medicine, that we cannot hope to discover any other group engaged in health work with the knowledge and training possessed by this especially qualified class.

"Any state program such as ours, involving such projects as diphtheria inoculation or Mantoux tuberculin testing, is ended, so far as our active participation is concerned, when the few days of testing or clinics are past. If the medical men of the community have not already been persuaded of the value of the project, if their aid has not already been enlisted through the regular channels, both at the time of the clinics and after, then our own time and money and enthusiasm have been worse than wasted.

"We have found in the Minnesota Public Health Association that if our program is *conservative* and *scientifically sound* the medical men have been more than willing to accept and endorse it. As local distributor of health, the doctor has as much pride in all local health movements as the lawyer or the hardware man or the grocer or the druggist or the banker in their special fields. The smaller the community the more justly the medical man may feel that he is, after all, the logical guide in these matters for his friends and neighbors.

"In any case our part as a semi-official health agency has been strictly education. The best that we can do to further the use of the Mantoux test, for instance, is to demonstrate it for the laity, for the public health official and for the doctor. We must show all of these how it works, what its benefits may be expected to be. If we fail to prove our point to the regular medical practitioner we have failed in the most important part of our program. Our work becomes a trivial, fruitless business, something new to occupy field workers and annoy busy doctors—of no use at all in the fight against disease."

The Radical or The Inconsistent Conservative

Aren't you afraid of the socialists and the communists, of the Norman Thomases and the William X. Fosters?" said one business man to another, Merle Thorpe, the astute editor of *Nation's Business*, reports in his chatty column, "As the Business World Wags".

"No", was the answer, Mr. Thorp says, "not greatly. I am more gravely concerned over the growth of government, the departure from what I believe to be the right road which is to let the individual alone as much as possible and to confine government as closely to such functions as can only be performed by a yielding of individual rights and liberties. I'd like to see the individual govern himself and order his own life rather than turn to the Government to tell him when to go to work and when to stop and when to change his shirt and how to budget his income and time. I'd like to see government moved back to smaller units of state and county and town rather than piled up at Washington.

"But I don't blame the socialists for the things that run counter to my belief. I blame the business man individually and in association who feels that he can save money by getting the Government to do things that he ought to do himself, who welcomes a subsidy in some form or other for his own industry though he cries against it in principle.

"I blame the wives of business men who, banded together in clubs and associations, want the government to go farther and farther into social —and it sometimes seems to me socialistic—ventures.

"I'm more afraid of the conservative who doesn't practice what he preaches than I am of the radical."

Like Business Man No. 2, quoted by Mr. Thorpe, the individual physician at present is more concerned about some of the questionable policies that are being pursued under the American government than he is about the Russian Five-Year Plan or how many votes will be cast at the next election for the Socialist candidate for president.

"What next and where will it end?" is the question frequently asked by the physician who has witnessed the gradual invasion of government into fields at one time left for private, competitive enterprise, while this same government inconsistently denounces those creeds that approve of the paternalistic functions it is now performing.

Another factor of considerable import that has the practicing physician confused and somewhat demoralized is the attitude taken by certain of his colleagues who have permitted themselves to be used in exploiting unsound and socialistic ventures in the field of medicine and are thus aiding and abetting the complete socialization of medicine and the possible elimination of the private practitioner.

As the average practicing physician views it, the promoter of questionable and unorthodox schemes within the ranks of the medical profession is more to be feared than the ill-advised and misinformed lay uplifter who believes it his calling in life to treat the social and economic ills of the world. The former, the physician reasons, because of his training and familiarity with the important factors of medical service and medical practice, must certainly be aware of the fallacies of the projects he is sponsoring, while the latter, due to his ignorance of the problems involved, may be partially excused for his lack of judgment and foresight.

High Standards of Medical Education

The opinion of Attorney General Gilbert Bettman (found elsewhere in this issue of *The Journal*), regarding the extent of the power of the State Dental Board to determine the preliminary qualifications of students prior to their entrance in a dental college, while it does not directly bear on the question of medical education and medical licensure, raises some interesting points when viewed in the light of present-day medical education.

In effect, Mr. Bettman's opinion holds that requirements for preliminary education of applicants for professional licenses may not exceed the maximum requirement set forth in the statutes. In other words, if the present Ohio law requires but high school graduation in addition to a professional degree, the board having jurisdiction over such profession cannot require the applicant to have additional preliminary education.

This then leaves the matter of establishing high preliminary education qualifications up to the professional schools.

The issue has been met efficiently in the field of medical education and licensure by placing the preparation of students for a degree of doctor of medicine in the hands of those medical colleges, which are recognized by competent authority as being adequate for such purpose. While the medical practice act states that an applicant for a license to practice medicine and surgery in Ohio must have at least a first class high school education, as a preliminary to his professional degree, there is no Class A, or recognized medical school, in the country which does not require at least two years of pre-medical college work before entrance to the medical school.

In addition, practically every medical school has established efficient and thorough examining systems whereby applicants to the freshman medical class are carefully scrutinized and tested in an effort to exclude those, who for various

reasons, might fail to measure up to professional standards.

Some medical schools require a collegiate degree before entrance to the medical courses; others require three years of collegiate work, and still others require in addition a year of hospital internship before the granting of a degree.

The important responsibilities that rest with the accredited medical schools are therefore quite apparent.

It may frankly be stated that this method of maintaining high standards and eliminating the chaff from the wheat is far more effective than any which would depend upon statutory regulation or requirement.

The great progress that has been made during the past few decades, and still being recorded, in the field of medical education has resulted from a determined effort on the part of the medical profession itself to raise its standards.

All of which is another striking example of what may be accomplished with a minimum of law and a high degree of voluntary effort.

Bargain-Basement Medical Service

Reports emanating from the Pacific Coast indicate that considerable agitation has been stirred up by the exploitation of a new set-up for rendering medical service to the public at greatly reduced fees.

The following quarter-page advertisement published by the *San Francisco Chronicle*, under the caption, "What Will the Doctor Charge", reveals some of the reasons for the above-mentioned agitation.

"Maybe you have so much money that you are glad to pay whatever bill the doctor, hospital or laboratory sends. Some people have. The Medical Foundation of America, Ltd., (Ed. Note—Observe the flamboyant commercial label), has encouraged a San Francisco group of physicians and surgeons of recognized standing to organize an initial unit for the *practice of medicine with standardized fees* which are lower, probably *much lower*, than you have been accustomed to pay. . . . The fees are sufficient to provide satisfactory incomes for the doctors—probably more than the average doctor earns—because these doctors will work under one roof with one laboratory, one hospital, and one staff of competent assistants—because they will work continuously, but for shorter hours . . . The personal relation between physician and patient is preserved—and the question, 'What will the Doctor charge?' is complete answer by the posting of rates. Here are typical rates

"Office calls, $1.25.

"House calls, $1.75; at night, $2.50.

"Routine physical examination, $2.50.

"Health examination, including physical and complete blood examination, Wassermann test and urinalysis, $6.50.

"Removal of tonsils, including operating expense and 24 hours in hospital, $25.

"Appendix or hernia operation, $40, plus daily hospital visits at $1.25.

"Maternity cases, $25, plus moderate hospital charges.

"Optometry Department—Moderate charges for eyeglasses, including examination." (Ed. Note—And this too is significant).

All of which appears in department store style of advertising.

Just what opinion the citizens of San Francisco had concerning the hundreds of ethical, modest, scientific physicians of that city after reading this illuminating piece of *bargain-basement propaganda* is or is not a mystery, but it would be a safe wager that some of the credulous who "believe everything they read in the paper", jumped to the hasty and witless conclusion that the doctors not included in this new venture were either inferior in training and skill, or fit specimens for membership in the Jessie James gang.

One writer in a contemporary journal said a mouth-full when he made the following comment on the project:

"In the business world, when the press advertises a big reduction in the price of certain articles, we immediately think that there is an over-supply, or the goods are inferior. Are the 'noted doctors' who are giving so much newspaper publicity to this wholesale slaughter of prices doing so to assist humanity, or are they doing it to endear themselves to the public and so increase their lucrative practice? It may be that they are trusted disciples of state medicine, about which we have heard so much through the press, the lay and medical journals during the past year. The tenets of medicine so thoroughly advocated by Hippocrates often become so confused that it is difficult for us to forecast how it will all clear up."

What the reactions of the ethical, qualified members of the San Francisco and California medical profession will be to this startling example of how "the most plausible liar can get the most business" will be interesting, to say the least.

If this is an example of how medical practice is to be "revised and readjusted to meet some of the pressing economic problems of sickness and injury," (to paraphrase a modern uplift slogan) it looks as if the cure is going to be far worse for the public than the ills with which the present plan of treating the sick and disabled is supposed to be afflicted.

Credit and Installment Buying

Now and then a statistical report published by some governmental department or bureau, without comment, reveals more clearly the whys and wherefores of some of the economic and social ills of the present age than most of the lengthy dissertations by so-called expert economists and sociologists.

The recent report issued by the domestic commerce division of the Department of Commerce,

relative to certain facts unearthed by a nation-wide retail credit survey, is in point.

Practically every commodity offered through retail stores may be purchased on open credit or installments, or both, this survey revealed.

The report explained that out of a total of more than 35,000 reports from retail outlets covering 33 principal groups of commodities, three-fourths of the outlets were extending open credit, 18.7 per cent were extending installment terms, and 20 per cent sold for cash only.

Though many of the 33 lines of trade had only a small percentage of stores offering installment credit, there were 11 lines which had more than one-third of the outlets offering these terms, it was pointed out. Percentage of stores offering goods on an open credit basis varied from 35 per cent for boot and shoe stores to 98 per cent for lumber and building material dealers.

The automobile industry headed the list in the number of sales handled on the installment plan. Of 580 firms reporting, 98.6 per cent offered installment credit, while 85.1 per cent used open credit also. Establishments retailing musical instruments and sheet music were second, with 77.1 per cent operating on the installment plan and 64.5 per cent offering open credit.

Of the 1073 stores selling radio sets and supplies, 68.9 per cent used installment credit, while 67.7 per cent used open credit. Sixty-six and six-tenths per cent of the 279 sewing machine firms operated on the installment plan also.

The report cites figures for dozens of commodities, revealing in general facts similar to those mentioned above.

Just dry statistics, the casual reader may say!

But are they?

Such surveys would seem to show forcibly the economic trend of the times. They indicate that the public has been and is being encouraged to mortgage its buying power which in the final analysis is nothing more than buying beyond its present or even available resources. The taste of the public for more and more commodities and appliances, many of which are not absolutely essential to comfortable living, has been stimulated to such a degree that the matter of where the funds with which to meet the obligation pledged are coming from has been forgotten. In fact, it is not uncommon for the average wage earner to have himself on the books of various retail concerns for more obligations than his annual income can possibly accommodate.

This and similar surveys show quite clearly why the cost of illness is regarded as a tremendous financial burden by some families.

They also demonstrate why the doctor is compelled to wait months and months—even years—for his compensation for services rendered.

Dry figures? Perhaps! But how significant.

"Without Charity—Without Profit"

"The nursing profession and the lay citizens behind it, need to realize their responsibility for community health and to meet the challenge to organize their communities so that the inestimable benefits of skilled nursing shall be available to all people *without charity and without profit*", declared Michael M. Davis, director of medical services for the Julius Rosenwald Fund, in an address before the National Organization for Public Health Nursing.

While it is readily admitted, even by leaders in the nursing profession, that there is a probable need for readjustments in that field and probably the necessity for more organizing skill in the distribution of nurses, it is difficult to understand how Mr. Davis' "*without charity and without profit*" theory supplies a sound and beneficial solution to the problem. Of course, if the nursing profession is willing and ready to reorganize on a socialistic basis, or to give its services gratis, the suggestion might be seriously considered. But, it is extremely doubtful if the nurses of the country want this. That it would be a step in the wrong direction is obvious.

Leaders in the nursing profession are at the present time engaged in a nation-wide investigation of some of the troubles that have beset the profession and are attempting to find solutions for them. Some have predicted that within a few years there will be a decided decrease in the number of nurse training schools, which, they say, will result in fewer graduates but a more competent output. Another move, that many predict is sound and progressive, is to have hospitals regard their nurse training schools as educational responsibilities and not as economic assets, meaning that graduate nurses should be employed to render nursing service in the institutions instead of the student nurses whose time should be utilized in educational and instructional pursuits.

Other projects, such as the setting-up of the visiting, or hourly nursing system, are being put into effect.

The nursing profession has some serious and definite problems to solve and it is going about the task in an energetic and sound way. It is to be hoped that it will not be sidetracked from its proper approach to solutions by socialistic-minded critics.

As a result of extensive surveys which show that many medicinal products are on the market bearing label claims which their compositions do not justify a notice of warning has been sent to manufacturers of such products by the Food and Drug Administration, U. S. Department of Agriculture, that a vigorous campaign against such businesses will be continued by that department.

Anemia

A. BLAINE BROWER, M.D., F.A.C.P., Dayton, Ohio

THE past five years have witnessed remarkable advances in the therapeutic management of the anemias. The outlook for patients with anemia of any form has enormously improved during this short period.

For a proper understanding of the various types of anemia a simple classification is essential. With such a classification in mind the possibilities for error in diagnosis are greatly reduced. We have found the following classification to be of great value in the diagnosis and treatment of the anemias:

CLASSIFICATION OF THE ANEMIAS

1. Primary (Pernicious) Anemia (Addison-Biermer Type).
2. Secondary Anemia.
   - A. Hemorrhagic.
   - B. Nutritional.
     - a. Infancy.
     - b. Inadequate diet.
   - C. Hemolytic.
     - a. Acute infections.
     - b. Syphilis.
     - c. Malaria.
     - d. Intestinal parasites.
     - e. Chemical.
   - D. Metabolic.
     - a. Nephritis.
     - b. Diabetes.
     - c. Hypothyroidism.
     - d. Pregnancy and the puerperium.
     - e. Malignancy.
   - E. Aplastic or hypoplastic.
   - F. Myelophthisic.

1. PRIMARY ANEMIA

The epochal observations of Minot and Murphy[1] relative to the production of a continued remission in cases of primary anemia following the use of a diet rich in liver tissue inaugurated a new regime in the management of this disease. The wave of enthusiasm which was aroused by these findings brought with it a renewed interest in the early diagnosis of this disease.

Perhaps the earliest symptom of primary anemia is a slowly progressive sense of weakness. In addition to this system the patient frequently complains of a burning sensation of the tongue and on examination the mucosa of the tongue is found to be atrophic and glazed. On close inspection these patients will present a peculiar pallor of the skin early in the course of the disease which ultimately develops into the characteristic lemon-tint. A gastric analysis will reveal a complete or almost complete loss of free hydrochloric acid even after the injection of histamin. The onset of primary anemia is frequently preceded by achlorhydria of many years duration. It is worthy of special note that the achlorhydria is uninfluenced by any of the available therapeutic agents.

As the disease advances the characteristic neurological changes resulting from the combined postero-lateral sclerosis of the spinal cord usually appear. In a minority of instances the neurological changes may occur as the earliest and most prominent feature of the disease. It is important, therefore, to do a careful blood study and a gastric analysis in all cases of combined sclerosis, since the institution of proper treatment will often arrest the progress of the sclerotic changes in the spinal cord.

Gastro-intestinal disturbances, usually taking the form of nausea, vomiting, flatulence, intermittent diarrhea and constipation, are common characteristics of the disease. If the gastro-intestinal symptoms are not marked the patient will experience no appreciable loss in weight. The discovery of the peculiar lemon-yellow pallor associated with maintenance of body weight, in a patient who complains of weakness, often provides the first suggestion as to the proper diagnosis.

Careful hematologic studies are essential to the diagnosis. While the percentage of hemoglobin and the number of red blood cells is usually greatly reduced, the reduction in red blood cells is disproportionately greater than the reduction in hemoglobin; this results in a high color index (plus one). Anisocytosis and poikilocytosis are characteristically observed. Megaloblasts are usually present. Myeloblasts and myelocytes may be seen if the disease is advanced. Associated with the reduction in red blood cells there is usually some degree of leucopenia.

It is important to bear in mind that the blood picture of primary anemia is often closely simulated by the anemia of syphilis, malaria, gastric or colonic carcinoma, hookworm or tapeworm infestations (particularly the broad fish tapeworm, *Dibothryocephalus latus*), hypothyroidism, aleukemic leukemia, splenic anemia, pregnancy and the puerperium, and the profound secondary anemia associated with prolonged chronic infection or dietary inadequacy.

Following the establishment of the correct diagnosis we have access to two specific therapeutic agents. Liver or liver extract in adequate dosage will produce a prompt and continued remission. We have prescribed one-half pound of liver or its equivalent as the usual amount to be given daily to produce a remission. Three to six vials of a potent liver extract may be substituted for the liver therapy.

The earliest indication of the effectiveness of this form of treatment is the production of a

*Read before the Medical Section, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

From the Diagnostic Division of the Dayton Clinic.

progressive increase in the percentage of immature red blood cells or reticulocytes. The wave of reticulocytosis usually begins within three to five days after the institution of liver therapy and reaches its crest from the seventh to the ninth day, after which the percentage of reticulocytes rapidly declines to the normal level. The reticulocyte response is inversely proportionate to the height of the initial red blood cell count. If the red blood cell count exceeds three million, no significant rise in reticulocytes is to be anticipated, whereas, if the initial erythrocyte count is low, the maximum reticulocyte response will be high. If the initial erythrocyte count is in the neighborhood of 600,000, a maximum reticulocyte response of 50 per cent may be anticipated. If the initial erythrocyte count is in the neighborhood of 1,000,000, the reticulocyte rise will usually reach about 35 per cent. If the initial erythrocyte count is about 2,000,000, the maximum percentage of reticulocytes usually reaches about 15 per cent. The determination of the reticulocyte response is of the greatest importance, in that a satisfactory reticulocyte response indicates that effective blood regeneration is taking place. The increase in the number of red blood cells usually begins during the reticulocyte rise and maintains a more or less steady increase of 400,000 to 500,000 per week.

The symptomatic response is usually prompt and gratifying. The patient usually experiences a return of a sense of well-being, the skin begins to take on a pinkish hue, particularly in the skin of the distal segments of the fingers and toes, palms and soles and over the cheeks. The appetite for food improves remarkably and the gastro-intestinal disturbances promptly disappear.

If the neurological manifestations of the disease are mild, consisting only of numbness and tingling of the hands and feet, these annoying symptoms will usually disappear, or be distinctly alleviated, within the course of a few days or weeks. If the combined degenerative changes of the spinal cord are pronounced, relatively little improvement occurs.

About two years ago, Doctor Walter M. Simpson and the writer were given the privilege of cooperating with Doctor Cyrus C. Sturgis, of the University of Michigan, in a study of the therapeutic effect of desiccated whole hog stomach (Ventriculin N.N.R.) in the treatment of primary anemia. Since that time we have succeeded in producing a prompt and lasting remission in fifteen cases of proved primary anemia. We encountered no difficulties in administering the dried stomach powder. We have found tomato juice and fruit juices to be the most satisfactory vehicles. Since the powder is insoluble in any aqueous solution it is necessary to make a uniform suspension of the powder by stirring it into a cupful of whatever liquid is employed. We have found it distinctly advantageous to give the entire amount at one time each day. None of our patients has complained of any objectionable taste nor has there been any aversion to the continued use of the stomach preparation.

The ordinary dosage for Ventriculin is one ten-gram vial for each million deficit in the red blood cell count. The response to this treatment is as rapid, and perhaps more so in certain cases, as with liver treatment. The reticulocyte response occurs in essentially the same manner as with liver therapy. The full dosage of Ventriculin should be maintained until the patient's red blood cell count reaches the normal level, after which a maintenance dosage of approximately one ten-gram vial a day should be given. In certain cases the maintenance dosage may be reduced to forty to sixty grams per week. Individual study is necessary to determine the final maintenance dosage. It is important to impress upon the patient at the beginning of the course of treatment the necessity of continuing the treatment indefinitely.

We have encountered two cases of primary anemia in persons of advanced age, in which it was necessary to give larger doses of Ventriculin (five to six vials daily) in order to obtain a satisfactory reticulocyte response.

It has become more and more apparent that diet plays an important part in the treatment of primary anemia. The most important factor, other than the use of a well-balanced diet, is the addition of substances rich in vitamins. The addition of cod liver oil, milk, orange juice and fresh vegetables to the patient's dietary will hasten a satisfactory response to either liver or Ventriculin therapy.

Since the advent of liver and Ventriculin therapy, we have found it unnecessary to employ transfusion as a therapeutic measure in this disease. In patients who are moribund the introduction of liver extract or Ventriculin through a stomach tube appears to be more effective than transfusion. We have found dilute hydrochloric acid to be of no value in the treatment of primary anemia.

In comparing our results with Ventriculin therapy with those obtained with liver therapy, we have encountered three cases in which patients who had responded only to a moderate degree with liver therapy responded much more favorably with stomach therapy.

Allerton[2], Stokes[3], Leschke[4], Renshaw[5], Snapper and Dupreez[6], and Isaacs, Sturgis and Rennie[7] have reported similar experiences in which the disease was but little influenced by liver or apparently potent liver extracts, but in which the substitution of dried stomach induced rapid subjective and hematologic improvement.

If a patient who is thought to have primary anemia fails to obtain the anticipated response to

liver or stomach therapy, one or more of the following sources of failure must be considered:

1. Incorrect diagnosis;
2. Inadequate dosage;
3. Active infection;
4. Impotent preparation;
5. Superimposed secondary anemia.

Many observers have discovered that the presence of an acute or subacute infectious process may delay the reticulocyte response; as the infectious process subsides the red blood cell count usually progressively increases until the normal level is reached. In the event of superimposed secondary anemia iron therapy should be employed as an adjunct to the liver or stomach therapy.

2. SECONDARY ANEMIA

The most important consideration in the management of secondary anemia is to determine the cause and to eliminate it, if possible. The success which has attended the treatment of primary anemia has stimulated new investigations in the diagnosis and treatment of secondary anemia.

Perhaps the most common form of secondary anemia is the hemorrhagic type. This may originate following trauma, surgical operations, child birth, epistaxis due to injury or ulcer, esophageal varices, gastric or intestinal ulceration, ruptured ectopic gestation, menorrhagia or metrorrhagia, hematuria and hemorrhoids.

The importance of the nutritional forms of anemia have become increasingly apparent as the result of recent studies. The nutritional anemias of infancy usually respond promptly to dietary therapy. The current enthusiasm of many women to appear under-nourished has led to the development of profound secondary anemia, often simulating primary anemia.

Hemolytic forms of secondary anemia are commonly encountered in acute infections, particularly of streptococcic etiology, syphilis and malaria. Intestinal parasites, particularly the broad fish tapeworm (*Dibothryocephalus latus*) and hookworm often produce a profound secondary anemia. Certain chemical agents, notably lead, benzol, arsenic, bismuth and phosphorus often produce marked hemolysis.

The metabolic forms of secondary anemia are encountered in nephritis, diabetes, hypothyroidism, pregnancy and the puerperium, and in malignancy.

More rarely, aplastic or hypoplastic anemia may be encountered due to the exhaustion of the blood-forming tissues of the bone marrow. In this disease the hematologic findings which characterize the blood regeneration of primary anemia are absent. Anisocytosis and megaloblasts are not seen even though the red blood cell count reaches a low level. Purpuric phenomena are common in this form of anemia.

The myelophthisic type of anemia occurs when the bone marrow becomes extensively involved with malignant neoplasm.

The use of iron in the treatment of the anemias fell into disrepute for many years because of inaccurate diagnosis of the various forms of anemia and because of inadequate dosage. The dosages for the common iron preparations as stated in the current United States Pharmacopeia are greatly inadequate. The two iron preparations which we have found to be of the greatest value in the treatment of secondary anemia are Blaud's pills (pilulae ferri carbonatis) and iron and ammonium citrate (ferri et ammonii citras). The minimum daily dosage of Blaud's pills should be two grams, while the iron and ammonium citrate is best prescribed in divided daily doses of from four to eight grams. Liver and Ventriculin therapy alone have little or no influence on secondary anemia. Some writers believe it to be advantageous to combine adequate amounts of iron with liver or Ventriculin in the treatment of secondary anemia, while others appear to obtain equally good results with large doses of iron preparations alone. There is no evidence that there is any advantage to be gained by the introduction of iron preparations by the intravenous route. As in the treatment of primary anemia, the prescription of a well-balanced diet, rich in vitamins, constitutes an essential part of the treatment.

DISCUSSION

BENEDICT OLCH, M.D., Dayton, Ohio: Since we are now armed with specifics, in the form of liver extract and Ventriculin, for the alleviation of pernicious anemia, it becomes highly important that the diagnosis be established with certainty. Correct diagnosis is a pre-requisite to successful treatment.

The common practice of making a diagnosis of pernicious anemia by the examination of the blood alone cannot be too strongly condemned. The patient may require surgery and not the use of liver or Ventriculin therapy. Valuable time may be lost in instituting the proper treatment. A number of conditions which cause anemia will produce a blood picture indistinguishable from true pernicious anemia. The disease is to be differentiated particularly from the following conditions: Long continued hemorrhage, whether it be from esophogeal or gastric varices, from the uterus, the kidney or the rectum; malignancy of the gastro-intestinal tract, particularly of the stomach, cecum and ascending colon. New-growth of the cecum is very likely to give the clinical picture and blood findings of pernicious anemia. This may be explained by the high absorptive power of the right side of the colon. Certain cases of syphilis, particularly in the tertiary stage, chronic malaria, infestation with the fish tape-worm and dietary restrictions may produce hematologic changes which closely simulate pernicious anemia.

Consequently, there are certain procedures which must be carried out before deciding that the patient has this disease. As Dr. Brower has pointed out, this disease is associated with a total lack of free hydrochloric acid in the stomach content. The finding of free hydrochloric acid in the stomach should cast doubt upon the diagnosis.

A gastric analysis, after the subcutaneous injection of 1 mg. of hystamine, for the determination of free hydrochloric acid is fully as important as the examination of the blood film. Next, the patient's stool should be examined carefully for occult blood, intestinal parasites and their ova. A complete gastro-intestinal *X*-ray examination, including a barium enema, should enable one to rule out malignancy of the digestive tract. And last, but not least, the Wassermann and Kahn reactions on the blood should be carried out. In the presence of neurological symptoms, a spinal puncture should be performed and a complete spinal fluid examination carried out, including the Wassermann and Kahn Tests.

A painstaking history and careful routine physical examination will disclose infections or other morbid states, which may produce anemia, simulating to a greater or lesser degree true Addisonian anemia.

WALTER M. SIMPSON, M.D., Dayton, Ohio: The remarkable experiments of Castle and his associates, and the favorable response of patients with primary anemia to stomach therapy, has led to a new understanding of the probable cause of this disease. Castle fed finely divided raw beef muscle to normal persons. One hour after the ingestion of the muscle tissue the stomach contents were recovered and fed to patients with primary anemia. In each instance, the feeding of this partially digested material resulted in the production of a distinct reticulocyte response, an increase in the number of erythrocytes, and general symptomatic improvement, quite comparable to that which follows liver therapy. Patients with primary anemia to whom only finely divided raw beef muscle was fed experienced no improvement.

Sturgis, Isaacs and Sharp then found that whole chopped hog stomach, desiccated and defatted with petroleum benzine, contains an antianemic factor quite comparable to that found in liver. Conner and Wilkinson found that the ingestion of either raw or dried stomach tissue gives essentially the same hematopoietic response.

These experiences would appear to indicate that anemia results when there is absent from the gastric mucosa some enzyme-like blood-maturing substance. Other experiments have demonstrated that this enzyme-like substance is in no way related to the hydrochloric acid, pepsin or rennin components of the gastric secretion.

The production of a prompt and lasting remission in cases of primary anemia following the ingestion of raw or desiccated stomach tissue is apparently due to its ability to replace the absent enzyme-like substance which normally acts as a hematopoietic stimulant. Stomach therapy, therefore, appears to rest upon a rational basis.

V. C. ROWLAND, M.D., Cleveland: I should like to emphasize the point that liver extract and iron are mutually complementary in their hemogenic action. George Minot recently reported experimental work showing that liver extract in addition to its stimulating action upon reticulocyte and red cell formation also has an effect, probably by a different liver fraction upon hemoglobin formation. Conversely iron in massive dosage in addition to its action of increasing hemoglobin also stimulates reticulocytosis to some degree. The controversy on these points has been pretty well settled. Furthermore, pernicious anemia sometimes is complicated by a secondary anemia of the achlorhydric gastro-intestinal type requiring prolonged use of iron as well as liver. Anemia in its various forms is so widespread and the therapeutic opportunity by the newer methods so great, that this excellent paper of Dr. Brower's is very timely and practical. We should remember that both liver and iron are useful under certain conditions in both primary and secondary anemia.

WILLIAM H. BUNN, M.D., Youngstown, Ohio: There are three points of interest which might be mentioned—First: Some cases of pernicious anemia do not seem to respond to Ventriculin in any size dose. These same cases may respond to liver extract. The reverse is also true. I have seen one patient who had no reticulocyte rise or erythrocyte increase with liver extract, who promptly responded to Ventriculin.

Second: Although hydrochloric acid is not necessary and plays no part in the cure of pernicious anemia, yet some patients eat and digest better when taking adequate doses of dilute hydrochloric acid.

Third: It is becoming increasingly difficult to promptly diagnose pernicious anemia, because every patient with anemia is told by his neighbor to eat liver and when he comes for examination his blood picture has been so altered that it is difficult to be sure of the diagnosis.

BIBLIOGRAPHY

1. Minot, G. R. and Murphy, W. P.: Treatment of Pernicious Anemia by a Special Diet, J. Am. Med. Assn., 1926, 87, 470.
2. Allerton, G. T.: Desiccated Hog's Stomach in Pernicious Anemia, Lancet, 1930, 219, 759.
3. Stokes, C. E.: Desiccated Hog's Stomach in Pernicious Anemia, Brit. M. J., 1930, 2, 582.
4. Leschke, E.: Die magentherapie Leberrefraktärer Fälle von perniziösen Anämie, Med. Klin., 1930, 26, 1445.
5. Renshaw, A.: Treatment of Pernicious Anemia with Desiccated Hog's Stomach, Brit. M. J., 1930, 1, 334.
6. Snapper, I. and Dupreez, J. D. G.: Traitement de l'anémie pernicieuse par l'estomac de porc dessécché et pulvérsé, Bull. et mem. Soc. méd. d. hôp. de Paris, 1930, 46, 662.
7. Isaacs, R., Sturgis, C. C. and Rennie, T. A. C.: The Treatment of Pernicious Anemia (Addison-Biermer Type) with Desiccated Stomach, Folia Haematol., 1930, 42, 397.

z

NEW BOOKS

Medical Jurisprudence. By Carl Scheffel, Ph.B., M.D., LL.B., Miami, Florida. This is one of the latest works on an increasingly important subject. The book of over 300 pages is divided into seven chapters and many subheads. The chapter headings, include: The Contractual Relationship of Physicians; How the Law of Agency Involves Physicians; Physicians and Torts; Witnesses and Evidence; Property Interests of Physicians; Physicians and Criminal Responsibility; Physicians as Lawmakers. P. Blakiston's Son and Co., Inc., 1012 Walnut St., Philadelphia, Publishers.

Cunningham's Text-Book of Anatomy. Edited by Arthur Robinson, M.D., F.R.C.S., Professor of Anatomy, University of Edinburgh. Sixth Edition Illustrated by 1125 figures from original drawings, 620 of which are printed in colors and two plates. William Wood and Company, 156 Fifth Ave., New York, Publishers.

Communicable Disease Control. The Report of the Committee on Communicable Disease Control of the White House Conference on Child Health and Protection. Royal 8vo, 288 pages. The Century Co., Publishers.

Health on the Farm and in the Village. A Review and Evaluation of the Cattaraugus County Health Demonstration with Special Reference to Its Lessons for Other Rural Areas. By C.-E. A. Winslow, Dr. P. H., Professor of Public Health, Yale School of Medicine. The MacMillan Company, New York.

Exstrophy of the Bladder With Transplantation of the Ureters Into the Rectum

C. C. HIGGINS, M.D., Cleveland, Ohio

EXSTROPHY of the bladder is one of the rarer genito-urinary anomalies, occurring once in every 50,000 births (Neudoefer)[1]. There are therefore approximately 2000 cases in the United States. The incidence is higher in male children, the proportion of males to females being approximately eight to one.

It is one of the most unfortunate and pathetic of congenital anomalies. Not only does the child have to bear continuous physical discomfort and pain but due to the uncontrollable odor of urine he becomes a social outcast. Owing to the nature of this deformity, it is not possible for the individual who is thus afflicted to live out his normal span of life. If these unfortunate individuals are not relieved by surgical intervention, 50 per cent of them die before they reach ten years of age, and 66 per cent before attaining the age of 20 years (C. H. Mayo)[2]. The misconception still prevails that the condition is beyond the scope of surgery. Because of the deformity the sex is frequently misinterpreted, or the child is said to be a hermaphrodite.

Frequently coexisting anomalies exist such as harelip, hydrocephalus, cleft palate, epispadias, congenital hernia, imperforate anus or prolapse of the rectum. The testicles may be undescended, being either in the abdominal cavity or in the inguinal canal. In the female, prolapse of the uterus may be a coexisting condition, due to weakness of the pelvic floor. In one case in our series the vagina was absent.

A child with this deformity may appear to be otherwise normal when seen by the physician. Examination usually discloses the fact that the umbilicus is absent or appears as a small pigmented area at the muco-cutaneous junction of the reddened bladder. Absence of the pubic arch, and the fact that the transverse rami of the symphysis are several inches apart gives the pelvis a broad, flattened appearance. The sacro-iliac joints become fixed early and the femora turn outward.

In the median line of the hypogastrium is a reddened, vascular tumor which is round or ovoid in appearance and bleeds easily. This reddened mass which varies in size from that of a walnut to that of an egg is the mucous membrane of the posterior wall of the bladder which presents itself in the area from which the anterior abdominal wall and the anterior wall of the bladder are absent. Upon closer inspection spurts of urine may be seen coming from the ureteral orifices near the lower end of the mass. Occasionally a constant seepage of urine may be noticed. The mass is very irritable when touched and bleeds easily. Epispadias is usually present. The penis is rudimentary and is attached to or blends into the base of this mass. It is flat and shortened and the vera montanum is visible on the posterior surface of the epispadiac groove. In the female the clitoris and labia may be incompletely developed.

The production of this anomaly has been ascribed to various etiological factors. Breschet[3] believed it to be due to rupture of the bladder from overdistention when obstruction of the urethra was present. Velpeau[4] believed it developed during intra-uterine life when the abdominal wall was exceedingly thin, ulceration producing the defect in the bladder and abdominal wall. Vrolik[5] believed it to be due to imperfect development of the bladder from the allantois and Meckel[6] also subscribed to the developmental theory. It seems probable that imperfect development most readily explains this anomaly, and that the theory that it is due to ulceration or inflammation is improbable.

For the treatment of this condition, two distinctly different surgical procedures have been advocated. First, conservative surgery which was advocated by Bon[7], Roux[8], Maydl[9], and others[10]. This treatment consisted in making a flap to cover the mass and then attempting to form a bladder or to arrange the structures in such a manner that a suitable receptacle could be applied to collect the urine.

The formation of a new bladder was found to be extremely difficult and in most instances resulted in failure. As a rule when the second procedure was employed a satisfactory receptacle could not be secured, and on account of the incontinence, leakage occurred constantly. And moreover, constant irritation from the receptacle induced malignant changes, a circumstance which occurred in two cases of our series and in five cases cited by C. H. Mayo[11]. Since any attempt to reform the bladder is usually unsuccessful and receptacles are annoying and dangerous, the procedure of choice would appear to be transplantation of the ureters into the rectum. This procedure was first suggested by Roux and was successfully accomplished by John Simon in 1851[12].

Upon what scientific and research data is this procedure justified and do our end results warrant the operation?

Since in the amphibia, in birds, in reptiles, and in the Monotremata which constitute the lowest

*Read before the Surgical Section, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

form of mammals, the cloaca is a permanent structure acting as a receptacle for the feces and urine, it would seem that if a physiological implantation of the ureters into the rectum could be accomplished, the rectum would serve admirably as a cloaca.

It has been definitely proved experimentally that the absorptive power of the large bowel progressively decreases as it passes from the cecum to the rectum, at which point this power is practically nil. If both ureters are transplanted into the small intestine or cecum the animal dies of uremia in from seven to ten days. Thus, from the experimental and evolutionary standpoint, the terminal portion of the large bowel is the preferred site for the transplantation of the ureters.

By this method, however, we are implanting the ureter into an infected field.

Can we by the application of physiological principles transplant the ureters into the rectum and avoid ascending infection?

In 1914, Stewart and Sweet[13] demonstrated the network of lymph vessels and channels existing in the mucosa, the submucosa and the external coats of the bladder and ureters. They also demonstrated that the network in the ureter is anastomosed with the lymphatics of the bladder at one end and of the kidney at the upper end. They also assumed that ascending infection occurred by way of the lymphatics and not through the blood vessels or lumen of the ureter. The blood vessels of the bladder and ureter were excluded as these drain into the general circulation (venous system) and not into the renal circulation.

It would seem that the ureteral lumen could not be instrumental in producing infection as the infectious process can not be demonstrated along the mucosa of the ureter but is found in the lymph channels and in the outer coats of the ureter itself. If the continuity of the lymph vessels is interrupted, ascending infection of the kidney does not occur. On the other hand, if the lumen of the ureter is obliterated, ascending infection occurs in the usual manner. It would appear, therefore, that when the peri-ureteral lymphatics are not in direct contact with a virulent infection, ascending infection does not occur.

In 1910, Coffey[14], while experimenting with the transplantation of the common duct into the intestine below its normal site, found two weeks later at autopsy that the duct was considerably dilated in practically all cases. In tracing the course of the normal duct he found that it courses in the wall of the intestine for a short distance before opening into the intestinal lumen. Likewise, he found that a similar course is followed by the ureter in the bladder wall before it opens into the bladder itself. Utilizing this principle he transplanted the ureters of dogs into the rectum and found that ascending infection was markedly diminished, the ascending infection and hydroureter with subsequent hydronephrosis and pyelonephritis being eliminated by incorporating the ureter in the wall of the bowel between the mucous membrane and the muscular and peritoneal coats. This results in a valve-like action of the incorporated ureter as it is compressed by intra-rectal tension due to gas and feces.

Similar clinical results have been demonstrated by C. H. Mayo[15], Lower[16] and others. We now have patients in whom the ureters have been transplanted who have lived from two to six years without any evidence of renal infection.

Although it has been recommended that both ureters be transplanted simultaneously, we still prefer to transplant each ureter in a separate operation. The greatest mortality occurs following transplantation of the first ureter, and occasionally symptoms of uremia are manifested for a few days. By means of unilateral transplantation, a tolerance to the slight absorption of urine is acquired before the second transplantation is done.

The right ureter is transplanted first, as the rectosigmoid is quite mobile and is easily brought to the right side of the abdomen. If the left ureter were transplanted first, the mobility of the bowel would be lessened, due to edema and the formation of adhesions, and the second transplantation would be difficult. As a general rule, a period of ten days is allowed to intervene between the operations, and finally, five days after the second transplantation, the cystectomy is performed.

Intravenous pyelography is utilized before operation to ascertain whether the kidneys are functioning adequately. This procedure is also of inestimable value in ascertaining the presence of a hydroureter, or of a renal lesion such as hydronephrosis, which is frequently present in cases of exstrophy of the bladder. Intravenous pyelography is also utilized after the transplantations have been made to determine whether any degree of obstruction to the ureter is developing with resultant hydronephrosis and pyonephrosis.

A careful rectal examination should be made to determine the tone of the rectal sphincter and to ascertain whether or not prolapse is present. Of course, the operation is of no avail until these coexisting lesions if present are corrected. It is wise to defer performing the transplantation in children until they have complete control of the bowels, that is, until they are about four years of age.

A lower right lateral incision is made and the right ureter is isolated. The ureter is divided from 2.5 to 3 cm. from the bladder and the distal end is ligated. A catheter is then passed up the proximal end of the ureter and held in place by ligature. The rectosigmoid is then walled off with moist tapes and a longitudinal incision is made through its outer coats down to the mucous

membrane at the point at which the ureter is to be transplanted. The tissue is separated on either side of the incision to make a trough for the ureter. A puncture wound large enough to admit the ureter is made through the mucous membrane at the lower end of the incision. The ureter and catheter are then inserted into this opening in the bowel and held in place by a suture passing through the tip of the ureter and from the inner aspect of the bowel to the serosa where it is tied. The catheters are then brought out through the rectum and the urine collected in small glass bottles. The ureter is held in place in the trough previously described by interrupted chromic sutures, which are reinforced by a row of continuous sutures. Extreme care must be taken during the operation to avoid contamination of the peritoneal cavity.

COMPLICATIONS

The three chief immediate postoperative complications are peritonitis, obstruction of the ureter at the site of transplantation, and pyelitis.

The possibility of peritonitis can be eliminated to a great extent as it has been in resection of the rectum. Careful preoperative preparation is essential. Peritonitis is due to technical errors and if the additional refinements in operative technique are utilized the danger of this complication will be largely eliminated.

Obstruction of the ureter following operation also has been largely eliminated by utilizing Coffey's catheter method of transplantation.

Edema of the bowel wall develops postoperatively but can not produce obstruction due to the presence of the catheter which has been inserted in the ureter. Mechanical obstruction does not occur at the point at which the ureter passes through the mucous membrane of the bowel, but does occur if the proximal suture anchoring the ureter in the trough of the bowel is tied too tightly.

Pyelitis is seen occasionally two or three days after the transplantation but usually occurs in those cases in which the ureter is dilated or when some degree of hydronephrosis is present. This condition readily responds to the usual regime instituted for acute pyelitis.

Recently in operations on dogs I have been utilizing a slightly different principle having in mind cases in which a large carcinoma of the bladder is present in which case segmental resection is not feasible. A permanent colostomy is made and the distal loop of the sigmoid is dropped back into the abdominal cavity. This segment which is to be utilized as a bladder is irrigated with boric acid solution and mercurochrome for a period of one week in order to eliminate as much as possible the organisms which may be present. One week later bilateral transplantation of the ureters is done, followed five days later by cystectomy. As the continuity with the upper sigmoid has been severed there is very little danger of ascending infection. Of course, the patient must be content with a permanent colostomy.

In 18 of this series of cases of exstrophy of the bladder both ureters have been transplanted into the rectum and cystectomy has been performed. Of this group one patient has lived and remained well for 15 years since operation, two for 10 years, three for nine years, one for six years, one for three years, and two for less than one year. One child died of pneumonia one year after operation, one died of typhoid fever six months after operation, one died two years after operation. (In this latter case carcinoma developed in the exstrophy probably caused by irritation from a urinary receptacle. In spite of a complete cystectomy the patient died of a recurrence two years later).

Four patients died in the hospital. It is interesting to note that in these cases the ureters were considerably dilated and hydronephrosis was present. In the case of one child a follow-up letter was not secured.

CONCLUSIONS

1. The end results of transplantation of the ureters into the rectum for exstrophy of the bladder justify recommendation of this method of treatment.

2. Intravenous pyelography should be utilized prior to operation in all cases in order to ascertain the kidney function and the condition of the ureters.

3. Due to the improvement in technique the mortality rate from transplantation of the ureters into the rectum has become progressively lower and the end results more satisfactory.

CLEVELAND CLINIC.

DISCUSSION

FRED K. KISLIG, M.D., Dayton, Ohio: My discussion will be limited to two points:

1—I would like to emphasize particularly the importance of employing intravenous urography before ureteral transplantation is contemplated. Frequently one finds a hydropyonephrosis with only a shell of kidney substance remaining. Such cases are grave operative risks. The *reserve* power of such kidneys is greatly reduced and the narrow functional balance is easily upset, resulting in renal insufficiency and death.

2—One modification of the Coffey technic which I have found to be a distinct advantage, is the substitution of a large rubber tube, approximately one inch in diameter, for the sigmoidoscope. The passage of the sigmoidoscope high into the gut introduces the hazard of perforation of the bowel wall. Irrigation and packing can then be carried out with ease and safety through the rubber tube.

CARL R. STEINKE, M.D., Akron, Ohio: Dr. J. E. Sweet first advocated physiological implantation of the ureters in 1908 and experiments were done upon dogs at the University of Pennsylvania at that time with a report by the speaker in the *University of Pennsylvania Medical Bulletin* of

June, 1909. Dr. Higgins reports all his cases operated by the Coffey method. Dr. Charles H. Mayo has a new method of lacing the ureter in and out of the serosa of the colon which seems to be giving very good results.

REFERENCES

1. Neudoefer, Cited by Mayo, C. H. and Hendricks, W. A.: Exstrophy of bladder. Surg. Gynec. Obst., 43:129-134, 1926.
2. Mayo, C. H. and Hendricks, W. A.: Exstrophy of the bladder. Surg. Gynec. Obst., 43:129-134, 1926.
3. Breschet, Extroversion. Dict. d. sc. med., 14:344-360, 1915.
4. Velpeau, Rapport sur un cas d'exstrophie congénitale de vessie. Mém. Acad. roy. de méd., 3:90-100, 1833.
5. Vrolik, G. Mémoire sur une extroversion de la vessie, accompagnée d'un prolapsus d'une portion retournée de l'intestin grêle, qui a perfore la paroi postérieure de la vessie. In his: Mem. sur . . . anat. et de physiol., Amst., p. 65-94, 1822.
6. Meckel, J. F. Handbuch der pathologischen Anatomie, Leipzig, 1812.
7. Bon and Duncan. Edinburgh M. & S. J., March, 1805.
8. Roux, J. Extrophie de la Vessie; autoplastie; insuccès; établissement détinitif d'un canal cutané propre a maintenir en place un réservoir en caoutchouc vulcanisé, Union méd., 7:449, 453, 1853.
9. Maydl, K. Ueber die Radikaltherapie der Ectopia vesicae urinariae, Wien, med. Wchnschr., 14:1113; 1169; 1209; 1256; 1297.
10. Mayo, C. H. and Walters, Waltman. Transplantation of ureters into rectum, end-results in thirty-five cases of exstrophy of the bladder. Jour. Am. Med. Ass., 82:624-626, 1924.
11. Mayo, C. H. Loc. Cit., 10.
12. Simon, J. Ectropia vesicae; operation for directing the orifices of the ureters into the rectum; temporary success; autopsy, Lancet, 2:568-570, 1852.
13. Sweet, J. E. and Stewart, L. F. The ascending infection of the kidneys, Surg. Gynec. Obst., 14:460-469, 1914.
14. Coffey, R. C. Physiologic implantation of the severed ureter or common bile-duct into the intestine, Jour. Am. Med. Ass., 56:397-403, 1911.
15. Mayo, C. H. Loc. cit. 10.
16. Lower, W. E. Indications for and technic in transplantation of the ureters, Med. J. and Rec., 26:91-94, 1927.

Laryngoscopy, Bronchoscopy and Esophagoscopy

JOHN D. FOUTS, M.D., Dayton, Ohio

UNDER this title I should like to discuss, particularly, endoscopy as an essential part of the diagnostic and therapeutic armamentarium of the laryngologist. The time has arrived when the internist and surgeon are demanding this diagnostic assistance of the laryngologist and unless this fact is recognized, this field will be lost to our specialty.

In the earlier days of this work instruments were invented for the removal of foreign bodies from the esophagus and air passages. Many practitioners still consider the removal of foreign bodies to be the only field of usefulness for these procedures. While the removal of foreign bodies is of undoubted importance it comprises at the present time only about ten per cent of the possible applications of these procedures.

The common misconception that the field of esophageal, tracheal and bronchial endoscopy is largely restricted to the removal of foreign bodies has led certain persons to discourage the use of these procedures by physicians who have not been highly trained in this field. While this conservative attitude has much to recommend it as a general principle, the field is relatively new and demands a certain amount of individualistic training based upon personal experience. Certainly the bronchoscope or esophagoscope in the hands of one who is thoroughly familiar with the principles and limitations of the procedures, and with the anatomical relations of the structures involved, are no more dangerous instruments than those which are used for sinus or mastoid operations. The bronchoscope and esophagoscope may be utilized with the same degree of safety and for essentially the same diagnostic or therapeutic purposes as the cystoscope or proctoscope. As soon as this fact is generally recognized the field of usefulness for these procedures will be greatly widened.

The question of emergency work demands particular consideration. It is often unwise or impossible to move a patient with a foreign body in the air passages to a distant city in order that the foreign body might be removed by one who has become particularly expert in this field. It is important that there should be available in each large city at least one individual who is capable of undertaking such work in emergency situations. Several examples of this urgent necessity have occurred in Dayton. I will cite two examples:

A man who had had several teeth extracted under gas anesthesia became deeply cyanotic and unconscious at the conclusion of the operation. Oxygen was administered for two hours but had no influence on the progressive asphyxia. No breath sounds could be distinguished in the right lung. Upon passing the bronchoscope a tonsil-sponge was found at the bifurcation of the trachea, completely obstructing the right main bronchus and partially obstructing the left. This was removed without difficulty. Recovery was prompt and complete.

The second patient was a three year old child who was admitted to the hospital in an unconscious and deeply cyanotic state. When the child arrived in the operating room all appearances indicated that the child was dead. An immediate tracheotomy was performed and artificial respiration was instituted. Even though the child gave no appearance of breathing, a small bronchoscope was passed, using the finger as a guide, since it was deemed inadvisable to take time to connect the battery to the bronchoscope. The bronchoscope was left in position and artificial

*Read before the Eye, Ear, Nose and Throat Section, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

respiration was continued for ten minutes after which the child resumed normal breathing. The bronchoscope was then connected to the battery and the trachea was inspected. It was discovered that if the bronchoscope was placed into the right bronchus the child became deeply cyanotic. If the bronchoscope was left in the trachea or placed in the left main bronchus the breathing was quite normal. The bronchoscope was removed, the tracheotomy incision was closed and the child was sent to a room. It later developed that the child had been eating peanuts and was seized with spasmodic attacks of coughing. In view of the fact that the child was suspected of having whooping cough, little attention was given to the possibility of the aspiration of a peanut. Several days after the bronchoscopy was performed physical examination of the chest and roentgenograms revealed spontaneous pneumothorax of the right chest. The child recovered completely two weeks after the bronchoscopy. Further bronchoscopic examination was refused. The parents reported about one year later that the child had coughed up part of a peanut. I was unable to confirm this statement. Many authorities claim that a peanut cannot remain for any length of time in the bronchi without causing serious trouble. It is my opinion that the small piece of peanut said to have been expelled by the child was not of sufficient size to cause the marked obstructive symptoms which the child possessed.

During our medical lives we do not often recall many cases in which we have actually saved a life, but I do believe that in my twenty years of practice these are the only two instances in which I am reasonably sure that I succeeded in saving life. I am sure that these experiences account in a large measure for my enthusiasm for this type of work.

Perhaps the most important consideration in the management of this type of case is to obtain a complete history. This should always be followed by a complete physical examination, together with the indicated laboratory procedures, and a careful study of the fluoroscopic and roentgenographic findings. Fluoroscopic examination is particularly indicated just before the passing of the instruments. A complete study of the case will avoid many disappointments.

In infants and small children it is almost impossible to inspect the hypopharynx or larynx by the indirect method. In all cases in which evidence of dyspnea exists a direct examination should be done. This can be accomplished very easily without anesthesia, and is practically devoid of danger to the child.

A child, ten years of age, was recently referred to me by an internist who suspected that the child was experiencing laryngeal obstruction. The history revealed that the child had developed hoarseness one year previously, at which time he was examined by a laryngologist who advised tonsillectomy. This was done soon after. The symptoms were not alleviated by the tonsillectomy. Several months later the child developed complete aphonia, at which time a diagnosis of asthma was made. There is no evidence that either a direct or indirect laryngoscopic examination was made at any time during this year of continuous and progressive illness. Indirect laryngoscopy immediately revealed multiple papillomata of the vocal cords. There was no evidence of dyspnea at the time of this examination. Twelve hours following the examination the child became dyspneic and deeply cyanotic, necessitating an emergency tracheotomy. A simple direct or indirect laryngoscopic examination would have prevented these errors in diagnosis and would have made possible the earlier institution of proper treatment.

In a recent case of laryngeal diphtheria in a child, the pediatrician advised intubation. A speculum was inserted and most of the diphtheritic membrane and mucopurulent secretion was aspirated. A single aspiration was all that was necessary in order to restore normal breathing. As a result of this experience, I shall aspirate such cases as early as possible and repeat the procedure as often as is necessary before resorting to intubation or tracheotomy.

Another child presented evidence of esophageal obstruction, which led the pediatrician to suggest a direct esophageal examination. Before it was possible to pass the esophagoscope the child vomited a piece of bone. Examination with the speculum showed pus to be exuding from the isthmus of the esophagus. Esophagoscopic examination revealed a perforation of the esophagus into the mediastinum. An aspirating tube was inserted through the perforation and considerable pus was aspirated. This was repeated twice daily with apparent improvement during the following forty-eight hours. The child died on the third day and the postmortem examination verified the findings. It is quite probable that this life was sacrificed because of the failure to recognize the presence of a foreign body in the esophagus until perforation and mediastinitis had occurred.

In all endoscopic procedures in adults the indirect method of examination should be utilized before the direct. In this way it is possible to determine the normal or pathological relations of the structures. For operative procedures the direct method is the most desirable.

Anesthesia is not necessary in children under ten years of age. The only fatality which I have had during my experiences with these procedures occurred in a child two years of age. A coin had lodged in the esophagus and had remained for two days before removal. Ether anesthesia was used and upon passing the esophagoscope, the coin, which had lodged just above the suprasternal notch, was not found in the expected location. Fluoroscopic examination showed the coin to have passed into the stomach, probably due to the re-

laxation produced by the anesthetic. The child developed suppurative mediastinitis with aspiration bronchopneumonia of the right lung. The pathologist, Doctor Simpson, stated that there was no visible evidence of trauma to the esophagus. Since that time I have not used a general anesthetic in children. I have found it desirable to use one-eighth of one grain of morphine sulphate by hypodermic injection in children from six to ten years of age.

In the management of adults it is essential to gain the confidence of the patient and assure him that the passage of instruments will induce a sensation of choking but that regular breathing will overcome this to a great extent. For laryngoscopy and bronchoscopy I have used one-fourth to three-eighths of one grain of morphine sulphate one-half to one hour before the operation, as recommended by Chevalier Jackson. This reduces the general excitability and helps to control the cough reflex. Repeated application of ten per cent cocaine in both pyriform sinuses will usually block the superior laryngeal nerves. If this does not suffice the cocaine solution may be applied to the larynx or trachea through the bronchoscope by means of cotton carriers. In esophagoscopy anesthesia is rarely necessary because of the absence of sensory nerves. A few drops of ten per cent cocaine may be dropped into the pharynx and the patient asked to retain it there for a few moments and then swallow. Occasional adult patients will not cooperate and a general anesthetic will be required, in which case ether is probably the best anesthetic.

I know of no medical procedure in which it is so essential to have the proper instruments. Equally important is the presence of an assistant who is familiar with the instruments and the technical procedures. Except in cases of asphyxia, the best interests of the patient are served if the history, physical examination, *X*-ray studies and instrumentation are carried out with care and deliberation.

980 FIDELITY BLDG.

DISCUSSION

EDWARD KING, M.D., Cincinnati, Ohio: The speaker has brought an important subject to your attention. The entire medical profession should know of the indications for bronchoscopy. Certainly in the field of general medicine and surgery it is indispensable for the accurate diagnosis and treatment of lung lesions. Probably the *X*-ray men are better informed than any other group as to the value of bronchoscopy. They are often confronted with lung lesions or esophageal lesions which they know cannot be accurately diagnosed without the aid of the bronchoscope and in Cincinnati we are very fortunate in having *X*-ray men who see the advantage of its use and constantly urge upon their confreres the advisability of calling a bronchoscopist in consultation. Dr. Jackson has coined a phrase which has great significance viz: "All is not asthma that wheezes". He has reported any number of cases in which foreign bodies were overlooked in asthma and in which the asthma disappeared after removal of the foreign body.

Bronchiectasis has been seen as a result of foreign bodies. Lung abscess presents certain definite signs on *X*-ray and physical examination but the bronchoscope should be employed in all lung abscesses to rule out non-opaque foreign bodies. As you are aware cancer of the lung has been revealed and proved by means of the bronchoscope. Vinson recently has reported 78 proved cases in which the diagnosis of primary cancer of the lung has been made by means of the bronchoscope. In some of the cases the diagnosis of lung abscess had been made previous to examination.

Regarding the treatment by means of the bronchoscope, I think you all have seen startling results from the treatment of lung abscess and bronchial infections. We must not assume that all lung abscesses are amenable to treatment with the bronchoscope. We know that there are certain cases in which no improvement occurs. Centrally-placed abscesses and bronchial infections can be drained by means of suction with excellent results.

At any rate bronchoscopy should have a recognized place in every community and the members of the profession should be urged to employ it where indicated.

SAMUEL IGLAUER, M.D., Cincinnati, Ohio: It is fortunate that Dr. Fouts has again called the attention of the profession to the value and uses of the bronchoscope and esophagoscope. However, I cannot quite agree with him that there is a great demand by the internists and surgeons for these diagnostic procedures. It appears to me that it is still incumbent upon the laryngologist in most communities to urge the use of these instruments in suitable cases. The members of the profession are very keen in demanding the use of the proctoscope, or cystoscope, but they do not always seem to realize that endoscopy with the bronchoscope is equally important. There seems to be an impression that bronchoscopy is a dangerous procedure, but in skilled hands such certainly is not the case.

In Philadelphia a splendid cooperation now exists between the internists, surgeons, bronchoscopists and roentgenologists, and this should be emulated in other cities. The day before yesterday we had Dr. Gabriel Tucker as our guest in Cincinnati, and he pointed out, among other things, that while in 1920, about 85 per cent of their bronchoscopies were performed for foreign bodies, in 1929 and 1930 from 85 per cent to 90 per cent of the bronchoscopies were done for diagnosis alone. He referred to the diagnostic value in bronchiectasis, lung abscess, asthma, pulmonary hemorrhage, and in the relief of massive collapse of the lung where he frequently found an obstruction plug in one of the main bronchi. If the method employed by the surgeon, namely: the rolling of a patient, fails to relieve the massive collapse, bronchoscopy certainly is indicated and will often save a life.

Dr. Fouts spoke of the danger of a peanut remaining in the bronchus. I recall one case where a child had a peanut in the bronchus for about six weeks, and coughed the intruder up just as I introduced the laryngoscope. I also recall the case of a doctor's child who had swallowed a safety pin. Strange to say, the point of the pin was downward. Upon introducing an esophagoscope I found the esophagus filled with curds of milk. Upon withdrawing the instrument the child vomited and the pin fell upon the floor. As a rule however, extraction of foreign bodies is not as

simple as it was in these two cases. There was another case, that of a woman who had her teeth and tonsils removed to relieve her of "asthma". Upon introducing a bronchoscope a carcinoma of the trachea was found.

The treatment of laryngeal diphtheria by the use of direct laryngoscopy and the suction pump may prove efficacious provided a skilled laryngologist remains in the hospital to repeat the treatment when necessary. Otherwise we still will have to employ intubation or tracheotomy in most cases.

In the diagnosis of foreign bodies in the esophagus I found the use of lipiodol which adheres to the foreign body preferable to the ordinary barium capsule. I recall one case of a Dayton doctor's child who had a habit of swallowing buttons. The barium which was given him in Dayton for some reason failed to show the presence of the foreign body. I gave him a few teaspoonfuls of lipiodol which showed the presence of the button and even the thread holes in the button. Another way of using this test is to roll up a piece of cotton in the form of a pill and saturate it with lipiodol. When the cotton is swallowed it is apt to adhere to the foreign body in the esophagus.

A mediastinitis secondary to perforation of the esophagus is sometimes amenable to treatment by the method employed by Furstenberg. He makes an incision at the root of the neck, and by blunt dissection gets behind the esophagus and introduces a soft rubber catheter into the abscess and then applies continuous suction with a pump. He has had some very remarkable results from this treatment.

Maternal Toxemia and Infant Mortality

THEODORE MILLER, M.D., and FREDERICK A. SNYDER, M.D., Cleveland, Ohio

FOR some time we have believed that it might be interesting to see the relationship between the toxemias of the latter half of pregnancy and the size and mortality of the babies delivered. It is well known that the baby born of a toxic mother is apt to be stillborn if the toxemia is severe and if born alive, will likely be small and have decreased chances of living. In order to get some actual figures in such cases we went over all histories of patients delivered at St. Luke's Hospital, Cleveland, for the years 1929-30.

During 1929 and 1930 there were 2249 deliveries. Among these there were 65 stillbirths and 51 neonatal deaths, (that is, babies that did not live the usual two weeks stay in the hospital) making an infant mortality of 5.1 per cent of all cases.

Among the 2249 deliveries there were 140 that might be classed as toxic cases or 6.2 per cent of all cases. In this 6.2 per cent there were 18 stillbirths and 9 neonatal deaths making a mortality of 19.2 per cent. Among the 140 cases there were 101 which were definitely toxic—the others being mildly toxic, and in some cases questionably toxic. So the infant mortality in the 101 cases rises to 26.7 per cent or in other words, over one-fourth of the really toxic mothers lost their babies.

In analyzing the cases, we placed them in several groups. We arbitrarily took 3000 gms. as the dividing line between small and large babies. As for signs and symptoms, we found that the ones most commonly recorded were oedema, albuminuria, and rise of blood pressure to above 140.

In group 1 we placed the questionably or mildly toxic mothers who went to term and yet had babies weighing less than 3000 gms. Of these there were 13 and the babies, which varied from 2470 to 2980 gms., all lived except one which was stillborn because of aspiration of meconium. The mortality of this group would be 7.6 per cent, although the mortality was not due to toxemia. In this group there were 7 primipara and 6 multipara and only one (a multipara) gave a history of scarlet fever and none of the multipara gave any history of toxemia in previous pregnancies.

In group 2 we have the definitely toxic mothers who went to term and had babies under 3000 gms. Of these there were 36 of which 18 were primipara and 18 were multipara. This group includes four eclamptics, two of which died, one chronic nephritic of 10 years duration and one premature separation of the placenta in a multipara who showed albumen and casts. Three of the 18 primipara showed a history of a previous scarlet fever. Of the 36 babies going to term there were three neonatal deaths, (two of which were from cerebral hemorrhage) and one still born. This makes an infant mortality in this group 11.1 per cent altogether; at least two of the deaths were definitely not due to toxemia. The babies varied in weight from 1720 to 3000 gms.

In group 3 were listed the toxic mothers with premature but spontaneous deliveries. There were 23 such cases including two eclamptic, one of which died, one premature separation of the placenta, one placenta previa (marginal) and one essential hypertension. There were no histories of scarlet fever in this group but the multipara frequently gave history of toxemia in previous pregnancies. The babies weighed from 1450 to 2965 gms. and were five to eight and one-half months gestation. Among the 23 cases there were nine stillbirths and four neonatal deaths. This makes an infant mortality of 56.5 per cent in this group.

*Read before the Section on Obstetrics and Pediatrics, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

In group 4 we have severely toxic cases in which premature labor was induced because of the severity of the mother's symptoms. There were fifteen cases in this group which included three eclamptics and two chronic nephritics besides a number with severe pre-eclamptic symptoms. Scarlet fever appeared in the history of only one case—one of the chronic nephritics. The three eclamptics were all severe, one dying nine hours postpartum. Among the fifteen babies of six to nine months gestation and weighing 550 to 3450 gms., there were five stillbirths and two neonatal deaths, making an infant mortality in this severely toxic group 46.6 per cent.

In group 5 we have two cases of toxemia which went over term and in whom the symptoms of toxemia began to subside with the death of the fetuses. Both were delivered of macerated fetuses, making an infant mortality of 100 per cent in this small group.

In group 6 we placed five cases of twin pregnancies, each of whom showed some toxemia symptoms of mild degree. Of course here the question arises whether the toxic symptoms were due to the burden of the twin pregnancies or whether the twin pregnancies were incidental to a primary toxic condition. All five pairs of twins lived and their weights varied from 1900 to 3025 gms. One pair was three weeks premature; one pair was eight months and the other three were full term.

Finally there were two groups, which showed toxic symptoms, in which the mothers carried the pregnancies to term and were delivered of babies weighing over 3000 gms. In the first of these two groups—Group 7 there were 22 cases definitely toxic with term babies weighing 3125 to 4260 gms. and all babies lived. In group 8 there were 26 mildly toxic cases with term babies weighing 3040 to 4280 gms. and all babies lived.

It is realized that, to mean much, it is necessary to have a much larger series of cases, but it is interesting to note the following items in summarizing the 2249 deliveries.

1. There is apparently a very definite effect on the baby when the mother has a toxemia in the latter half of pregnancy. Over one-fourth of the definitely toxic mothers lost their babies.

2. In the milder cases of toxemia where the mother is able to carry the baby to term and the baby weighs over 3000 gms., its chance of living are good; 100 per cent in our last two groups of 48 babies.

3. Even if the baby weighs less than 3000 gms., if it is a term baby, it will likely live. Group 1 and 2 of our series showed 49 babies with five deaths, a mortality of 10.2 per cent but three of these deaths were definitely not caused by toxemia.

4. The infant mortality rate rises rapidly in the severe toxemia cases resulting in prematurity. Our infant mortality in the premature spontaneous cases was 56.5 per cent and in the premature induced labor cases was 46.6 per cent or over half (52.6 per cent) of the premature babies of severely toxic mothers died.

5. The rather surprising thing noted was the fact that the neonatal deaths were few. In the 40 most toxic cases (the prematures and the two cases which went over term with subsiding symptoms with death of fetuses) there were 16 stillbirths and only six neonatal deaths. In other words, the mortality percentages are composed mostly of stillbirths and, if the babies are born alive, most of them lived to leave the hospital in spite of their mothers' toxemia.

10515 CARNEGIE AVENUE.

NEW BOOKS

New and Nonofficial Remedies, 1931, containing descriptions of the articles standing accepted by the Council on Pharmacy and Chemistry of the American Medical Association on Jan. 1, 1931. Cloth. Price, postpaid, $1.50. Pp. 481 + LVI. Chicago: American Medical Association, 1931.

This volume is the annual publication of the Council on Pharmacy and Chemistry of the American Medical Association giving the latest authentic information concerning those of the newer medicinal preparations found worthy of the consideration and use of the medical profession. Each year the Council scans the general articles under which the various preparations are classified and revises these to conform to the latest and best medical thought.

Annual Reprint of the Reports of the Council on Pharmacy and Chemistry of the American Medical Association for 1930. Cloth. Price, $1.00. Pp. 91. Chicago: American Medical Association, 1931.

This book is essentially a record of the negative actions of that distinguished body, the Council on Pharmacy and Chemistry of the American Medical Association; that is, it sets forth the findings concerning medicinal preparations which the Council has voted to be unacceptable for recognition and use by the medical profession. Many of the reports record outright rejection or the rescinding of previous acceptances; others report in a preliminary way on products which appear to have promise but are not yet sufficiently tested or controlled to be ready for general use by the profession.

Resistance to Infectious Diseases. An exposition of the biological phenomena underlying the occurrence of infection and the recovery of the animal body from infectious disease, with a consideration of the principles underlying specific diagnosis and therapeutic measures. By Hans Zinsser, M.D., Professor of Bacteriology and Immunity, Medical School, Harvard University; formerly professor of Bacteriology at the College of Physicians and Surgeons, Columbia University, and Bacteriologist to the Presbyterian Hospital, New York; formerly Professor of Bacteriology and Immunity, Stanford University, California. Fourth edition, completely revised and reset. The MacMillan Company, New York.

Transactions of the College of Physicians of Philadelphia. Third Series. Volume the fifty-second. Contains papers read before the College from January, 1930, to December, 1930, inclusive.

Tenosynovitis

HAROLD R. CONN, M.D., F.A.C.S., Akron, Ohio

THE Ohio Legislature on August 1, 1929, through an amendment to the Workmen's Compensation Act definitely ended a twelve year discussion regarding the employers responsibility for tenosynovitis. The amendment in brief says: The following diseases shall be considered occupational and compensable as such when contracted by an employee in the course of his employment in which such employee was engaged at any time within twelve months previous to the date of his disablement, and shall among other causes include: Primary tenosynovitis characterized by a passive effusion or crepitus into the tendon sheath of the flexor or extensor muscles of the hand due to frequently repetitive motions or vibrations.

The code thus abandons the necessity for a definite etiological trauma and recognizes repetitive motion and vibration as primarily causative. This action is quite in harmony with our own clinical experience and the somewhat scant literature dealing with the subject. The amendment is, however, somewhat incomprehensive in that it defines the cardinal symptoms of tenosynovitis as crepitus and effusion failing to recognize that effusion or crepitus or both occur in such noncompensable lesions as tuberculosis and gonorrhea. The amendment might be further enlarged to include lesions elsewhere than in the hand. Tenosynovitis of the Achilles and tibialis anticus have comprised fully 25 per cent of our own experience.

Before attempting any consideration of the individual lesions a brief anatomic review may be acceptable. Peculiarly about the wrist the tendons are embedded for long stretches in firm unyielding sheaths lined with synovial membrane and made up of a continuation of the muscle fascia. The outer loose layers of these sheaths or peritenons serve to bind related structures into a homogenous mass but still allow by reason of laxity a considerable degree of motion. The inner or synovial lining of the peritenon terminates in a fold which surrounds the tendon and blends with it forming a closed synovial sac. Although some individual variation exists all of the tendons of the wrist and hand are so covered at their proximal and distal ends in blind sacs where synovia fuses with tendon.

Poirier called these terminal infoldings plica praeputialis which is self-explanatory but Mayer chose the term plica simplex implying the simple transition of synovia to tendon. It is therefore evident that an excursion of the tendon for example in flexion of the index finger must infold the distal plica praeputialis, while the proximal fold is extruded. Synchronously in the extensor tendon the infolding and extension are reversed. At the level of the annular ligament the extreme range of tendon excursion is surprisingly short varying of course but in no case exceeding 16 mm.

The visual effect of extreme range is given by the long flexion arc of the finger tips which magnifies as a pointer does the excursion of the base. Actually only that segment of tendon which is covered with the enveloping peritenon is drawn within the sheath at the limit of excursion and as this fold at the proximal ends of both flexors and extensors is in close relation to the upper limits of the annular ligaments these folds may be drawn beneath the annulars. Anatomically the upper plica praeputialis of the common sheath of the abductor and extensor pollicis brevis muscles is the shortest of all the sheaths and therefore most likely to have its infolded plica compressed or irritated by the narrow and unyielding tunnel through the posterior annular ligament. Assuredly some significance must be attached to the fact that this particular sheath and inclosed tendons is the commonest site of synovial disease.

Hauck and others ignore the possibility of anatomic structure as a cause of tenosynovitis and doubt the probability of the development of a serous lesion from purely mechanical causes citing the microscopically perfect gliding surface of synovial tissue and the generous mucin content of synovial fluid. There are, however, a whole series of facts to prove that serous tenosynovitis may develop solely as a result of excessive mechanical demands upon the tendon. The synovial fluid may become exhausted and the membrane practically absent as found by Finkelstein in cases exhibiting no true infectious inflammatory tissue at biopsy. Excessively rapid movements with the musculature tightly stretched exhaust the sliding properties of the synovia as evidenced by the frequency of tenosynovitis in industries demanding rapid manipulations plus an intensity of effort. Infections, when present, must be accorded a secondary role and are of two classes, exogenic (from cuts, abrasions, etc.) and endogenic (from tuberculosis, gonorrhea and rheumatism).

TYPES

For clinical study we may classify the inflammatory lesions of the tendons and their enveloping sheaths into three groups:

1. Tenosynovitis crepitans.

2. Stenosing tenosynovitis (deQuervain's disease).

*Read before the Section on Public Health and Industrial Medicine, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

3. Suppurative and infectious tenosynovitis of exogenic or endogenic origin.

ETIOLOGY

Evidently the amended Ohio code has for its intent the acceptance of tenosynovitis crepitans as compensable in that serous effusion and crepitus are given as the pathogomonic symptoms. Confusion might have been avoided by the inclusion in the amendment of the second type or DeQuervains stenosing lesion. The ruling, however, that tenosynovitis crepitans is legitimately compensable scarcely admits debate. Obolenskaja and Galjanitzki in a clinical and experimental study quoted Schugajew and Bachrach who observed the incidence and course of the disease among tobacco and tea packers at Jaraslaw. In these laborers the disability occurred only in the lower third of the forearm about five c.m. above the radial styloid and practically always involved the tendons of the abductor and extensor pollicis brevis muscles. Veteran employees were singularly free from the disease although not immune after a protracted vacation while novices were almost universally affected.

Other factors adversely influencing the percentage of cases were an increase of speed and a demand for an increased intensity of muscular effort. In substantiation the authors cite the packing of dry as compared to damp tobacco where twice as many blows with the stamping mallet are required to pack the same number of cartons. They conclude that tenosynovitis crepitans is the rule rather than the exception among workers where thirty to forty movements of the fingers are required per minute. The quoted experimental studies indicate that human tendon will not tolerate manipulations exceeding 1500-2000 per hour, and that this norm must not be exceeded with novices or even with old workers following a vacation. If the employment involves severe tension the norm must be reduced considerably. Obolenskaja personally does not agree with Schugajew and Bachrach's observations on the tendons affected. He found the disease among 189 cases involving three localities, namely the extensor brevis pollicis, the dorsal tendons of the wrist, or more rarely the dorsal tendons of the hand. Infrequently and among old workmen crepitation was found in the flexor tendons but here the process was more latent and chronic.

These observations are in perfect accord with our experience in the rubber industry. Novices, recent transfers to high speed hand operations, returning employees, and an increased intensity of effort have adversely affected the percentage of cases. The influence of lay-off is illustrated by the figures of 1929, a year of steady employment as compared to 1930, a year of interrupted and spasmodic activity. In 1929 tenosynovitis accounted for 0.15 per cent of the total lost days from all causes, in 1930, 0.99 per cent.

Although no personal attempt has been made to estimate the physiological tolerance of tendons to motions per minute the impression has always prevailed that rapidity was of less importance than the degree of strain. Unseasoned workers have for years demonstrated an ability to engage without ill effect in rapid manual occupations such as filling light cartons, folding paper flaps, etc., while workers of five and ten years training at tire building are frequent sufferers after a two weeks vacation. The use of shears has been a prolific source of lesion as has also hand trucking and the use of treadles. In these latter occupations the crepitation has developed usually in the sheaths of the Achilles and tibialis anticus tendons. We feel that unaccustomed muscular strain of the susceptible tendons is potentially a lesion aggravated rather than induced by the rapidity of effort.

Further regarding etiology Zollinger reviewing the vast material of the Swiss insurance company found 929 cases of crepitant tenosynovitis, only 2 per cent of which could be considered due to a single contusion. The usual history was one of oft repeated violence or strain.

TENOSYNOVITIS CREPITANS

The disease usually manifests itself in one or two days after beginning work and is characterized by pain along the affected tendon. Swelling is a constant though not ordinarily pronounced symptom and is edematous rather than fluctuant in type. Crepitus of a crunching snow character follows and both pain and swelling are aggravated by motion. Not infrequently numbness or burning pain is projected to the finger tips, possibly the result to direct nerve pressure. The disability is immediate and complete and aggravated by attempts at activity. Anti-rheumatic medication, topical applications, and physiotherapy with the exception of hot compresses have been valueless to our patients. We now rely on firm and absolute immobilization until all signs of pressure tenderness has disappeared. Compromise has invariably ended in chronic and resistant lesions. This is quite at variance with Obolenskja's observation that the lesions are self-limiting, that the patient dare not cease work if he desires to recover quickly, and that pain spontaneously disappears in two to three days, the swelling and crepitus in two to three weeks.

STENOSING TENOSYNOVITIS

This disease described in 1895 by DeQuervain frequently bears his name but as pointed out by Finkelstein has been strangely ignored in this country. The lesion is not uncommon but is usually mis-diagnosed as arthritis, fracture, periostitis, etc. The tendon sheath of the abductor and extensor brevis pollicis is the one generally involved although similar lesions have been found in the extensor carpi-ulnaris, extensor carpi radialis and the flexor longus pollicis tendons.

As the name implies the lesion is a stenosis of the tendon sheath associated with narrowing of the tendon and inflammatory and degenerative changes in both tendon and sheath. Free gliding is impossible and in addition to partial incapacitation of the thumb there is present constant and severe pain in the region of the radial styloid.

Etiologically it is significant that both tenosynovitis crepitans and DeQuervain's disease select the common sheath of the abductor and extensor brevis pollicis for their usual site. Previously under anatomic considerations I have mentioned the excursion of these tendons and the possibility of impingement in the annular tunnel of the plica praeputialis. Thus by attrition either lesion could be induced DeQuervain's disease more logically being the late stage as evidenced by fibrotic infiltration. The published case reports, however, fail to include in the histories any mention of pre-existing crepitus. The disease is apparently induced by oft repeated strain upon the abductors while under tension, a further similarity to the simpler and commoner synovitis crepitans.

Palliative treatment is tedious and ineffectual, operative excision of all or part of the sheath however has been uniformly successful.

INFECTIOUS TENOSYNOVITIS

The infectious forms of tenosynovitis from a compensable view are of considerable interest. There is much to indicate that tendons and tendon sheaths possess inherently a high coefficient of resistance to violence and infection as evidenced by their tolerance to industrial abuse. Verbally we discredit their power of resistance and repair, but in practice usually expect and secure primary healing following severe and infectious trauma. Also there is evidence to prove that minor hemorrhages into tendons and sheaths are speedily and readily absorbed.

The exogenic infections of tendon sheaths embrace all of the purulent afflictions which may be implanted by direct contamination of the tissue. The minor skin scuffs, blisters, fissures and small lacerations to which the employee is subject are predisposing. The bacterial organism is of course the exciting cause. These lesions are unquestionably compensable where the port of entry is manifest and where occupation was responsible for its development. The symptoms of purulent tenosynovitis are too familiar and obvious to warrant repetition but the opportunity to expound the principles of treatment can scarcely be ignored. Let us recall that suppurative infections of tendon sheaths present pus under tension with all the toxic absorption, necrosis and dissolution of tissue so familiar in osteomyelitis and appendicitis. Do not delay early and adequate drainage.

The hemotagenous or endogenic lesions which include pneumococcic, tuberculous, rheumatic and gonorrheal types present niceties of judgment where the question of industrial compensation is involved. Zollinger is the sole medical author who has attempted a discussion of the influence of trauma in the production of these lesions and his conclusions are based on tuberculosis and unsupported by experiment or even exhaustive clinical study. In writing particularly of tuberculosis he says up to rather recent times surgical tuberculosis has been frequently looked upon as the result of injury and in particular tuberculous tenosynovitis as due to trauma. Recently medical opinion has changed and traumatic tuberculous tenosynovitis is equally as rare as traumatic tuberculosis of other organs. He observes the possibility of a single severe trauma inducing hemorrhagic infiltration and therefrom the development of a hematogenous local lesion from a distant focus elsewhere in the body.

Logical as this theory sounds we know of no direct experimental substantiation or even clinical evidence to lend support. By the same reasoning we may assume, tenosynovitis crepitans to induce lymphatic stasis and capillary compression but neither in our own experience or in published case reports have we found a tuberculous lesion supplanting simple synovitis. To date there is no published proof that tuberculous tenosynovitis can be produced by violence. The more rational explanation of the claims for compensation arising from tuberculous disease is in the insidious nature of its development. Industrial efficiency is frequently maintained until the lesion has made considerable progress when a minor contusion which would ordinarily produce only momentary pain gives rise to lasting symptoms.

Apposing further the alleged malign influence of trauma as a cause of endogenic tenosynovitis there are the frequent effusions which follow the noncompensable diseases, pneumonia, rheumatism, typhoid and gonorrhea, etc. The writer cannot believe that trauma plays an appreciable part other than coincidence in the production of any type of endogenic tenosynovitis.

SUMMARY

The evidence indicates that muscular tension plus rapidity of action and not isolated trauma are responsible for tenosynovitis crepitans and tenosynovitis stenosans and that both are legitimately compensable under the existing code.

We would recommend the inclusion as compensable of purulent synovitis and of both serous and purulent lesions elsewhere than the wrists.

Finally we would reiterate that there is no clinical or experimental evidence to indicate that the endogenic types of tenosynovitis are especially induced by trauma.

420 SECOND NATIONAL BUILDING.

DISCUSSION

W. C. ARTHUR, M.D., Akron: I want first to congratulate Dr. Conn on his paper. I agree that the literature is scant, almost non-existant in

English, so much so that his paper seems to be a pioneer product. I know he put a lot of hard work into his search for something authoritative.

A review of the Journals of the A. M. A. back to and including 1924, shows but one brief paragraph on the subject of tenosynovitis crepitans.

We too are glad that this condition has been included among the compensable diseases. It is so obviously the direct result of manual work. Nothing caused more controversy and dissatisfaction on the part of the employee, and I am sure the condition would have been included in the law long ago save for the fact that disability rarely extended beyond the waiting period of seven days.

Contrary to the author's experience, though connected with the same type of industry, we rarely see involvement of the Achilles and tibialis anticus. In some industries it is very common. Previous to the introduction of the power sewing machine it was very prevalent and annoying in the garment workers trade.

Dr. Conn's analysis of the anatomical feature which is such a large factor in making the extensors of the thumb and forearm commonly, almost exclusively, involved in the upper extremity is very interesting, and helps explain a situation which has always puzzled us.

Our experience in the endogenous type of this disease has been exclusively with tenosynovitis crepitus. If we have seen a case of stenosing tenosynovitis we have failed to recognize it.

We have been struck with the high incidence of the disease in employees who have had a brief vacation or have merely changed from one to another occupation, and its rarity in new employees who have never followed industrial work or have had a protracted period of rest.

I wanted to ask Dr. Conn for an explanation of this, but his experience seems to have differed in that the novice or the employee returning after a period of protracted unemployment is commonly attacked.

It accords with our experience that strenuous muscular activity, in addition to rapid motion, is a strong factor. I cannot recall having such a case in a typist; it is not uncommon in comptometer operators where more punching force and lever pulling is involved, and in a previous rather extensive experience with the telegrapher—he developed a neuritis but never, or rarely at least, a tenosynovitis.

Our experience with Achilles and tibialis anticus tendons is largely confined to Boy Scouts where its incidence is common among hikers, especially hill climbers.

We have been struck with the fact that the muscles are more severely involved than the tendons, the crepitus and tenderness subsiding as we reach the tendon proper below the annular ligament—the condition being more truly a myofascitis than a tenosynovitis. Dr. Conn's analysis of the anatomical situation explains this.

We cannot agree with Oblenkajas' observation that the disease is self-limiting or that the patient dare not cease work. With rare exception in a few mild cases, notably when the tendon alone and not the muscle is involved, we have found the condition only aggravated by muscular activity no matter how mild.

In the infectious tenosynovitis we have had about the usual experience though the cases have, of late years, materially decreased in number due to the active safety drive conducted and the insistence on prompt attention to all minor hand injuries.

Enough cannot be said in urging prompt incision and adequate drainage. We favor the lateral incision in the fingers if possible in order to avoid a palmar scar and, if this is impracticable, the interrupted incision avoiding the folds of skin at the joints were painful, incurable fissures of the scar are so liable to occur long after healing. To one who has read Knavels classic monograph on this subject, there is nothing more to be said.

One is glad to see a more rational view of trauma as an etiological factor in producing tuberculous lesions appearing in the literature. We have never seen a tuberculous tenosynovitis where the alleged trauma was a matter of record and feel that the leading question "Did you hurt yourself?" is no small factor in bringing out a history of trauma. Incidentally, we have had the same experience with felons, sarcoma, ganglions, and several other conditions.

When we consider the numerous opportunities for minor bumps and bruises that occur in almost any industrial job in the course of weeks or months, it is easy to believe that if asked a leading question the patient may readily recall some trauma sufficiently approximate to the pathological area involved to enable him to honestly answer our question in the affirmative.

In the matter of treatment there is but one reliable course, absolute immobilization. As indicated before, due to short hours and meager income resulting from the present economic situation, we have been occasionally overborne by the patient's desire to work and, in a few cases, we have gotten results without splinting especially when the tendon alone has been involved.

In the application of heat we have at times been pleased with prolonged application of diathermy, though on the whole we agree with the author's privately expressed views that there are but two kinds of heat—moist and dry, and think there is a good deal of bunk in the expensive and fancy methods of applying them.

REFERENCES

(1) Dequervain, F.: A Form of Chronic Tendovaginitis. Cor.-Bl. f. schweiz. Aerzte, xxv, 389, 1895.

(2) Finkelstein, H.: Stenosing Tendovaginitis at Radial Styloid Process. J. Bone & Joint Surgery, 1930 xii, 509-540.

(3) Hauck, G.: Tendovaginitis Stenosans Arch. f. Klin Chir., cxxiii, 233, 1923.

(4) Hoffman, P.: Stenosing Tendovaginitis at the Radial Styloid Process. J. Bone & Joint Surgery, 1931, xiii, 89-90.

(5) Mayer, L.: The Physiological Method of Tendon Transplantation. Surg. Gynec. & Obst. xxii, 182, 1916.

(6) Murphy, J. B.: Surgery of Tendons and Tendon Sheaths. Murphy Clinics, 1916. Vol. V.

(7) Obolenskaja & Goljanitzki: Serous Tendovaginitis in Clinic and Experiment. Deutsche Ztschr. f. Chir., Leipz., 1927.

(8) Zollinger, F.: Tendovaginitis and Bursitis. Arch. f. Orthop., 1927, xxiv, 456-467.

NEW BOOKS

Clinical Dietetics. A Textbook for Physicians, Students and Dietitians. By Harry Gauss, M.S., M.D., F.A.C.P. Assisted by E. V.Gauss, B. A., formerly Assistant Dietitian, Presbyterian Hospital, Denver, Colorado. Illustrated. The C. V. Mosby Company, St. Louis.

An Introduction to Gynecology. By C. Jeff Miller, M.D., Professor of Gynecology, Tulane University School of Medicine; Chief of the Department of Gynecology of Touro Infirmary; Senior Visiting Surgeon, Charity Hospital, New Orleans. Illustrated. The C. V. Mosby Company, St. Louis.

Easier Motherhood. By Constance L. Todd. The John Day Company, New York, publishers.

Mitral Stenosis Following Infectious Mononucleosis*

R. W. BRADSHAW, A.B., M.D., Oberlin, Ohio

INFECTIOUS mononucleosis (glandular fever), first described by Pfeiffer[1] forty years ago, is not a common disease and serious sequelae are rare. Cottrell[2] states that the prognosis is "invariably favorable and complications almost unknown". This dictum is accepted by clinicians in general. In the case reported here, however, rheumatic heart disease with mitral stenosis followed immediately upon an attack of infectious mononucleosis. There was no assignable cause for the cardiac complication except the etiological virus of infectious mononucleosis.

Sprunt[3] in 1920 and Longcope[4] in 1922 established infectious mononucleosis as a clinical entity. Previous to that time the condition was often confused with ordinary cervical lymphadenitis and in cases where the blood was examined lymphatic leukemia was occasionally diagnosed because of the striking preponderance of lymphocytes. Even at the present time when the disease occurs sporadically many cases undoubtedly occur which are undiagnosed or incorrectly diagnosed because the usual mild clinical course of the infection does not demand hospitalization and does not stimulate the physician to examine the blood smear. The clinical picture is that of a mild general infection with rather abrupt onset, giving rise to a temperature of 101°F. to 103°F., with the expected pulse and respiration graphs, the total illness extending over a period of two or three weeks. A large proportion of the reported cases have occurred among university students. The diagnosis can be established only as the result of a study of the blood picture. Balbridge[5] and Downey[6] have published exhaustive cytologic studies.

The etiology is obscure. The disease may occur in epidemics. A streptococcus has been incriminated by Korsakoff[7] and Lublinski[8]. Blood cultures have yielded nothing convincing. The case reported here suggests an etiologic relationship with rheumatic fever.

College Physician, Oberlin College.

*Ohio State Medical Journal. July, 1930, p. 607.

CASE REPORT

N. H., a college girl aged 17 years, physician's daughter, entered the college hospital (Allen Hospital), November 29, 1929, complaining of severe headache. She stated that for a day or two previously she had felt indisposed and on the day of admission had noticed that some of the glands in her neck were swollen and slightly tender. There had been no sore throat.

Her past history was quite irrelevant. She had had whooping cough, measles and chicken-pox in childhood; tonsils and adenoids removed in 1921; appendicectomy four years ago; and compound fracture of the ankle six months ago. She had not had rheumatic fever.

Her father and mother and three brothers were living and well. There was no history of any familial disease.

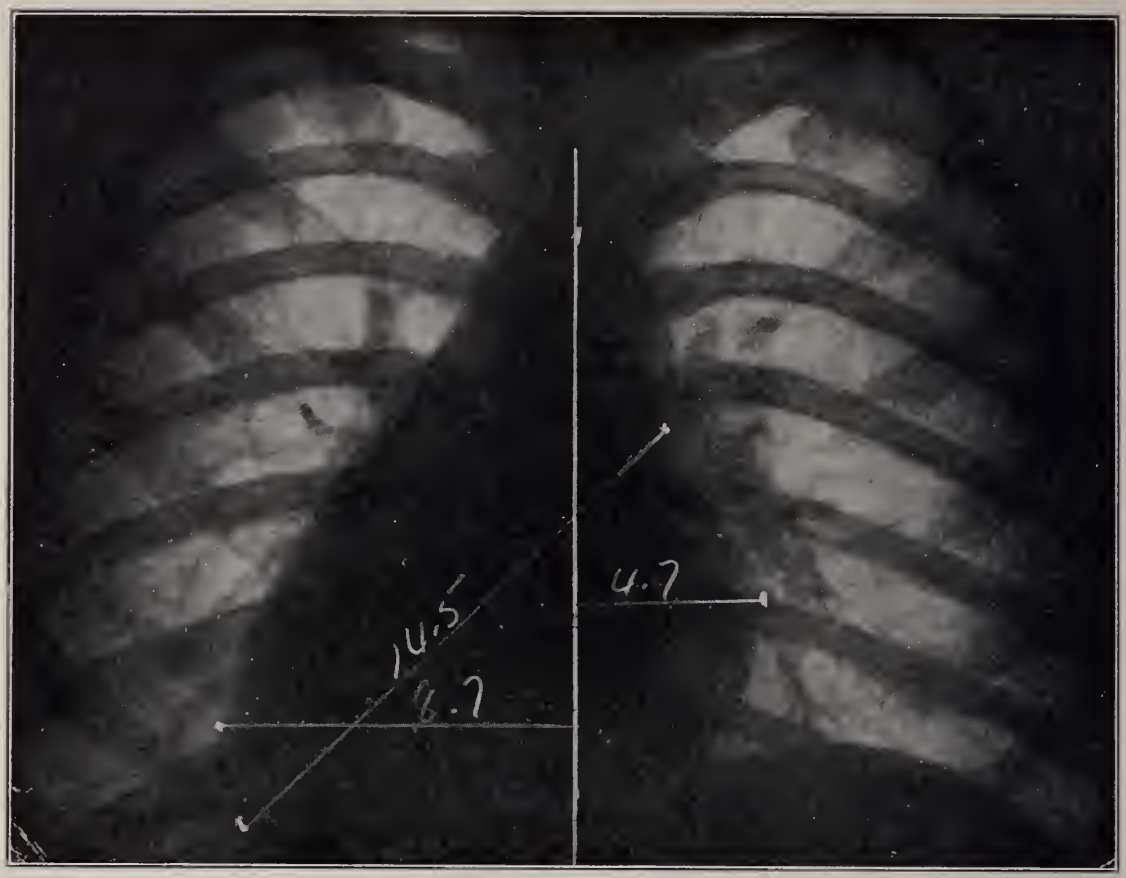
On admission to the hospital her temperature was 100°F; her pulse 80 and respirations 20 per minute. She was well developed, well nourished, and somewhat pale. There was no evidence of nasopharyngeal inflammation and the accessory nasal sinuses were negative. The throat showed only slight redness of the pillars and the tonsillar fossae were clean. The ear drums were normal. A few lymph glands along the posterior border of the sternomastoid on either side were enlarged, varying in size from that of a pea to that of an almond, were of rubbery consistency, freely moveable and slightly tender, but not painful. The heart was not enlarged and there were no murmurs. The lungs were normal and the abdomen was negative except for the right lower quadrant scar. The spleen and liver were not palpable. Extremities were normal except for moderate indurated swelling of the right ankle which resulted from the healing fracture. The superficial and deep reflexes were normal. The blood count (see table) was 8450 W.B.C. of which 43 per cent were mononuclears. The urine was negative.

For two weeks (until December 14) her condition remained about the same, temperature fluctuated from normal or a little above in the morning to 100°F. or 101°F. in the evening. The pulse varied between 70 and 90, and the respirations remained normal. The severe headache was difficult to relieve. She was nauseated most of the time and vomited frequently. On December 2 the glands in the axilla were moderately enlarged and tender and there was a pea sized gland in each inguinal chain. A few days later other superficially located lymph glands were definitely enlarged including anterior and posterior cervical glands, submental, supraclavicular, axillary,

Blood Findings in Case of Infectious Mononucleosis

	Dec. 1	Dec. 5	Dec. 6	Dec. 16	Dec. 28	Jan. 11	Jan. 22	Apr. 7
R. B. C.		5,090,000		5,000,000	4,600,000			4,840,000
Hgbn.				77%	85%			78%
W. B. C.	8,450	15,500	17,100	6,650	5,750	5,550	5,800	4,300
Neutrophiles	56%	38%	22%	22%	34%	48%	55%	50%
Basophiles	1%		3%			2%	3%	
Large Mono.	10%	2%	17%	11%	18%	5%	10%	6%
Small Mono.	33%	60%	58%	67%	48%	45%	32%	40%
Transitionals								4%

Only rarely was a morphologically abnormal leukocyte found and when found was placed in the group which it most closely resembled.

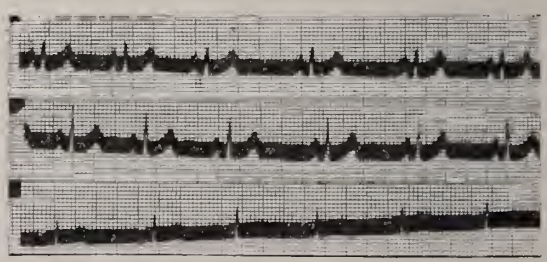


epitrochlear, pectoral and inguinal glands. During the last week of her illness there was moderate oliguria, with highly concentrated urine and a slight trace of albumin. A blood culture was not done.

Her color became subicteric, especially noticeable about the face, head and neck, and beginning December 7 she complained of considerable generalized pruritus which lasted several days. Her temperature gradually fell to normal, she improved subjectively and was up and about December 15. The glands remained palpable until the last of December. At no time was there evidence of any joint involvement.

The patient resumed active college work at the end of the Christmas vacation, January 3, 1930. About a month later she began to notice slight dyspnoea and palpitation on ascending stairs. On March 29, examination revealed B.P. 95/70. Pulse 80 and regular except for sinus arrhythmia. The cardiac dullness was 9¾ cm. to the left in the fifth interspace and 3 cm. to the right of the midsternal line in the fourth interspace. The first sound at the apex was distinctly snappy. The pulmonic second sound was split and accentuated, and there was a definite prolonged presystolic rumble at the apex which was loudly accentuated on turning the patient on her left side. The lungs were normal. There was no reaction to the injection of 1/20 mgm. of old tuberculin. Copies of the electrocardiogram and teleoroentgenogram are shown in Figure No. 1 and No. 2. At this time a diagnosis of rheumatic heart disease with mitral stenosis was made.

Her general condition remained good, she continued her college work with physical activities restricted and on May 1 examination showed no significant change. The temperature was 98.4°F. Pulse 80 and regular except for sinus arrhythmia. The apex impulse was palpated in the fifth interspace in the mid-clavicular line and percussion revealed no cardiac enlargement. The pulmonic second sound was accentuated and a soft murmur beginning immediately after the second sound diminished to mid-diastole then rose in sharp crecendo and ended in a snappy first sound. Aside from the cardiac findings the physical examination was essentially negative.



Sinus arhythmia, otherwise within the average.

Fortunately the patient was a physician's daughter and furthermore had been examined (as a college entrance requirement) by a cardiologist in August, 1929, and his records show that at that time there was no evidence in physical and cardiographic examinations of any involvement of the heart. It therefore seems perfectly clear that previous to the attack of infectious mononu-

cleosis there had been no suggestion of rheumatic fever or endocarditis.

SUMMARY

A case is reported in which rheumatic heart disease with mitral stenosis followed immediately upon an attack of infectious mononucleosis in a patient whose heart previously had been entirely normal.

BIBLIOGRAPHY

1. Pfeiffer, E: Jarb. f. Kinderh. 29: 257 (1889).
2. Cottrell, James E.: A. J. M. S., Vol. 173, (1927) 472.
3. Sprunt, Thomas P., and Evans, F. A.: Mononuclear Loukocytosis in Reaction to Acute Infections. Bull. Johns Hopkins Hosp., 1920, xxxi, 410.
4. Longcope, Warfield T.: Infectious Mononucleosis with a Report of Ten Cases. A. J. M. S., 1922, clxiv, 781.
5. Balbridge, C. W., Rohmer, F. J., and Hansmann, G. H.: Glandular Fever, Arch. Int. Med. 1926, xxxviii, 413.
6. Downey, H., and McKinlay, C. A.: Acute Lymphadenosis Compared with Acute Lymphatic Leukaemia, Arch. Int. Med., 1923, xxxii, 82.
7. Korsakoff, N. S.: Beitrage zur Lehre des Drusenfiebers, Arch. f. Kinderh. 41: 321; 42: 193, (1905).
8. Lublinski, W.: Beitrage zur Frage vom Drusenfieber, Ztschr. f. klin. Med. 62: 170, (1907).

Note: I wish to thank Dr. Thomas J. Heldt and Dr. F. Janney Smith of Detroit for their cooperation in making possible this case report.

Some Angles on the Scope and Limitation of Public Laboratory Practice

Growth and expansion of public health services by the state have resulted in several important questions relative to how far the state should proceed in a certain direction with a particular service before it trespasses on the field of the private medical practitioner.

One question still the subject of considerable controversy and on which opinions differ is that of to what extent should the state go in giving pathological laboratory service through its laboratory manned and equipped by government funds.

Other states besides Ohio are at the present time engaged in a study of this question, due to controversies that have arisen between official health departments and physicians engaged in private laboratory practice.

In a recent issue of the *New England Journal of Medicine*, Dr. George H. Bigelow, Commissioner of Public Health for the State of Massachusetts, addressed a communication to the readers of that journal, citing some of the questions that have arisen in that state regarding laboratory service by the commonwealth, and asking for comments from members of the medical profession on the subject.

"In view of the very general interest in the extent of medical service to be given by governmental agencies and the apprehension of 'state medicine', the following letter which we have recently received is of interest," Dr. Bigelow writes:

" 'Do you make a practice of doing blood sugar tests if doctors send them into you? I am simply asking for information as I have no very definite ideas regarding the matter. I rather suppose, however, that the time will come that general practitioners would be helped if they could get such tests made by you especially for their poorer patients.'

"Although some states, notably New York, give this type of service, my reaction is that it is very unsuitable. In the fields of sanitary control of the environment and communicable disease there is, I think, quite general acceptance of the soundness of governmental programs.

"The whole difference of opinion seems to me to center around those activities generally classed as personal hygiene in which come the detection and correction of defects in pathology in pregnant women, infants, children, adolescents, and now, with our interest in chronic disease, in adults.

"Of course, it may be said that this is analogous to the tumor diagnostic service which we give and I can see where away from the larger centers where laboratory work is difficult and expensive the offering of this service by the government may well have its supporters. On the other hand, if we do blood sugars, why not all the rest of blood chemistry and urinalysis, electro-cardiography, and the whole gamut of clinical laboratory service and other instruments of precision.

"Theoretically, if such service is to be given, it should be given by a department of disease, rather than health. This is perhaps haggling, and yet I think, we must try to see some basic principles under all this if we are to go straight at all. It can of course be said that in view of the Department's request for an authorization to give service in rheumatism such an attitude on our part is inconsistent. Also, it is true that things are done not for any profound theoretical soundness but because of the pressing exigencies of the moment."

Dr. Bigelow raises some interesting questions in his communication. His comments should be of special interest to Ohio physicians engaged in private clinical laboratory practice who have felt for some time that the increasing amount of work being done by the state laboratory and other public laboratories has had a tendency to result in an unfair invasion of the field of private laboratory practice. As Dr. Bigelow implies, and as emphasized in the last annual report of the Committee on Medical Economics of the Ohio State Medical Association, laboratories supported by public funds should confine their work strictly to cases which have a definite bearing on the control and prevention of disease, except those involving indigents or wards of the state.

While, as Dr. Bigelow declares, "pressing exigencies of the moment" are often the reasons advanced for the institution of certain procedures, it is undoubtedly best for "profound theoretical soundness" to serve as the guiding basis in establishing methods in which there is the slightest opportunity for controversy and disagreement.

The President's Page

A Personal Communication to the Membership from

D. C. Houser, M.D., Urbana, Ohio

It is not my purpose to write a long article on some organization or medical subject, but rather to take this opportunity to express my thanks and gratitude to the members of the Ohio State Medical Association for the many kindnesses and courtesies shown me in past years and to pledge to you my time and what little ability I may possess in helping you solve some of your problems. I will be very glad indeed if I can render any service to you.

So much has been written on medical organization in the last decade, that it is very difficult to say anything new or original, hence most that can be done is to remind each other what should be done.

Then let me remind you that if we are to maintain the present high standing of the Ohio State Medical Association, it requires, as in the past, the assistance not only of the officers in the various component County Medical Societies and Academies of Medicine, but also the entire membership, working in harmony, manifesting intense devotion and unfailing loyalty in the cause of organized medicine, ever having in mind the betterment of the medical profession, to the end that we may be able to serve those in need of our services with such manifest and outstanding ability that the lay public will turn to us more readily on all occasions for the solution of all medical problems and not to various ultra medical societies and, "uplift" organizations.

Much merited praise and commendation is due a great number of physicians in the state who have served faithfully and unselfishly in the private ranks of organized medicine for years, attending society meetings, reading papers, and always doing their part toward the advancement of medical science.

Every legally qualified and eligible physician should be a member of his component society and the Ohio State Medical Association. A qualified physician who is not a member of the society in his jurisdiction is a potential liability and not an asset.

Plan a membership campaign in your County for this fall and adopt the slogan: "Every Legally Qualified and Eligible Physician A Member of Our County Society." Recite the advantages of belonging to the Society and the disadvantages of not belonging.

The present industrial depression in the business of the world, the multiplicity of organizations in almost every craft and profession, the sudden and radical changes in forms of government in various countries, the rapid increase in industrial medicine and clinics throughout the United States, and the vicious tendency of various lay organizations in trying to dictate and control medical work, make it highly necessary for the medical profession to have every qualified and reputable physician a member of his County Society and the Ohio State Medical Association.

The day is not remote, if it is not already at hand, when the anchor of organized medicine will be tested and if it does not hold, some radical changes in the plan of caring for those in need of medical services, will come.

Advice and guidance in all medical matters should be sought from the Council, at the State headquarters, Columbus, Ohio, and not from lay organizations. You are always welcome at the State headquarters and will be courteously received and aided in finding any information which may be there, and of value to you.

Attorney General Opinions and Court Decisions on: Corporations Practicing Professions, Limitation on Health Authorities Establishing Dental Clinics, Township Poor Fund Cases, Difference Between Tort and Malpractice, Etc.

Corporations are not authorized to practice optometry in Ohio and when a corporation leases space in its store to a licensed optometrist for an optometrical department and advertises in its own name that it maintains such department, such corporation is practicing optometry, regardless of whether or not the advertisements contain the statement that the department is in charge of a licensed optometrist, according to an opinion (No. 3341) recently given to the State Board of Optometry by Attorney General Gilbert Bettman.

Mr. Bettman's opinion in part said:

"Before determining whether or not the corporation * * * * is engaged in the practice of optometry, it is necessary to determine the matter of whether or not optometry is a profession. This office has rendered an affirmative opinion upon this question, the syllabus of which is as follows:

" 'The practice of optometry is a professional business and corporations may not be formed for the practice of optometry.'

—Opinions of Attorney General, 1924, p. 218.

"At the time of the rendition of this opinion, Section 8623, General Code, prohibited corporations from being organized for the purpose of carrying on professional business. The same prohibition is now contained in Section 8623-3, General Code, in the following language:

" 'A corporation for profit may be formed hereunder for any purpose or purposes, other than for carrying on the practice of any profession, for which natural persons lawfully may associate themselves, provided that where the General Code makes special provision for the filing of articles of incorporation of designated classes of corporations, such corporations shall be formed under such provisions and not hereunder * * * *.

"Since corporations may not be organized for the purpose of practicing a profession, they are not, of course, authorized so to do.

"It becomes necessary, then, to determine whether or not the advertising of an optometrical department by a corporation constitutes practicing optometry. The recent case of Dworken v. The Cleveland Automobile Club, a Corporation, decided March 14, 1931, by the Court of Common Pleas of Cuyahoga County, reported in Ohio Bar, March 24, 1931, is directly in point.

"This was an action to enjoin the Cleveland Automobile Club from practicing law. It appeared that the Club had advertised that it had a legal department for its members. In the adjudication of the case, it became necessary to determine whether or not such advertising constituted practicing law. The language of the court upon this point is as follows:

" 'It is unquestionably true that a very large part of such services does not constitute 'practicing law' within the statutory meaning of such phrases, but, in our judgment, in the following particulars, the defendant has engaged in the practice of law; * * * *

" '(e) By advertising and representing that said defendant maintains a legal department for the purpose of advising its members of any civil legal matters pertaining to or in connection with the operation of automobiles or other motor vehicles exclusively owned or operated by the members of the defendant.'

"It seems obvious that since advertising by a corporation that such corporation has a legal department for its members constitutes practicing law on the part of such corporation, then advertising by a corporation that it has an optometrical department for its customers constitutes practicing optometry on the part of such corporation. In my view the two are analogous regardless of whether or not the advertisement states that there is a licensed optometrist in charge of the optometrical department. The corporation in either event is holding itself out as rendering professional services.

"In your letter you state that the corporation leases space in its store to an optometrist who is in charge of such space, but that the corporation advertises the department of optometry under its own name and makes all charges in such department in the same manner as charges are made in any other department of the store. Under these circumstances, regardless of what arrangement may have been entered into between the optometrist and the corporation as to salary, commissions, etc., in so far as the public is concerned it is dealing with the corporation which corporation is supplying professional services. A corporation is a fictitious person which can only act through its agents. Upon the statement of facts which you present, the optometrist in charge of the department of optometry is clearly an agent of the corporation just as are other employes in charge of any other department.

"In view of the foregoing and in specific answer to your question, it is my opinion that:

"1. Corporations are not authorized to practice optometry in this state.

"2. When a corporation leases space in its store to a licensed optometrist for an optometrical department and advertises in its own name that it maintains such department, such corporation is practicing optometry, regardless of whether or not the advertisements contain the statement that the department is in charge of a licensed optometrist."

* * * *

An interpretation of the statutes setting forth the powers and duties of a board of health and a health commissioner with reference to the establishment of a dental clinic for the dental supervision of school children; what sort of service may be rendered by such a clinic, and the right reserved by parents to permit or forbid their children attending such clinic is found in an opinion (No. 3309) handed down by Attorney General Bettman.

The opinion was rendered in reply to a query from a county prosecuting attorney, who in his letter to Mr. Bettman declared that the county health commissioner had established a dental clinic without any authority of the County Board of Health and that he employed a dentist to perform dental surgery upon school children from families who could not afford the services of a dentist. The letter further stated that certain parents of school children had objected to the procedure, contending that the health commissioner exceeded his legal authority by rendering corrective dental service and had precluded them the right to select for their children a dentist of their own choosing.

Interpreting Section 1261-26, General Code, which provides that the district board of health may provide for the medical and dental supervision of school children but that no medical or surgical treatment shall be administered except upon the written request of a parent or guardian, and Section 7692, General Code, which gives boards of education permission to employe school dentists or delegate such powers and duties to the district board of health or health officer, Mr. Bettman rendered the following opinion:

1. The word "supervision" shall be understood to be the making of "such remedial examinations and diagnoses" and the rendering of "such remedial or corrective treatment for the school children as may be prescribed by the board of education; provided that all such remedial or corrective treatment shall be limited to the children whose parents cannot otherwise provide for the same, and then only with the written consent of the parents or guardians of such children".

2. There are no provisions in the statutes which authorize a commissioner of health on his own initiative, or upon order of a board of health, to establish a dental clinic for the free treatment of the teeth of school children or anyone else other than that contained in Section 7692, General Code, which limits the rendering of such treatment to such as may be prescribed by the board of education, and then only to children whose parents or guardians can not otherwise provide for the same, and consent thereto.

3. The statutes clearly indicate an intention on the part of the legislature to provide that such treatment shall not be given and such surgery shall not be performed without the consent of the parents or guardians of the children.

* * * *

In an opinion (No. 3343), Attorney General Bettman analyzes the powers vested in the State Board of Dental Examiners in determining what dental colleges shall be considered reputable and what educational qualifications shall be required of applicants for a license to practice dentistry in Ohio.

The opinion, asked by the State Dental Board, quotes Section 1321, General Code, which authorizes the Board to define what shall constitute a "reputable dental college", and on this point states:

"While there is no question as to the latitude extended to your board in determining what dental colleges shall be considered reputable within the meaning of the section, providing, of course, your board does not abuse its discretion in the determining of such matters, the specific question which you present does not appear to me to be a question bearing upon the reputability of dental colleges but rather a question of the extent of the power which your board may have to determine the preliminary educational qualifications of students prior to their entrance to a dental college."

Quoting Section 1321-1, General Code, which specifically states that an applicant for a dental license must have had a general education equal to that required for graduation from a first grade high school in this state, Mr. Bettman points out that the Legislature has expressly defined what shall be necessary with respect to general educational requirements and that he is unable to find any provision which may be construed as authorizing the State Dental Board to change these general educational requirements.

He points out, however, that if any question is raised as to the merits of the dental colleges, these are proper matters for the consideration of the board, as well as any questions with respect to the professional training offered by the various dental colleges.

Moreover, Mr. Bettman declares that he finds nothing which may be said to authorize the State Dental Board to consider preliminary general educational qualifications as pertinent to a determination of the professional standing of a professional school.

In brief, the attorney general's opinion on the questions raised was:

1. In view of the provisions of Section 1321-1, General Code, that applicants for license to practice dentistry in this state must be possessed of a general education equal to that required for graduation from a first grade high school in this state, the State Dental Board is without authority to impose any further general educational requirements upon such applicants by taking the position that a reputable dental college shall only

be such college as requires two years of general college work in an arts course prior to admitting students to its dental college.

2. The State Dental Board has jurisdiction, however, to consider any pertinent elements bearing upon the professional college itself, such as the number of years required to complete the course and the instruction given.

3. In the event the Board desires to lengthen the number of years which an applicant for examination must attend a dental college before such applicant may be permitted to take the examination of the Board, such change should not be effective so as to give it a retrospective effect.

Mr. Bettman's opinion in no way affects the right of a dental college to demand that students before admission shall have completed any specific number of years of collegiate work, the same as Class A medical colleges require from two to four years of college work prior to entrance in the medical college.

* * * *

Acting on a case from Lucas County (The New York Central Railroad Co., v. Fred Wiler), the Ohio Supreme Court recently handed down an interesting decision affirming the judgment of the Lucas County Court of Appeals and interpreting the statutes relative to the "master and servant" relationship existing between a company and a physician employed by it.

The facts in the case, as recorded in the record, were: The plaintiff (the defendant in error) was employed by the railroad company as a locomotive fireman. He was ordered by the company to go to the office of a physician employed by the company to submit himself to a physical examination so that the company might have information as to the plaintiff's physical fitness to continue work.

The plaintiff's petition alleged that during the physical examination he sustained a rupture on the left side because the physician "failed to exercise ordinary care in using an unnecessary degree of force".

In answer to the suit for damages, the railroad company filed a demurrer upon the grounds that the case had not been brought within the time limited by law for the commencement of such action and that the plaintiff's amended petition did not contain facts sufficient in law to constitute a cause of action against the railroad company.

The trial court sustained the demurrer but the Court of Appeals reversed the judgment of the trial court and remanded the cause for further proceedings.

In rendering judgment on the appeal of the railroad company, the Supreme Court said:

1. Where a railroad company requires of an employe that he submit to a physical examination by a physician employed by it for such purpose, and such examination has for its purpose the information of the company as distinguished from the treatment or cure of the employe, the submission by such employe to such examination does not of itself create the relationship of physician and patient between such physician and such employe.

2. In such a situation, the relationship between the railroad company and the physician is that of master and servant, unqualified by the fact that the servant is at the same time a physician.

3. An action in tort for an injury received by the employe in the course of such examination is subject to the limitation of Section 11224-1 General Code, and not to the limitation of Section 11225, General Code; in other words the action was not one for malpractice coming within the one year limitation of Section 11225, but was an action in tort for bodily injury coming within the two year limitation of Section 11224-1, General Code.

* * * *

An opinion (No. 3325) interpreting the statutes relative to payment by a township of medical services rendered the indigent was handed down by the attorney general, in reply to a letter from a county prosecutor, in which the following facts were set forth:

One of the townships of the county has a contract with a physician to take care of the indigent sick. A person moved from this township into an adjoining township, and some miles further from the center of the first township. While living in the second township, he became ill and the trustees of the second township called upon the physician who was under the contract with the first township to treat this person. They intended to pay the physician from their own township funds, but upon investigation found that he was still a legal charge upon the first township, and notified the first township, within the statutory time, of the services rendered.

Subsequently, the question arose: Does the second township pay the bill to the physician and the first township reimburse the second township or is this to be regarded as part of the contract of the physician?

Mr. Bettman, in his opinion, held that under Section 3480-1, General Code, medical services requested by the trustees of a township for an indigent person whose legal settlement is in another township, should be paid by the township requesting such medical services and charged to the township of legal settlement.

Moreover, in the following statement, he specifically held that the physician under contract was entitled to compensation not specified in his contract for rendering services in another township under these conditions:

"The mere coincidence that the township authorized to request medical services chanced to call the doctor under contract with the township to which the patient was a legal charge, does not, in my opinion, act as a bar to prevent the doctor from receiving compensation for his services, rendered at the request of the second township, from such township."

New Pharmacy Organization to Study Professional Problems

Some of the problems of the profession of pharmacy and how many of them may be remedied are summarized by Dean Edward Spease, of the School of Pharmacy, Western Reserve University, writing in a recent issue of the Bulletin of the *Cleveland Academy of Medicine.*

The occasion for Mr. Spease's timely and interesting review of the pharmacy field was the official announcement of the formation of the Northern Ohio Branch of the American Pharmaceutical Association in Cleveland, the purpose of which organization is to deal only with scientific and professional problems of the pharmacist and to aid in strengthening cooperative and helpful contacts between members of the medical and pharmacy professions in that section of the state.

"Physicians and pharmacists have been the sole critics of the drug store until during very recent years," writes Mr. Spease, "and now the public has begun to criticize.

"When the public criticizes there is usually a reason," he continues, "and though public opinion may be wrong, it is seldom entirely wrong. There is a grain of truth somewhere to be found and the case of the drug store is no exception.

"Out of the chaotic condition, in which pharmacy has found itself, has begun to rise, and rapidly too, a pharmacy actually corresponding to the ideals which it had set for itself but had not lived up to.

"The writer feels that this evolution of the drug business was a perfectly natural one and that the racket-store type of drug store has actually brought about a division between real pharmacies and others.

"Medicine as pratciced has been largely empirical. Could pharmacy be different? Today, scientific medicine is being practiced more and more and pharmacy is only now beginning to be scientific. We are now educating pharmacists so that they may be of real service to physicians. Some men who have been in pharmacy for many long years are delighted today to grasp the opportunity offered to practice their profession and the young men are just taking professional pharmacy as a matter of course.

"Pharmacists and physicians have been quite critical of one another. One reason for this is that pharmaceutical education has not kept pace with medical education, yet advancement in medical education had to come first and now one ground for lack of understanding is happily being rapidly removed.

"Specific criticisms may include such things as the habit of certain types of manufacturers who advertise a new chemical or a specialty to the medical profession and then later to the public. The profession ceases to prescribe it but the pharmicist is forced to supply the demand created by this advertising. If the pharmacists had been doing scientific thinking and had they been in close cooperation with their physicians, they could have prevented the development of this scheme and the physicians would not have been a factor in unconsciously encouraging self-medication.

"Refilling of prescriptions without authorization and counter prescribing as existing in some stores are evidences of ignorance and do not demonstrate either knowledge or astuteness.

"The pharmacist criticizes the all too common habit of saying, 'Just get some aspirin tablets' or something by some coined fanciful name that is easy for the patient to remember. This is well intentioned and based upon a desire to save money for the patient. The patient tells his friends and they all buy it. This leads to supposed approval of self-medication. If the patient needs the drug it should be prescribed under its true scientific title in order that the physician may be assured of its strength and purity.

"Specialties with coined names easy to learn are often read from the prescription and asked for directly, to save money. If the pharmacist is properly qualified and is a man of integrity he is entitled to a small professional fee when he is able to guarantee to the physician that his prescription is filled as written.

"I am still inclined to lay the blame at the door of the pharmacist for he should follow up each case, or any simple ones, with the physician concerned.

"Now what is the remedy? Cleveland pharmacists think they have found it. We have organized what is known as The Northern Ohio Branch of The American Pharmaceutical Association, which organization is devoted entirely to things professional. This new society in no way supplants or supercedes the Northern Ohio Druggists Association which has been in existence for over fifty years and which is still functioning.

"The work of the new society is supplementary to that of the old one but deals only with scientific and professional problems. Nearly all the members of the new society belong to the old one. The membership of this new society is selective. It has adopted for its guidance a modified Academy of Medicine constitution and by-laws. A prospective member must make application in the usual manner and this application is referred to an investigating committee. It determines the fitness of an applicant as an individual, his education and training, inspects his pharmacy as to equipment and library, its appearance and the manner in which it is kept and conducted, and even investigates the outside activities of the individual to the end that we feel we can recommend him and his pharmacy to our physician friends as capable and trustworthy.

"It is the purpose of this society to inform the

physicians of this community who the members of this society are. It is a further purpose to send to the physicians who wish it, regularly, information about new products and the present status of old ones. It purposes in time to have a central clearing point where physicians may turn for any information about drug products, either through their pharmacist member, or directly.

"The School of Pharmacy plans to aid in this work and its library and staff are ready to serve the physicians of this community.

"This society has been working quietly and perfecting its organization for more than two years and is now ready to become active. We shall be happy to discuss drug problems with our physicians and to adjust difficulties that may arise. Our society is small, having less than fifty members at present, but it is growing and it will reach into every locality in this community wherever scientific medicine is practiced and where scientific pharmacy is needed."

Physicians Are Responsible for Personal, Professional Service In Workmen's Compensation Cases Just As In Private Practice

Ohio physicians handling workmen's compensation cases are urged to study carefully the contents of a form letter being enclosed in correspondence between the Medical Division of the State Industrial Commission and doctors caring for persons eligible to compensation under the Ohio Workmen's Compensation Law.

The letter, over the signature of Dr. H. H. Dorr, chief medical examiner for the Commission, reads as follows:

"Dear Doctor:

"The Industrial Commission of Ohio has always adhered to the principle that every injured workman is entitled to the services of a registered physician. Its fee schedule is based on the services of physicians—not nurses and office assistants.

"In order that there may be no misunderstanding as to its attitude and to impress upon physicians the importance of knowing what is expected of them, the Commission on July 10, 1931, adopted the following resolution:

> "'No fees will be paid to a doctor for services rendered by an assistant who is not a registered physician, unless the doctor is present and directly supervises the treatment.'

"This is not a new departure. For years, physicians in submitting bills, have been certifying to the following on Forms C-3 and C-19:

"'I hereby certify that the treatments covered in the above fee bill were rendered solely on account of the injury or occupational disease described herein, and were rendered by me personally or under my personal direction.'

"Your cooperation will result in better care for the injured and more cordial relations with the Commission."

As pointed out by *The Journal* on previous occasions, records of the State Industrial Commission reveal some instances where a physician has submitted a fee bill for services to patients who were never seen by him but where the medical attention was rendered by a nurse or technician employed in the physician's office.

As pointed out before in *The Journal*, and emphasized in the above letter, every injured workman is entitled to the services of a registered physician and payment out of the state insurance fund for medical and surgical services is not authorized by law unless the services were rendered or performed by one duly licensed to practice medicine and surgery.

In this connection, physicians should bear in mind that a physician signing a medical report for an injured claimant not personally attended by him or submitting a fee bill for services not actually rendered by him may be prosecuted for fraud under the fraud section of the Workmen's Compensation Law.

It is not the intention of the Commission to work undue hardship on the physician handling industrial commission cases or to imply that the physician must personally render all minor services, such as simple dressings, first-aid treatment for minor injuries, simple physical therapy, laboratory tests, etc., which may be done by well-trained nurses and technicians. However, these must be done under the direction of the attending physician and for which he is at all times responsible.

On the other hand the Commission in the future expects to insist that every physician keep in close touch with every case under his care; that he prescribe and supervise, through oral or written instruction, the treatments being given patients by his office assistants; that he delegate to these assistants only work that they are qualified to do, and that he assume direct personal responsibility for the services rendered by his office aides.

As stated in *The Journal* on numerous occasions, the State Industrial Commission has endeavored constantly in its relationship with the medical profession to be reasonable and fair, especially in the matter of compensating physicians for services rendered. Undoubtedly, the Commission in interpreting and complying with its resolution of July 10 will follow this same pro-

cedure and make every attempt to compensate adequately every physician who honestly and conscientiously performs the services for which he seeks payment, and renders every case under his direct supervision the competent care to which the injured workman is entitled.

Every physician should remember that he has a personal responsibility in industrial commission cases, as in all other cases, and that all persons employed by him for office routine or to assist in treating patients must be competent and thoroughly qualified to perform the services expected of them.

Some Dangers in Flat Rate Fees in Hospital Service or Private Practice

There probably has never been a time when there has been more experimenting in the field of medical service.

Inasmuch as hospitals now occupy such a prominent place in modern medicine, many of the new schemes for rendering medical service to all classes of society have been built around such institutions.

Some hospitals have eagerly welcomed these undertakings in hope of relieving the financial pressure bearing heavily upon them. Others have entered into these enterprises out of curiosity or from a desire to become trail-blazers to new methods of public service.

Hospitals that have already inaugurated some of the newer administrative methods and those contemplating following suit would do well to devote further serious and thorough study to the proposals presented to them before they become too firmly entrenched to retreat without sustaining serious financial losses or permit themselves to be led astray by alluring but false arguments.

Some timely advice to hospital boards and administrators generally is found in a recent article written for *The Modern Hospital* by Dr. Joseph C. Doane, medical director of the Jewish Hospital, Philadelphia.

"Institutions that are forced to adopt questionable practices in order to exist should carefully scrutinize themselves to see if there is need for their existence," declares Dr. Doane.

"It would be fairer to ailing men and women to announce that money is not at hand with which to provide the modern service they expect than to continue to submit them to incomplete and ineffective medical treatment," he continues.

Dr. Doane discusses at random some of the prominent new types of activities that hospitals here and there have undertaken during the past year or so.

His comments on the so-called flat-rate schemes and group-practice ideas that have been adopted by some hospitals should instill considerable doubt as to their merits in the minds of all hospital executives.

Relative to the plan now in effect in some institutions under which the hospital furnishes medical services to individuals and to families at a standard fixed rate per annum, Dr. Doane writes:

"Such a plan, in reality, represents contract medicine on a large scale, with the hospital playing the role of the general contractor and the individual physician that of a subcontractor. * * * In reality, the effect of such a scheme is to put into force a type of health insurance, with the hospital acting as the insurer and as the agent by which medical service is furnished. One can imagine the serious straits in which such a hospital would be found if an epidemic of grip or any other of the transmissible diseases were to occur.

"In some respects, such a plan might be workable in a community in which there is little or no institutional competition and which is at a sufficient distance from urban medical centers so that those members of the community who are most able to pay would not be often attracted to the city hospital. Nevertheless, there are elements of financial danger in such a contract, and the relations of the physician to the hospital, particularly from a financial standpoint, are likely to become exceedingly complicated. It also appears possible for difficulties of a personal and professional nature to arise, which would complicate the always sufficiently difficult ethical relationships between physicians.

"There are other types of group contract practice that have been recently inaugurated here and there. These usually have been originated by individuals with financial aspirations, rather than by the physician or the hospital. In these instances, the cooperation of a hospital is often sought and a proposition submitted for the treatment of patients on a mass basis at a reduced price. The same type of offer is made to the physician with the hope of securing medical service at a fixed sum per annum per person.

"Such schemes are likely to succeed financially if it proves possible to secure qualified physicians who are willing to ignore ethical considerations and to elevate the importance of financial ones. It is certain that with any of these plans, all of which show a trend toward contract practice, the chances of the ailing man and woman to be treated as an individual and not as a unit of a great whole are exceedingly slim. Moreover, the contract doctor has not always been looked upon with the highest esteem by his professional colleagues. Sufficient has been said to indicate the dangerous possibilities of yielding to financial pressure by the adoption of practices of questionable ethical wisdom. Most of these schemes are neither financially successful nor ethically sound. They represent the will-o'-the-wisp of hospital administration and as a rule should not be adopted."

As clearly indicated from the above comments, and as pointed out by another writer, neither the flat rate system nor the contract scheme is a panacea for the hospital's ills and is not going to solve the financial problems of these institutions. Neither do they insure efficient medical, surgical and hospital service for the sick public. Moreover, they are almost certain to interfere with the free choice of medical service on the part of the patient and lead to complex and confusing ethical questions between physician and hospital, and between physicians themselves.

Be Careful in Making Contracts with Collecting Agencies

These days of tight money, slow payments and exhausted finances are busy ones for the collection agent and collection agencies.

Naturally, the medical profession with its easy credit method of doing business has been hard hit by the current financial slump.

Therefore, it necessarily follows that the medical profession has been the object of high-powered solicitation by representatives of various agencies, seeking to take over the accounts of physicians for collection and settlement. Judging from reports from various sections of the state, Ohio physicians are at the present time being "pestered" by collection agents and due to the existing hard-times the urge upon physicians to enter into contracts has been almost irresistible.

This leads to the question of the merit of collection agencies generally—at least from the physician's standpoint.

Commenting editorially recently on this subject, the *West Virginia Medical Journal* said:

"After some years of experience it has come to be our belief that ninety per cent of all medical collecting agencies are bad. We would say they were one hundred per cent bad, except that we know there must be scattered a few such agencies here and there throughout the United States that are under able and efficient management and are capable of looking after the doctors' interest as well as their own. We feel, however, that the vast majority of such agencies do the profession much more harm than they do good."

Explaining that the average collection agencies make the mistake of comparing doctor bills with grocery or clothing bills, the West Virginia editor continues:

"The doctor knows that no two patients are alike. If the doctor feels that a patient should be sued, he sues him. If he feels a patient should be dealt with firmly, he clamps down on that patient. If he feels a patient is having a hard time, he lets him ride along. And if he feels a patient is down and out, he lets him go. To the merchant, all creditors are cut from the same pattern. They either pay their accounts or take the consequences. There's a world of difference between the two—a difference that only a practicing physician can understand.

"The minute a solicitor for a collecting agency begins to compare medical accounts with merchant accounts, the time has arrived for the doctor to be extremely wary. We issue a warning against such solicitors and against such agencies. No agency, no matter what its facilities, can handle a doctor's accounts like the doctor himself. If they try merchant methods on medical accounts, its a ten-to-one shot that grief is just around the corner. The question of unpaid doctor bills is still a problem—a problem of so much concern that it should seldom if ever be entrusted to lay hands. It is a problem for the doctor to supervise, and the more it is supervised the less a problem it becomes. We hold no brief for patients who ignore or sidestep their doctor bills, but we do believe that the average doctor can handle such patients better than the best collection agency. What the average doctor wants is satisfaction. What the average collection agency wants is blood."

Perhaps the editor from our neighboring state is a bit too severe on collection agencies generally. On the other hand, there is a lot of truth and common sense in his warning.

There are at the present time operating in Ohio good collection agencies, bad collection agencies, and collection agencies of questionable character. The matter of selecting the agency which can be of some service to him and do him no harm is up to the individual physician.

As emphasized often on previous occasions by *The Journal*, every physician should make it a point to investigate before he enters into a contract with any collection agency. He should be thoroughly acquainted with the terms of the contract. He should be sure the agency seeking his business is dependable and has a good reputation, and he should make sure that the solicitor is an authorized agent of the firm he claims he represents. There are some collection agencies rendering a worth-while service to Ohio physicians. These are the only ones deserving consideration from the medical profession.

—Approximately 100 health commissioners, nurses and health department employes attended the annual meeting of the Northeastern Ohio District, Ohio Society of Sanitarians, held at Alliance. Among those who took part on the program were Dr. F. M. Houghtaling, health commissioner of Sandusky; Dr. W. B. Lacock of the State Department of Health, Columbus; Dr. E. J. Braun, Cleveland; Dr. M. D. Ailes, health commissioner of Akron; Irene Bower, of the division of mental hygiene, Cleveland Department of Health; Mayor Carl F. Hari, Alliance, and Dr. Wallace J. Benner, health commissioner of Lakewood. Dr. Earl Musselman, health commissioner of Alliance, was in charge of the program.

Summary of Recent Changes In Ohio's Workmen's Compensation Law Including Occupational Diseases

Amendments to some of the sections of the Ohio Workmen's Compensation Law adopted at the recent session of the State Legislature and approved by the Governor became effective on July 8.

Chief among the changes in or additions of interest to the medical profession is the amendment to the Occupational Disease Code which adds three occupational diseases or conditions to the previous list of compensable diseases, making 21 in all.

The entire schedule of occupational diseases, now compensable under the workmen's compensation law, with a description of the processes involved, as it now appears in the law, follows, the three new diseases added by the last Legislature being numbered 19, 20 and 21:

1. *Anthrax*—Handling of wool, hair, bristles, hides and skins.

2. *Glanders*—Care of any equine animal suffering from glanders; handling carcass of such animal.

3. *Lead poisoning*—Any industrial process involving the the use of mercury or its preparations or compounds.

4. *Mercury Poisoning*—Any industrial process involving the use of mercury or its preparations or compounds.

5. *Phosphorus Poisoning*—Any industrial process involving the use of phosphorus or its preparation or compounds.

6. *Arsenic Poisoning*—Any industrial process involving the use of arsenic or its preparations or compounds.

7. *Poisoning by benzol or by nitro and amido-derivatives of benzol (dinitro-benzol, anilin and others)*—Any industrial process involving the use of benzol or a nitro or amido-derivative of benzol or its preparations or compounds.

8. *Poisoning by gasoline, benzine, naphtha, or other volatile petroleum products*—Any industrial process involving the use of gasoline, benzine, naphtha, or other volatile petroleum products.

9. *Poisoning by carbon bisulphide*—Any industrial process involving the use of carbon bisulphide or its preparations or compounds.

10. *Poisoning by wood alcohol*—Any industrial process involving the use of wood alcohol or its preparations .

11. *Infection or inflammation of the skin on contact surfaces due to oils, cutting compounds or lubricants, dust, liquids, fumes, gases or vapors*—Any industrial process involving the handling or use of oils, cutting compounds or lubricants, or involving contact with dust, liquids, fumes, gases or vapors.

12. *Epithelioma cancer or ulceration of the skin or of the corneal surface of the eye due to carbon, pitch, tar or tarry compounds*—Handling or industrial use of carbon, pitch or tarry compounds.

13. *Compressed air illness*—Any industrial process carried on in compressed air.

14. *Carbon dioxide poisoning*—Any process involving the evolution or resulting in the escape of carbon dioxide.

15. *Brass or zinc poisoning*—Any process involving the manufacture, founding or refining of brass or the melting or smelting of zinc. (109 v. 183.)

16. *Manganese dioxide poisoning*—Any process involving the grinding or milling of manganese dioxide or the escape of manganese dioxide dust.

17. *Radium Poisoning*—Any industrial process involving the use of radium and other radio active substances, in luminous paint.

18. *Tenosynovitis and Prepatellar Bursitis*—Primary tenosynovitis characterized by a passive effusion or crepitus into the tendon sheath of the flexor or extensor muscles of the hand, due to frequently repetitive motions or vibration or prepatellar bursitis due to continued pressure.

19. *Chrome ulceration of the skin or nasal passages*—Any industrial process involving the use of or direct contact with chromic acid or bichromates of ammonium, potassium or sodium or their preparations.

20. *Potassium cyanide poisoning*—Any individual process involving the use of or direct contact with potassium cyanide.

21. *Sulphur dioxide poisoning*—Any industrial process in which sulphur dioxide gas is evolved by the expansion of liquid sulphur dioxide.

Some of the other changes and additions made in the workmen's compensation law by the 89th General Assembly through the passage of Senate Bill 186, of interest are:

1. Amendment to Section 1465-59 providing for keeping the employers' fund and the public employes' fund separate and distinct, and that no disbursements shall be made from one fund to employes of employers contributing to the other fund.

2. Amendment to Section 1465-80 providing in case of injury resulting in partial disability that the employe shall receive 66 2/3 per cent of the impairment of his earning capacity during the continuance of the disability, not to exceed $18.75 a week, and in the aggregate not to exceed $4000, instead of $3750. Additional amendments to this same section increase the length of time weekly compensation shall be paid for partial disability as follows:

Loss of a hand for 165 weeks instead of 150 weeks.

Loss of an arm for 215 weeks instead of 200 weeks.

Loss of a foot 140 weeks instead of 125 weeks.

Loss of a leg 190 weeks instead of 175 weeks.

3. Addition to Section 1465-83 providing that the State Industrial Commission at its discretion may pay an award to the dependents of a deceased employe who would have been lawfully entitled to have made application for an award at the time of his death. This award, which shall not exceed the compensation which the decedent might have received but for his death for the period prior to the date of his death, may also be paid for services rendered on account of the last illness or death of such decedent. Application for compensation under this provision must be filed before or within six months following the death of the employe, and no award may be paid by the Commission unless the employe shall have died within two years of the date of injury for which compensation is asked.

4. Amendment to Section 1465-86 providing that no modification or change, or any finding or award shall be made with respect to disability, compensation, dependency or benefits after ten years from the last payment of compensation, or ten years after the injury in such cases in which no compensation ever has been awarded.

5. Amendment to 1465-89 providing for an increase in the amount allowed for funeral expenses from $150 to $200.

Importance of Nurses Training in Communicable Diseases is Pointed out by Committee on Nursing Schools

At least six out of ten nurses, of a group of more than 15,000 who were graduated in 1928, received no practical experience at all in a communicable disease service during their entire training.

About two out of three schools, or 713 of those studied, do not have such a service, nor do they affiliate with others to give their students this type of training.

These statements appear as part of a recent study made by the Committee on the Grading of Nursing Schools, to determine the kinds and amounts of practical experience student nurses are getting in training to fit them for the work they will be called upon to do as practicing graduates.

The importance of good nursing care for the control of communicable diseases was stressed by the Committee on Communicable Disease Control in its report at the recent White House Conference. The Committee estimates there are at least 3,000,000 cases of these diseases yearly, causing 15 per cent of all deaths.

"Public health nurses can be and are one of the most important agencies in the administrative machinery of communicable disease control," says the report. "They can reach both parents and children in an exceptionally intimate way . . . The nurses are often the first persons with some knowledge of disease to see a real or suspected case, and from their knowledge of control methods . . . are able in a speical way to give effect to community measures of control."

The doctor with the contagious patient wants a nurse who knows how to give the general care needed, who can follow orders, and who can observe and report symptoms accurately, doctors have reported to the committee. He wants a nurse who will give such high grade care that his patient may be saved from unnecessary complications.

Since early detection of symptoms in several types of communicable disease is important, and since a technique of contagion is necessary for the control of these diseases, the nurse should have experience with and observation of such cases during training, the report points out.

In 60 per cent of the contagious cases studied, patients said the special nurse was secured upon the advice of the physician. This is a far higher proportion than for other types of cases, which seems to imply the importance doctors place upon their nursing care.

About three in 100 cases calling for special nurses are apt to be contagious ones, according to the reports from the physicians. That some nurses can be had for these cases is evident from the fact that the patients included in this study all had special nurses. Nevertheless the fact that three out of 100 cases of all types refused at the registries, according to the doctors, are for contagious cases, indicate that physicians have difficulty in obtaining nurses for them. Of all calls, few are refused, and about 60 per cent of all the doctors said they had no calls refused during the month preceding their answer.

About one-fifth, or 22 per cent, of a group of registrars of various types of nurse supply agencies, listed contagious cases as among those hardest to fill. This is a higher rate even than for obstetrical cases.

Twenty-seven out of every 100 of the private duty nurses reporting to the Grading Committee said they will not take contagious cases if they can avoid them. These cases are first on the list of those registered against, including obstetric and mental cases, 24-hour and night duty. Of 486 Massachusetts nurses, for example, 146 said they register against contagious cases. About one in four New York nurses, or 344 out of 1,334 do so; and one-fifth of 45 Kansas nurses.

As was previously stated, when the records of 15,694 graduates of the class of 1928 were examined, it was seen that 9,488, or 60 per cent, did not get practical experience during training in a communicable disease service, because their schools neither furnish it nor affiliate for it.

Some communicable cases may have been encountered by these nurses during medical or pediatric service training. The special nursing techniques through which contamination and cross-infections are prevented, however, are not taught, as a rule, except in the separate communicable service. Also, the recognition of symptoms, particularly of those which might lead to the serious complications that are often a feature of such illnesses, require intensive observation and experience with varieties of cases. Nurse educators believe therefore that adequate experience in this field cannot be obtained in a general service.

Some students in schools which do have a communicable service, or affiliate for it, were not assigned to such work at any time during their training. Others spent a comparatively short amount of time in it. Median students in the 1928 class spent from zero to 226 days in communicable service, with those in the middle half of the schools spending from zero to 55 days. According to the standard commonly accepted in nursing circles, at least three months should be given to this training in a basic course. The variation in training among students in the same school shown

by the figures is an important indication of the lack of standardization of the nursing course.

The figures are especially significant in that they show that schools of all types, large and small, in all sections of the country, graduate many students who have not had this type of experience.

The following gives a picture of the nine states which together produce more than half of all the graduate nurses in the United States. The data are for the 1928 graduates, or one year's graduates only.

37 out of 70 Massachusetts schools graduated 477 nurses who had no communicable disease service experience.

74 out of 113 New York schools graduated 1,453 nurses who did not have this experience.

87 out of 129 Pennsylvania schools graduated 1,142 nurses who did not have this experience.

25 out of 66 Ohio schools graduated 436 nurses who did not have this experience.

52 out of 81 Illinois schools graduated 678 nurses who did not have this experience.

22 out of 37 Michigan schools graduated 272 nurses who did not have this experience.

18 out of 38 Minnesota schools graduated 443 nurses who did not have this experience.

21 out of 32 Texas schools graduated 187 nurses who did not have this experience.

23 out of 48 California schools graduated 410 nurses who did not have this experience.

Reports from the remaining states show that a similar condition exists in practically every one of them.

Some schools which do not give practical training in a communicable service give classes in theory, though "reading," it is believed, cannot take the place of actual observation and care. Half the schools reporting said they plan to give less than the amount allotted in the curriculum generally accepted as desirable.

The National League of Nursing Education is working to have communicable disease service included in the list of essentials for state board examinations.

Variety and Number of Narcotic Addicts in the U. S.

Approximately one out of every 1,000 persons in the United States is addicted to the use of drugs, according to an estimate made in a recent statement issued by the Division of Mental Hygiene of the U. S. Public Health Service.

The practice of indulging in habit-forming drugs is not limited to any one class of society, according to the report. The high, the low, the rich, the poor, the weak and the strong are all represented, it was stated, nor does one occupation possess a monopoly of the practice, for drug addicts are found in the most unexpected places, no nationality, race or color being exempt, it was pointed out.

"Contrary to widespread belief, some drug addicts are engaged in lawful and gainful occupations," the statement declared.

"These comprise those users accustomed to small doses that remain constant for years. The majority of drug users, however, tend to increase their dosage. Most of the latter are irregularly employed, are unsteady and comprise a portion of the floating, loafing, 'racketeer' population of the community. The migratory habit and unfixed residence of these people are known.

"As a rule drug addicts are gregarious with their kind but most of them are weak and vacillating as individuals. The fraternity and contrasting disloyalty among them is a proverbial paradox. As a rule they have no continuity of purpose except to maintain a supply of their drugs. This becomes the major idea of their existence. All motives, thoughts, and actions are concerted in that direction. They show acute cunning and cupidity, and the persistence and ingenuity displayed to maintain a supply of drugs often is remarkable. Integrity and reliability often are unknown quantities among them."

One of the most usual causes of addiction is ease of access to the drug and contact with other addicts, the report pointed out. In a recent study conducted by the Public Health Service, it was found that among 3,587 drug addicts, 1,694 or a little less than half, attributed their addiction to the influence and contacts of other addicts in the community. Curiosity, thrill, and bravado accounted for 340 more, whereas self treatment for the relief of pain accounted for 531.

"The predisposing or underlying causative factors, however, rest upon the constitution or mental make-up of the individual," the statement explained. "These factors are being recognized and appreciated more and more in the treatment and management of drug addiction.

"In the treatment and care of drug addiction, the most obvious need is institutional care during the period of the so-called withdrawal symptoms. On the other hand, the lack of cooperation on the part of drug addicts in their treatment, the strategems adopted to obtain a supply of their drugs, their return to the habit and the perversions and social reactions generally, engender a feeling of disgust and lack of interest on the part of the general public and many of the medical profession. It must be conceded, however, that a majority of persons now addicted to the use of habit-forming narcotic drugs mentally are ill. If this be true, then their treatment, segregation and care, and efforts at rehabilitation must be through a mental health approach."

Pointers on Filing Workmen's Compensation Fee Bills

One of the criticisms most often voiced by members of the medical profession regarding the administration of the Workmen's Compensation Law is that concerning the delay which occurs on some occasions in the settlement of doctors' fees for services rendered injured workmen.

For some time past, members of the State Industrial Commission and other officials of the Division of Workmen's Compensation have made every possible effort to speed up the machinery to bring about prompt payment to physicians, hospitals, nurses, etc., doing industrial accident work, especially in those cases which do not call for special investigations and hearings.

As a result, much improvement has been brought about in the methods for reviewing fee bills, especially in "medical only" cases, which permits the more prompt payment of fees.

Some of the delays still occurring are due, according to officials of the department, to carelessness on the part of physicians themselves, or to the attitude assumed by some physicians that the rules and regulations adopted by the Commission may be ignored or violated on all occasions.

Some of the outstanding examples of this laxity on the part of physicians were summarized recently by an official of the department, to show how physicians themselves are defeating the early payment of their own bills and making additional work for the already undermanned department.

One of the chief errors committed by physicians, this official declared, is in not adhering strictly to the schedule of fees for medical and surgical services. Unless the case is unusual in nature and requires special treatment or attention, only the published flat rate fee for treatment can, under the rules of the Commission, be approved.

Some physicians continuously charge more for services rendered than is stipulated in the fee schedule; others have a habit of charging for daily visits following an operation, which charge is taken care of in the flat rate fee for operations and aftercare.

Some fee bills submitted to the Commission are not made out in chronological order—that is, the charges for daily visits are listed one place and the charges for operations or special treatments another, making it necessary for the examiner to spend twice as much time in checking the bill as would be necessary if the bill were made out properly.

These and other careless habits on the part of some physicians and similar violations of the rules and regulations of the Commission call for extra work on the part of the claim reviewers and quite often a fee bill must be held up for a considerable period until questionable points are adjusted and additional information obtained.

Also, officials at the department state that there has been some difficulty in adjusting fee bills submitted by some clinics, groups and institutions handling workmen's compensation cases due to excessive charging, the rendering of unnecessary special treatments and elaborate examinations for minor injuries. One case was cited where a workman suffering from a minor injury had been kept in an institution for three or four weeks; was given specialized treatment and put through numerous examinations, when in the opinion of medical examiners at the department little more than first-aid treatment would have been necessary.

It was pointed out that institutions adopting such procedures not only stand little chance of being paid for such unnecessary work but that they also are establishing a record which makes it necessary for the Commission to avoid referring patients to them for special examinations in contested cases and for special treatment in partial disability cases.

Officials of the department declare that the great majority of the physicians of the state are cooperating in a splendid manner with the Commission and are endeavoring to make the speedy payment of disability claims and fee bills possible.

However, they also point out that the careless and uncooperative attitude taken by a small number of physicians has a tendency to put a greater burden upon the clerical force of the department, resulting in delays in the payment of fee bills to all doctors.

It stands to reason that occasional misunderstandings and delays are almost certain to occur, but it is also obvious that a considerate, careful and cooperative attitude on the part of physicians having business with the Commission would aid in the development of greater efficiency in the whole workmen's compensation machinery.

A recent tabulation of the 212,750 industrial accidents reported to the State Department of Industrial Relations during 1930 shows that about two-thirds—141,305—were due to five causes, namely:

1. Machinery, 39,202 accidents, or 18.4 per cent of the total of all industrial accidents.
2. Handling objects, 35,294 accidents, or 16.6 per cent of the total.
3. Stepping upon or striking against objects, 25,342 accidents, or 11.9 per cent of the total.
4. Hand tools, 21,631 accidents, or 10.2 per cent of the total.
5. Falls of persons, 19,836 accidents, or 9.3 per cent of the total.

The total number of accidents due to these five principal causes was 66.4 per cent of all accidents in the industry of Ohio last year.

Recent Court Decisions on Practice of Medicine, Violation of Statutes and Sales of Medicine

An opinion clarifying Section 12694 of the General Code and strengthening the position of the State Medical Board in prosecuting violations of that section which makes it a misdemeanor for one to advertise or announce himself as a practitioner of medicine and surgery or any of its branches before obtaining a certificate from the State Medical Board was handed down recently by the Court of Appeals of Lucas County in the case of the State of Ohio vs. K. T. Mueller.

The defendant was found guilty in the municipal court of Toledo of violating Section 12694, G. C. and fined. The case was prosecuted on error to the Common Pleas Court where the judgment of the municipal court was reversed. The State appealed the decision of the Common Pleas Court to the appelate court which affirmed the judgment of the municipal court. Subsequently, the State Supreme Court overruled a motion to have the court of appeals certify its record, sustaining the judgment of that court.

The court of appeals in its reversal of the common pleas court in effect held that the defendant by advertising and announcing himself as a practitioner of chiropractic and by occupying an office upon the door of which was a sign announcing him as a doctor of chiropractic, violated the medical practice act and was equivalent to actually practicing medicine or surgery or any of its branches before obtaining a certificate from the State Medical Board.

* * *

An important legal question relative to appeals from actions of the State Medical Board refusing to grant or suspending or revoking a certificate or license was decided in a recent decision by the Cuyahoga County Common Pleas Court in the case of Samuel R. Patterson vs. the State Medical Board of Ohio.

The certificate of Patterson to practice neuropathy, electrotherapy and hydrotherapy had been revoked by the Board because he had rendered treatments not permitted under his certificate.

Patterson appealed to the Cuyahoga County Common Pleas Court which sustained the action of the State Medical Board, and, in effect, held that in appeals from actions of the State Medical Board the reviewing court can only pass on the question as to whether the State Medical Board abused the discretion confided in it by statute.

"If this court finds," the opinion stated, "that the Medical Board has been guilty of such abuse of discretion, then the action in revocation should be overruled. The legislature has clearly placed no duty upon the courts in this state as to making any further determination in such cases."

* * *

Aspirin was held to be a "household remedy" and therefore exempted from the Ohio law requiring that drugs may be sold only by a legally registered pharmacist, in a recent decision handed down by Judge Edward F. Berry of the Columbus Municipal Court.

The case was prosecuted by the State Board of Pharmacy which charged that a Columbus grocer had violated the state drug law by making a sale of aspirin, which sale was admitted by the defendant.

The opinion of Judge Berry recited that the law provides that retail drug stores must be conducted by legally registered pharmacists, and that any other person who shall "compound, dispense or sell a drug, chemical or pharmaceutical preparation", except licensed physicians in the course of their professional services, shall be subject to a penalty. It also pointed out that the law exempts sales in original packages of certain specified articles "and other similar preparations".

The court quoted from an opinion by the Attorney General, holding that the Legislature did not intend to include those preparations commonly known as "household remedies", and held that aspirin should properly be included within the latter classification.

In pronouncing the defendant grocer not guilty of the charge, Judge Berry stated:

"The right of the consuming public to buy a harmless article of whom it chooses and the right of all merchants to sell a harmless article is a right that the courts must protect and which the Legislature has not the right to destroy.

"I further find and hold that the Legislature of Ohio never intended to restrict such a right and by the statutes in question did not attempt to do so, but on the contrary, by what is to me plain language, excepted from the operations of the statute, under conditions prescribed in the statute, 'household remedies'."

The advisability of appealing the decision of the Columbus court is being considered by the State Board of Pharmacy.

* * *

Two recent opinions in two other states having a bearing on the same question referred to in the preceding paragraphs were summarized recently in the United States Daily.

In Oregon, Attorney General I. H. Van Winkle held that the use of the words "drug sundries" on the outside of a general store is a violation of the Oregon pharmacy laws in cases where no registered pharmacist is in charge of the store. The

law, the attorney general pointed out, does not prohibit the sale of patent or proprietory medicines by general stores, but does prohibit the display "of any word or token on the outside of the store, commonly designated a pharmacy, unless a registered pharmacist is in charge".

In Minnesota, the State Supreme Court ruled that milk of magnesia sold in the original package of the manufacturer, which is prepared in accordance with a formula contained in the United States Pharmacopoeia, is a "medicine" within the meaning of the Minnesota Pharmacy Act, and therefore may not be sold at a place of business other than one in which a registered pharmacist is employed or is in active charge. The court held that the product was not a "proprietory medicine within an exception created by the law permitting the vending of proprietory medicines by general retail dealers".

Health Propaganda and Health Exploitation As Viewed by a Layman

Health rackets, health ballyhoo, health hobbies by individuals or small groups, health fears, and a score more "crimes committed in the name of health" are put on the spot in no uncertain terms by Dr. E. P. Lyon, dean of the College of Medicine, University of Minnesota, in an article published in a recent issue of *The Survey*.

Dr. Lyon, who as a matter of information is a doctor of physiology and a biologist and not a doctor of medicine, has condensed into one short article his advice on the question of health generally.

Assuming that health is somewhat an automatic process, not always influenced by outside elements and dependent to an extent on the ability of the human mechanism to adjust itself, Dr. Lyon makes the suggestion: "Why not let the machine do the work and have a good time yourself?"

"For many people, I am convinced," he declared, "the mad quest to preserve or to get health is taking away the joy of living, the joy that health itself should give. In general leave your health alone—just as you leave your gastric juice alone, just as you leave your brain alone, just as you leave your dog's health alone. Don't meddle with it. That is the first great teaching of science in regard to health.

"Do not think I am belittling the medical profession," he explained, "rather I am explaining the essentials of medical science. It is a wonderful science; and its exponents, the physicians, do wonderful work. They need no defense by me. Nor am I concerned with those people who can objectively regard themselves as they can their automobiles or sewing machines. I am thinking of the thousands who keep thinking about themselves, keep thinking about their health and are afraid. The more these can realize the fundamental fact that health is mainly inherent and automatic and act on that fact, the happier they will be.

"Remember, I am speaking of those who are reasonably well, of those who have health. That there are some who need to guard such health as they have, some who need aid or advice to get back their health—that goes without saying."

Admitting that there are some things men can do that affect health or affect the chances of health, Dr. Lyon divides these into two kinds, that which community or group can do, and that which the individual himself can do.

"Science says that those results which emanate from group action are much the more important —in other words, for the average individual, public health action is more valuable than private health action", he said.

"The municipality, state or group gives you safe water, safe milk, isolation, quarantine—in other words a reasonable control (not so good as it might be) of infectious diseases. This is important—really important—as a health factor from the side of environmental control. Other preached and propagandized community health activities are of less—many of minimum or negligible—importance.

"Now the practical bearing of these facts is that the average citizen should know something of public health, should inform himself as to which of the advocated health actions are important and should see that the funds his community has to spend for health are concentrated on essential tasks and not diverted for individual or small group hobbies as is so often the case.

"Finally, we come to that one per cent or two per cent or one-tenth of one per cent which each individual can do for himself in safeguarding of his health. This is where the big money is spent, and with least result. The printing press and radio bombard Mr. Average Citizen with health shot, grenades and high explosives until it is no wonder he is confused, shell-shocked. Note carefully that every exploiter of these agencies has something to sell. The advertising men have their imagination in the clouds, their facts and their ethics an equal distance under the ground. These health racketeers are not in business for their health—nor for your health. Foods, drinks, tooth pastes, soaps, special articles of clothing, patent medicines, appliances of a hundred kinds—many of them fakes and all advertised to a credulous public in the sacred name of health! That is the condition under which we live. Remember that health is automatic. Never read health advertisements. Dam the radio (spell 'dam' either way you wish). That is the first advice I have to offer as regards individual health effort.

"Secondly, bear in mind the doctrine of chances. Don't be afraid. I knew a lady who would never sit under the front of the balcony in a theater for fear someone would fall over on

her. Most health fears and precautions are just about in that range of probability. Try to size up the chances and make your health efforts where they are most likely to count for something. At the present time there is too much tinkering, too much fear.

"That it is well to have your machine looked over occasionally, if you can regard that process objectively and not get worried about it, may be advocated as reasonable. That any questionable symptoms or observed departure from normal, even though slight, should be looked into is common sense. The essential is reasoned, wholesome attitude toward life and health. Remember how easy it is to imagine. Hold firm to realities. Don't tinker and don't worry."

Vaccination, immunization, rest and exercise are among some of the other things the average person should do to safeguard and improve his personal health, according to Dr. Lyon.

On the other hand, he lists some of the things preached as vital to health concerning which science has little or nothing to say—sometimes speaks adversely.

"Brushing the teeth is a nice habit; but no one has proved that it saves teeth and all the flamboyant advertising about tooth pastes is rottenest tommyrot," Dr. Lyon declared.

"There is no better general guide to food choice than healthy hunger. If you take a reasonably sufficient and varied diet under nature's promptings, your chances of vitamin deficiency are mighty small. Some day the results of research may justify a shotgun vitamin prescription for the whole country, but not now. Therefore don't waste your good money on yeast. The way to keep lean is not to eat—it costs less than getting fat.

"The use of disinfectants around the house comes in the lower brackets of health promotion. Fumigating a sickroom is considered by most authorities as only of psychologic value.

"Ultra-violet light may have some use in some cases. But the chances of your needing it are infinitesimal. Anyhow, the present state of knowledge regarding ultra-violet is ambiguous, unsettled. In some cases it may do harm.

"Beware the machine-gun salesman. His health patter is pseudo-science. His eye is on your checkbook. In these days especially he prostitutes the radio to his uses. Cultivate sales resistance. Cultivate buymanship, which is better. Don't let them sell you things in the name of health. Keep in mind that a moron and his money are soon parted. Make believe you are not a moron.

"A big public health man used to say, 'Public health is purchasable'. He meant that freedom from infectious disease could be secured by sufficient public health expenditure. This is a great truth. At the same time, we do well to recall that health for a whole people is not purchasable. One man gets it free. Another cannot buy it for all the gold of Golconda. Ninety-seven or so of us have it in reasonable degree to about three who are more or less ill. Quit yapping so much about your health, quit pulling it up every little while to look at its roots, quit being afraid concerning it.

Viewpoints on Medical Guilds

Says the American Labor Legislation Review:

> "The payment of an annual fee to groups of physicians acting as medical guilds may be the way in which the costs of medical care will be met in the future, according to C. E. A. Winslow, professor of Public Health at Yale University."

Says the New York Times:

> "Any one can see that the proposed medical guild will be a vast improvement over the family physician. He merely looks at our tongues, gives us some tablets and tells us a joke and we go to business in a day or so. But the guild will be thorough.
>
> "As on an endless-chain conveyor, if we grasp the idea, we shall be passed along through the plant from prognostician to diagnostician, from metabolism specialist to neurology specialist, from lymphatic expert to bacteriology expert, from the gout department to the hay-fever department by way of the *X*-ray gallery, the heliotherapy hall, the serotherapy laboratory and the rickets room, getting drilled, pilled, chilled and thrilled here, there and yonder, leaving our vermiform appendices on one floor, our tonsils on the next, our teeth on another and our nearest friend's address with the clerk as we pass out.
>
> "It will be exhausting, perhaps, but then the family physician can soon put us in shape again."

Says Dr. Williard C. Rappleye, dean of the College of Physicians and Surgeons, Columbia University:

> "Any plan, whether developed from within the profession or imposed upon it from without, which lessens the responsibility of the trained physician in the care and treatment of patients or denies him the rewards of individual effort and superior ability will in the long run be detrimental to the public welfare."

NEW BOOKS

The Treatment of Injury by the General Practitioner. By Clay Ray Murray, M.D., F.A.C.S., Assistant Professor of Surgery, College of Physicians and Surgeons, Columbia University; Associate Visiting Surgeon. Presbyterian Hospital in the City of New York. With 196 drawings by the author. In two volumes. Harper's Medical Monographs. Harper and Brothers, Publishers, New York and London.

Banquet and Post-Graduate Lectures Arranged at Lima

A large attendance is anticipated at the banquet to be given the evening of September 10 at Lima by the Academy of Medicine of Lima and Allen County in connection with the Annual Post-Graduate Course of Lectures of the Academy to be held in that city September 8, 9, 10 and 11, the program for which was published on page 652 in the August issue of *The Journal*.

Dr. Thomas McCrae, professor of medicine, Jefferson Medical College, Philadelphia, who will give the post-graduate lectures, will be the guest of honor at the dinner and will address the gathering on "The Life of Sir William Osler".

According to an announcement the following guests have accepted invitations to be present at the banquet: Dr. D. C. Houser, Urbana, president of the Ohio State Medical Association; Dr. C. W. Waggoner, Toledo, past president of the Ohio State Medical Association; Dr. J. H. J. Upham, Columbus, dean of the College of Medicine, Ohio State University; Dr. Cyrus Sturgis, Ann Arbor, Michigan, professor of medicine, University of Michigan; Dr. Carl D. Camp, Ann Arbor, Michigan, professor of neurology, University of Michigan, and Dr. William H. Donald, Detroit, professor of medicine, Detroit Medical College.

Arrangements for tickets for the banquet, as well as single lectures of the course or the entire series of lectures, may be made through Dr. Edward B. Pedlow, Steiner Building, Lima, secretary of the Academy.

Fifth District Meeting September Eighteenth

Annual meeting of the Fifth District, Ohio State Medical Association, will be held September 18 at the Allen Memorial Medical Library, Euclid Avenue and Adelbert Road, Cleveland.

The following program for the all-day gathering has been announced by Dr. C. L. Cummer, Cleveland, councilor of the Fifth District, comprising the counties of Ashtabula, Cuyahoga, Erie, Geauga, Huron, Lake, Lorain, Medina and Trumbull:

11 a. m.

"Heart Disease in Childhood", Dr. N. C. Wetzel, Cleveland.

Microphotographic moving pictures of living embryos, showing the first heart beat and the beginning of circulation of the blood (from the Baldwin Research Laboratory and Western Reserve University). Discussion by Bradley Patten, Ph.D., Cleveland.

"Relation of Focal Infection to Heart Disease", Dr. R. L. Haden, Cleveland.

12:30 p. m.

Organization luncheon, Allen Memorial Medical Library dining room.

2 p. m.

"Heart Disease Due to Rheumatism; Clinical and Pathological Considerations", Dr. Harry Goldblatt, Cleveland.

"Cardiac Decompensation", Dr. H. V. Paryzek, Cleveland.

"Problems in the Diagnosis of Angina Pectoris", Dr. Harold Feil, Cleveland.

Recess for visit and smoke.

4 p. m.

"Physiological and Physical Aspects of Arteriosclerosis and Hypertension", Dr. C. J. Wiggers, Cleveland.

"Coronary Thrombosis", Dr. William H. Bunn, Youngstown.

"Syphilis and Its Effects on the Heart and Aorta", Dr. R. W. Scott, Cleveland.

Dinner. No arrangements have been made for dinner, but numerous good restaurants are easily accessible in the immediate neighborhood.

8:15 p. m.

(Combined meeting with Cleveland Academy of Medicine).

Introduction and welcome by Dr. S. C. Lind, president of the Academy.

Greetings from the Ohio State Medical Association by Dr. D. C. Houser, Urbana, president of the State Association.

"Optimism in the Treatment of Heart Disease", Dr. Paul Dudley White, Boston.

Social hour and buffet supper.

Program for Northwestern Ohio Medical Meeting at Marion, October 6

The following interesting program has been prepared for the Northwestern Ohio Medical Association's meeting in Marion, on Tuesday, October 6. The meeting will take the entire day.

PROGRAM

Business

9:30 a. m.

Dr. Hugh Gibson Beatty, Columbus, Ohio
"Malignancies of Para-nasal Sinuses."

Dr. A. A. Berg, New York City, N. Y.
"Recurrent Duodenal and Newly Formed Jejunal and Gastro-Jejunal Ulceration after Excision and Gastroenterostomy."
(Illustrated by lantern slides)

Dr. Paul Titus, Pittsburgh, Pa.
"Sterility and Its Treatment."
(Illustrated by lantern slides)

Lunch—12:15 p. m.—1:30 p. m.—
The Sawyer Sanatorium. White Oaks Farm.

Dr. Geo. W. Crile, Cleveland, Ohio
"Adrenal Denervation — Principle Involved, Clinical End-Results, Especially in Neurocirculatory Asthenia, Peptic Ulcer, Diabetes, and Recurrent Hyperthyroidism."
(Blackboard demonstration)

Dr. Nathan S. Davis III, Chicago, Ill.
"Cardiac Infarction Without Pain."

Dr. M. A. Blankenhorn, Cleveland, Ohio
"Neurological Aspects of Pernicious Anemia."

Dr. Julius H. Hess, Chicago, Ill.
"A study of Premature Infants, covering morbidity, mortality, physical and mental development based on 1035 admissions. Do the results justify the existence of our special clinic?"
(Illustrated by lantern slides and movies)

Dr. Wm. F. Braasch, Rochester, Minn.
"Intra-Venous Urography."

Intermission—5:15 p. m.—6:30 p. m.

Dinner—6:30 p. m.—Hotel Harding
Dr. Paul B. Magnuson, Chicago, Ill.
"Differential Diagnosis of Pain in the Back."
(Illustrated lantern slide demonstration)

News Notes From County Societies and Academies

First District

Highland County Medical Society held its regular monthly meeting, Wednesday, July 1, with members of the Adams County Medical Society as guests. Following a dinner served by the hospital management, Dr. Carl Sawyer, of Marion, spoke on "Mental Diseases from the Standpoint of the General Practitioner of Medicine".—News Clipping.

Fifth District

Ashtabula County Medical Society was host at a golf tourney and dinner bridge, Thursday afternoon and evening, July 23, at the Ashtabula Country Club. Invitations were issued to members of the Ashtabula County Bar Association, the Dental Society, pharmacists of Ashtabula, and ladies and friends. The dinner at 7 P. M. was featured by the presentation of a bride's cake to Mrs. A. H. Pardee, a recent bride. Arrangements for the meeting were in charge of a committee consisting of Dr. Bernice Fleek, chairman, Drs. R. B. Wynkoop, P. J. Collander and E. H. Merrill.—News Clipping.

Lake County Medical Society and members of the Lake County Memorial Hospital staff gathered Wednesday afternoon, July 29, at Keener's North Perry club house, Painesville, for their annual outing. The afternoon was given over to sports which included swimming, tennis and races, and was followed by a chicken dinner at 6:30. B. C. Forbes, Boston, Mass., a guest of Dr. George F. Barnett, acted as toastmaster. Short talks were given by Drs. Barnett, William P. Ellis, W. R. Carle, president of the Society, and Dr. E. L. Hafner.—News Clipping.

Medina County Medical Society met Thursday afternoon, July 23, at Westfield Inn, Medina, with wives of members as guests. Talks were given by Drs. J. K. Durling, of Wadsworth, Dr. F. W. Knittell, of Hinckley, and Dr. R. L. Mansell, of Medina.—News Clipping.

Sixth District

Mahoning County Medical Society held its annual outing at Squaw Creek Country Club, on Thursday, August 6. The afternoon was spent at golf, and was followed by a six o'clock dinner.—Bulletin.

Eighth District

Guernsey County Medical Society held its second July meeting on Thursday, July 16. Rev. C. Crock gave a talk, illustrated with pictures taken on his late European trip. The first August meeting was held on Thursday, the 6th, at the Romance Restaurant, Cambridge. A paper on "Blood Transfusion" was presented by Dr. W. L. Denny.

A social meeting of the Society was held on Thursday evening, July 30, at the First Methodist Episcopal Church, Cambridge, with wives of members as guests. Following a chicken dinner, a program consisting of musical numbers, readings, and impromptu talks by physicians was enjoyed by members and guests.—News Clipping.

Perry County Medical Society met on Monday, July 20, at the Park Hotel, New Lexington, for its regular monthly meeting. Following noon luncheon, a paper on "Nephrosis and Nephritis" was presented by Dr. George I. Nelson, of Columbus.—News Clipping.

Tenth District

Ross County Academy of Medicine invited members of surrounding County Medical Societies to attend its meeting held on Thursday afternoon, May 7, at the U. S. Veterans' Hospital, Chillicothe, the feature of which was a clinic in charge of Dr. C. J. Straehley, of Cincinnati, cardiologist on the staffs of Good Samaritan and Cincinnati General hospitals, and instructor at the University of Cincinnati, College of Medicine. Dr. Straehley demonstrated all kinds of heart conditions, at the clinic. At the evening session, held following a dinner at the hospital, Dr. Straehley spoke on the subject, "Fast Heart".—News Clipping.

Deaths in Ohio

Louis C. Ahlborn, M.D., Marietta; Baltimore Medical College, 1895; aged 73; died July 19 of heart disease. Dr. Ahlborn had practiced in Marietta for 30 years. His widow and one sister survive him.

Louis Bigler, M.D., Gettysburg; Ohio Medical College, 1899; aged 69; member of the Ohio State Medical Association and Fellow of the American Medical Association; died July 29. Dr. Bigler was a native of Gettysburg, and had practiced in that vicinity since his graduation. Surviving him are his widow and two brothers.

Frank Blankenhorn, M.D., Orrville; Western Reserve University School of Medicine, Cleveland, 1919; aged 41; died at Massillon City Hospital, July 17, of bronchial pneumonia. Dr. Blankenhorn had practiced in Orrville for eleven years, beginning with his father, the late Dr. Henry Blankenhorn. He is survived by his mother, one sister, and two brothers, Dr. Marion Blankenhorn, of Cleveland, and Dr. Heber Blankenhorn of London, England.

Lawson A. Crawford, M.D., Alliance; College of Physicians and Surgeons, Baltimore, Maryland, 1892; aged 69; former member of the Ohio State Medical Association; died July 20 of cerebral hemorrhage. He spent 12 years in practice at Hopedale before locating in Alliance. He was a former member of the Alliance School Board, and served on the staff at Alliance City Hospital. His widow and one daughter survive him.

George W. Davis, M.D., Lockland; Medical College of Ohio, 1888; aged 3; member of the Ohio State Medical Association and Fellow of the American Medical Association; died July 24. He had practiced in Lockland for more than 40 years. Surviving him are his widow and a daughter.

Frank M. Edwards, M.D., Columbus; Miami Medical College, Cincinnati, 1895; aged 68; died July 31 of angina pectoris. He practiced in Ironton and Portsmouth before retiring several years ago. He is survived by his widow, one son and one daughter.

Joseph H. Kneisley, Milford; Eclectic Medical College, 1922; aged 40; died July 31. He served his internship at Bethesda Hospital, and later, practiced at Terrace Park and Milford. His widow and three daughters survive him.

Clarence McLaughlin, M.D., Cleveland; Starling Medical College, 1886; aged 67; died July 15. Dr. McLaughlin practiced in Westville for several years before he became a resident physician at Cleveland Hospital for the Insane. He is survived by his widow, one brother, and one sister.

George W. Miller, M.D., Columbus; Starling Medical College, 1906; aged 49; former member of the Ohio State Medical Association; died July 18 at Mt. Carmel Hospital. Following a year as interne at Mt. Carmel Hospital, Dr. Miller enlisted in the Medical Corps, and during the World War was stationed at Camp Jackson. He was an instructor in the College of Medicine, Ohio State University and a staff member at the Franklin County Tuberculosis Sanatorium. Surviving him are his widow, one daughter, and his parents.

Frank M. Mitchell, M.D., Cambridge; Ohio Medical University, 1896; aged 64; member of the Ohio State Medical Association and the American Medical Association; died July 31. Dr. Mitchell had practiced in Cambridge for 33 years. He was active in civic affairs and in medical organization, and was a past president of the Guernsey County Medical Society. During the World War he served on the draft examining board. He is survived by his widow, two daughters, and three sons.

James R. Motter, M.D., Londonderry; Medical College of Ohio, 1873; died August 6 of arteriosclerosis. Dr. Motter was the oldest practicing physician in Ross County, having located in Londonderry immediately following graduation. On June 11, 1929, the Ross County Academy of Medicine gave a banquet in honor of Dr. Motter, and Drs. J. M. Hanley and J. M. Leslie of Chillicothe, who had been in active practice for 50 years. He is survived by his widow and two sisters.

Montgomery V. Patton, Springfield; licensed, 1896; aged 87; former member of the Ohio State Medical Association; died July 26. Dr. Patton practiced medicine for 50 years, the last 35 years of which were spent in Springfield. He retired from active practice a year ago. One daughter survives him.

George Walter Roller, M.D., Lancaster; Keokuk Medical College, Iowa, 1891; aged 71; member of the Ohio State Medical Association and Fellow of the American Medical Association; died July 28 of diabetes. Dr. Roller had practiced for seven years at Jacksontown and New Concord before

locating in Lancaster 33 years ago. Surviving him are his widow, one daughter and one son.

George P. Sattler, M.D., Mansfield; University of Wooster, Medical Department, 1872; aged 86; died July 27. Dr. Sattler had practiced in Mansfield since 1895. He was a veteran of the Civil War. He is survived by a son and a daughter, and one sister.

Harry H. Snively, M.D., Columbus; Ohio Medical University, 1902; aged 62; member of the Ohio State Medical Association and Fellow of the American Medical Association; died July 20 following an operation for mesenteric thrombosis. Following his graduation he was instructor in surgery and physiology at Ohio Medical University, and in 1907 became assistant professor in obstetrics, which position he held until 1916. He was appointed the first Director of Health of Ohio, by Governor Davis, under the revised Administrative Code of 1921. Dr. Snively was especially prominent and outstanding in the field of military medicine and had been identified with the Ohio National Guard for more than 25 years. He was colonel and commanding officer of the 112th Medical Regiment since its organization in 1920. His service was along many lines and in many parts of the world. In addition to service in various parts of this country and before America entered the World War, he had served with the American Red Cross in Russia and Persia, and had been promoted to a brigadier generalcy in the Russian Army, and decorated "for gallantry on the field of battle". He saw service in a number of battles along the Eastern Front. He also served in France, and following the War, he was chief of staff of the expedition into Poland during the typhus plague, at which time he also served as assistant director of health at Poland, during which time he received additional honors and decorations. In a eulogy to him, published officially by the State Department of Health, he was characterized as physician, soldier, diplomat and administrator. At his funeral, there were Military and Masonic services. He was a member of many civic, fraternal and military organizations. He had served as chairman of the Special Military Committee of the Ohio State Medical Association for several years.

George L. Williams, M.D., Columbus; Ohio Medical University, Columbus, 1905; aged 60; member of the Ohio State Medical Association and the American Medical Association; died July 20 following a long illness. Dr. Williams had practiced in Columbus for many years. He is survived by one sister.

Joseph W. Young, M.D., Toledo; Columbia University College of Physicians and Surgeons, New York City, 1903; aged 54; member of the Ohio State Medical Association and Fellow of the American Medical Association; died July 14 from self-inflicted bullet wounds. Dr. Young, who had been in ill health for some time, had practiced in Toledo for 14 years. Before locating in Toledo, he had practiced in Buffalo, and in New York City. Surviving him are his widow and his mother.

KNOWN IN OHIO

Charles E. Gibson, M.D., Beaver, Pennsylvania; College of Physicians and Surgeons, Baltimore, 1892; aged 64; died July 16. Dr. Gibson was born at Smithville. He practiced in Freedom and Rochester, Pennsylvania, before locating in Beaver in 1920. His widow and two brothers survive him.

Joseph Edgar Rowan, M.D., Wichita, Kansas; Chicago College of Medicine and Surgery, 1914; aged 42; Fellow of the American Medical Association; died at Cleveland Clinic, July 20. Dr. Rowan, who had been in ill health for several years, was stricken while attending the recent Shrine Convention in Cleveland. Before locating in Wichita, he had practiced in Chicago, and was a member of the staff of Chicago Polyclinic. Dr. Rowan resided in Washington C. H. before taking up the study of medicine. He is survived by his widow, three children, four sisters and one brother.

Lay Health Specialists

Propaganda favoring any program which would take public health administration out of the hands of physicians and place it in the hands of administrative specialists was termed "insidious" and should be viewed with alarm, Dr. A. T. McCormack, state health commissioner of Kentucky, told those in attendance at the recent annual conference of state and territorial health officers held at Washington, D. C.

Dr. McCormack made it quite clear in his address, press reports indicate, that public health administrators should be wary of the fallacious advice that public health work can be carried on in a more efficient manner by lay specialists with total, or almost so, exclusion of the medical profession.

Such advice coming from one who has had many years of experience in public health administration and who has taken an active part in the affairs of organized medicine for an equal period is worthy of serious consideration by health workers generally. Dr. McCormack through his experience realizes the dangers in store for public health administration should it become the toy for lay efficiency engineers and theoretical specialists.

Progress in public health work depends on the maintenance and improvement of cooperative enterprise between health administrators and the medical profession, not upon the injection into health administration of high-sounding procedures and methods, impractical and ill-advised.

NEWS NOTES of OHIO

Columbus—Governor White has appointed Dr. Harry D. Jackson, Circleville, to succeed the late Dr. H. H. Snively as colonel and commanding officer of the 112th Medical Regiment of the 37th Division, Ohio National Guard. Dr. Jackson had been lieutenant colonel of the regiment.

Cleveland—Dr. L. A. Barnes has resigned as senior instructor in bacteriology at the School of Medicine, Western Reserve University, to take a position as immunologist for the Massachusetts State Department of Health.

West Lafayette—Dr. Clifford Briner, formerly of Wheeling, West Virginia, has opened offices here for the practice of medicine.

Bowling Green—Dr. R. N. Whitehead, formerly of Toledo, has joined Dr. J. W. Rae in the practice of medicine in Bowling Green.

Fremont—Dr. J. C. Boyce, for two years a member of the Fremont Clinic and the staff of the Community Hospital, has opened an office for general practice.

Ashtabula—Offices for the practice of urology, general surgery and gynecology have been opened in the Cook Arcade by Dr. William Millberg, who recently returned from a year's study in New York City and in Europe.

Belleville—Dr. Paul A. Blackstone has moved here from Cleveland and will open an office for general practice.

Maumee—Dr. James C. Schaal, formerly of Toledo, has opened offices here in the Union Deposit Bank Building.

Loudonville—Dr. Ralph C. Paisley, formerly of Columbus, has taken over the office and practice of the late Dr. L. Z. Skinner.

Worthington—Dr. J. D. Francis, who just completed his internship at Grant Hospital, Columbus, has leased the offices here formerly occupied by the late Dr. Llewellyn McKitrick.

Middletown—A description of life in Budapest was presented to the local Lions' Club by Dr. D. F. Gerber who recently completed a year's postgraduate work in that city.

Cincinnati—Dr. A. Gerson Carmel has returned from Philadelphia where he took postgraduate work in proctology and has begun his duties in proctology at the Cincinnati General Hospital outpatient dispensary.

Columbus—Colonel Mathew A. DeLaney, who succeeded Colonel Louis T. Hess as surgeon of the Fifth Corps Area with headquarters at Fort Hayes, will be promoted to the rank of brigadier general and become assistant to the surgeon general of the United States Army, according to Washington dispatches.

Portsmouth—Dr. O. D. Tatje, who was injured in an automobile accident, has been removed from the Portsmouth General Hospital to his home.

Findlay—Dr. and Mrs. Frank M. Wiseley have sailed for Europe where Dr. Wiseley will study at the University of Vienna.

Chillicothe—The advancement made by scientific medicine during the past few decades was reviewed by Dr. R. R. Kahle, Columbus, at a recent meeting of the Chillicothe Kiwanis Club.

New Philadelphia—Dr. Edgar C. Davis, Dover, was a recent speaker before the local Rotary Club.

Middletown—Dr. L. H. Skimming is recovering from an operation on his right eye which was badly injured when a golf ball which he had hit from a practice mat struck the outer edge of the mat and bounced back, shattering his glasses.

Springfield—Dr. F. P. Anzinger and Dr. Charles L. Minor have been named by the U. S. Department of Commerce as medical examiners for persons seeking airplane licenses.

Wilmington—Dr. C. E. Kinsel, who underwent an operation recently at Hale Hospital, has resumed active practice.

Dayton—Dr. A. G. Farmer has been appointed medical examiner for applicants for pilot licenses by the U. S. Department of Commerce.

Painesville—Dr. B. T. Church has moved his office from 308 High Street, Fairport, to the Johnson Apartment on Liberty Street.

Coshocton—Dr. Floyd W. Craig, recently an intern at the Youngstown City Hospital, has located here and will occupy the office of the late Dr. F. M. Marshall.

Plymouth—Offices for general practice have been opened here by Dr. J. G. W. Schafer, formerly of Columbus.

Springfield—Drs. C. E. Finney, N. L. Burrell, E. P. Greenawalt, Albert K. Howell, Alfred H. Potter and E. R. Brubaker have returned from a fishing expedition at Lake of the Woods, Ontario.

Jackson—Dr. W. R. Riddell has been elected president of the Jackson County Country Club.

Akron—On July 24, Dr. Samuel St. John Wright, senior member and dean of the Summit County Medical Society, celebrated his 79th birthday. Dr. Wright has been a member of the Summit County Medical Society and the Ohio State Medical Association since 1876.

Upper Arlington—Dr. Thomas E. Rardin has opened an office for general practice in the Mall Building.

Cincinnati—Dr. Joseph L. DeCourcy has been spending several days at the Mayo Clinic, Rochester, Minn., where he was in conference with Dr. Fred Rankin regarding some research which they have planned.

Piketon—Dr. O. R. Eylar, who has been ill, was able to attend a recent meeting of the Pike County Board of Health.

Grafton—Dr. D. C. Barber, formerly of the Youngstown City Hospital, has opened offices here for general practice.

Wadsworth—Offices for general practice have been opened here by Dr. J. R. Moorehead, formerly of Coshocton and the Ohio Valley Hospital, Wheeling, West Virginia.

PUBLIC HEALTH NOTES

—Reorganization of a number of activities of the State Department of Health and the reassignment of part of the personnel of the department have been made by State Health Director H. G. Southard, made necessary because of reductions in the departmental appropriation by the Legislature and the State Department of Finance.

Due to a cut in the department budget, the Division of Hygiene has been abolished and its constituent bureaus distributed to other divisions. The Bureau of Tuberculosis has been assigned to the Division of Communicable Diseases. Work of the Bureau of Hospitals and the Bureau of Dental Hygiene has been taken over by the Division of Child Hygiene. The Division of Public Health Nursing, which previously operated as a separate unit, will be under the supervision of the Bureau of Health Organization until January 1, 1932.

Reductions in personnel at the department so far, amounting to approximately 30 positions, have reduced the departmental payroll by about $40,000 annually.

In the August 1 issue of the *Ohio Health News*, Dr. Southard summarizes the situation at the department and makes a plea for active cooperation throughout the state in public health activities so that there will "be no backward step in public health service in Ohio" despite the curtailed personnel at the state department.

Dr. Southard in his message to public health workers said:

"When Gladstone, in 1883, began his half-hearted and ill-conceived effort to rescue Gordon, beleaguered at Khartoum, Hicks Pasha (to whom the task was entrusted) and his army were almost utterly wiped out by the Mahdists at El Obeid, early in November. It was there that, to quote Kipling's stirring poem, Fuzzy-Wuzzy "bruk the British square"—something that had never happened before. It was the most disastrous rout in the history of the British army; because, but for one man, Hicks Pasha and his army would have suffered annihilation, as the Italians did later, at Adowa.

"When the ranks broke, and almost the entire army fled in panic, with a yelling fanatic armed with a six-foot spear and a two-foot knife in pursuit of nearly every man, Colonel de Coetlogon, keeping two or three companies of his own decimated regiment in formation, rallied a few of the terrified fugitives, gave them breathing-space behind his own intrepid following, fed them into it as they gained breath and courage, and from before noon to the going down of the sun held the savages at bay until his comrades could rally in safety. It was the finest example in history of the "thin red line" which time and again has stood fast for the safety of civilization.

"Public Health work in Ohio has come almost to such a pass. An initial cut in appropriations, made by the General Assembly, and amounting to 11 percent of a budget already pared to the bone, had to be followed by an additional cut of 7 percent, because the legislature had appropriated several million dollars more than the anticipated revenues of the State. The tragedy of this additional cut was that it became necessary after the year was more than half gone, and therefore had to be taken out of the appropriation for only five months, thus resulting in an actual cut of about 20 per cent in both personnel and maintenance.

"The line, therefore, is very thin for the remainder of 1931. It can only be hoped that reinforcement will be possible for 1932.

"One duty remains, and one only. That is, to close up the line and hold the position gained, so that there may be no backward step in Public Health service in Ohio. The work must be planned along the most advanced lines of grand strategy; but no point of tactical advantage may be overlooked with safety—and no ground must be yielded.

"The Department will do its part in the battle, and it calls on those in the field, each in his own sector, to rally behind it, or with it, or to lead an advance at any threatened point, to the end that everything that has been gained may be held for the health of the State and its people. There must be no retreat, at any point!

"Close up! Hold the line! Maintain the front!"

—Transportation casualties associated with automobile accidents claimed the lives of 858 Ohio citizens during the first five months of 1931. This is a slight decrease from the total for the same period in 1930, but an increase compared with 1929. The decrease this year was the result of fewer railway train and street car accidents, in connection with automobiles. During the period in 1930 there were 894 deaths, against 744 in 1929, as compiled from death records filed in the State Department of Health, Division of Vital Statistics.

Although the State Highway Department has been widening roads, eliminating curves, improving approaches to bridges and railway crossings, establishing warning signs, and making many other improvements to make travel safe through the State, tabulation of the data shows an increase in the number of automobile accidents in the rural districts, with a greater increase in fatalities in the city. Many of the injured in rural districts are taken to hospitals for treatment, and deaths are charged against the municipalities.

During this period in 1929, 30 per cent of all automobile accidents occurred on rural highways, 36.4 per cent in 1930, and 39 per cent in 1931. Seventy per cent of the death reports indicated the person's connection with the automobile when killed as follows: 65 per cent, pedestrians; 25 per cent, passengers in car; 10 per cent, drivers of car. The automobile does not select its victim. Examination of the records show that persons of all ages and colors, and both sexes, are included in the mortality list. Small children were struck down while walking along the highway; many aged persons, whose slow step and dimmed eyesight did not enable them to escape the approaching auto, and youths who were proving to their associates that their cars could make 65 or more miles an hour, were all included in the list of killed.

Study of the means of accidents reveals that fewer machines leave the highway and turn over today than three years ago. In 1931, 62 per cent of the death records showed the means of the accident, and 7.4 per cent of this number was due to the machine turning over. In 1929 when only 50 per cent of the death records showed the means of the accident, 14.4 per cent were caused by the machine leaving the road and turning over.

Automobile collisions on the highway caused 6 per cent of the accidents in 1931. This cause decreased 3.4 per cent in three years. Other decreases were as follows: Deaths from gas in closed cars, in 1929, 4 per cent of total, and in 1931, only 2 per cent; trucks were involved in 8.8 per cent of the accidents in 1929, 2 per cent in 1931; passenger buses were involved in 3 per cent of the accidents in 1929, and in 1931 only .6 of 1 per cent.

Automobile collisions in the city are increasing, with 2 per cent of accidents in 1929 and 4 per cent in 1931. Accidents caused by the machine running into fixed objects increased from 2.8 per cent in 1929 to 6.4 per cent in 1931. In the group of accidents where the greatest number of deaths are found (pedestrians hit by passing machine, cutting in on curves, and speeding on the highway), there was an increase from 55 per cent in 1929 to 65 per cent in 1931.

An analysis of the various accidents would indicate that improvements on highways are saving many lives, but that accidents showing increases must be controlled by the driver.

Deaths due to automobiles hit by electric cars are decreasing. The average number of deaths for the past seven years in this group was 76. In 1924, there were 65 deaths; 1925, 82; 1926, 70; 1927, 69; 1928, 73; 1929, 102; 1930, 76. For the first five months of 1931 only 12 fatalities were reported.

Deaths due to automobiles hit by railway trains at grade crossings also show a decrease. In 1924, there were 113; 1925, 165; 1926, 187; 1927, 238; 1928, 215; 1929, 201; 1930, 273, and for the first five months of 1931, 88.

While this study includes only accidents causing deaths and is not as far-reaching as that made by many other organizations, it is based on information taken from the original certificates of death filed by physicians and coroners, and no estimates were necessary to correlate the data.

—Drilling of wells in the drought area counties of Ohio is actively under way and will be pushed to completion as rapidly as possible, under supervision off the State Department of Health. The initial operation resulted in a fine artesian well at Mound Crossing on State Highway 180, near the entrance to Rock House Park. The second Hocking County well is being drilled near the entrance to Ash Cave Park, on Route 56.

With completion of the well near Ash Cave, the drillers will move into Vinton County, where two wells will be drilled on Route 50, one near Prattsville and one near Allensville; and next to Athens County, to sink wells near Amesville and Albany, both on No. 50. These wells will complete the No. 1 contract.

Contract No. 2, bids for which were opened July 9, provides for two wells each in Fairfield, Perry and Morgan Counties. Under contract No. 3, bids for which will be opened July 23, the lettings will include two wells each in Washington, Noble and Monroe.

Sites are being selected for two wells each in Gallia, Meigs and Lawrence Counties, which will comprise contract No. 4.

—An interesting and informative 13-page bulletin has been prepared by Dr. Finley VanOrsdall, chief of the division of communicable diseases, State Department of Health, on acute anterior poliomyelitis.

The bulletin, listed as Administrative Bulletin No. 84, should be valuable as a reference. It deals especially with the history of infantile paralysis in Ohio since 1913 showing the seasonal incidence of the disease; the distribution of the cases; the age and sex of cases; symptoms in a large number of cases; results of the disease; regulation of the patient and contacts, etc.

—Dr. George Y. Davis, Sebring, has been named health commissioner of Mahoning County, succeeding Dr. J. F. Elder, resigned. Dr. Davis was a member of the county board of health for eight years and vice president of the board when he resigned to take over his new duties.

—At a meeting of the Highland County Board of Health, Dr. John L. Walker was appointed health commissioner of the county for a period of one year. He succeeded Dr. H. H. Lowe, who has been acting commissioner since the death of the late Dr. H. O. Hodson.

—Members of the Portsmouth Exchange Club have launched a campaign for a tuberculosis hospital in Scioto County. The county at the present time contributes to the district hospital at Mt. Logan.

—A sum of $10,000 has been given to the Cincinnati Board of Health by the Western and Southern Life Insurance Company for the purchase of *X*-ray equipment.

—Commenting upon the question which is sometimes raised as to whether or not drug addicts are worth reclaiming, Surgeon General Hugh S. Cumming of the United States Public Health Service recently stated that drug addict prisoners who have committed offenses against the United States and who are no longer taking drugs, show, according to preliminary studies of the Public Health Service, a greater proportion of above average intelligence than is observed among non-addict prisoners. Among the drug addicts studied thirty in every one hundred were above average in intelligence, whereas eighteen in every one hundred prisoners not addicted to the use of drugs were above the average in intelligence. On the other hand, seventeen in every one hundred drug addict prisoners were considered to be normal but of dull intelligence, whereas one in every ten addict prisoners were mentally defective and one in every six among the non-addict prisoners were mentally defective.

—Dr. V. V. Norton, of the Hamilton County Tuberculosis Sanatorium, and Dr. C. L. Hyde, of the Springfield Lake Sanatorium, Akron, will be among the speakers at the Mississippi Valley Conference on Tuberculosis to be held September 21 and 22 at the Hotel St. Paul, Minnesota. Dr. Norton will present case reports and Dr. Hyde will argue the affirmative side of a debate on, "Does Childhood Tuberculosis Require Hospitalization"?



When convalescents demur at the monotony of milk

Cocomalt not only renders it more palatable, but increases the food value over 70%

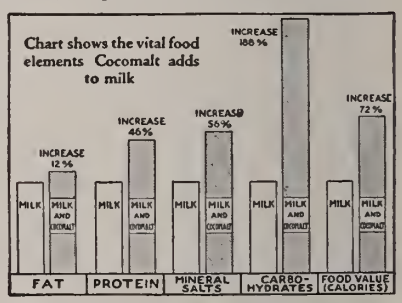
COCOMALT is a balanced combination of milk protein, milk minerals, converted cocoa, sugar, malt and eggs —to be added to milk, hot or cold. So mixed, the result is a delicious, chocolate flavor food drink—high in nutritive value and extremely palatable to convalescents, children and invalids.

Besides increasing the caloric value of each glass of milk 72%, Cocomalt contains Vitamin D in sufficient quantity to make a definite contribution to the anti-rachitic potency of the diet.

Cocomalt is made under modern, sanitary conditions —packed in air-tight tin containers. Sold at grocery and drug stores. ½ lb., 1 lb., hospital 5 lb. can.

FREE to Physicians

Use the coupon below. It will bring you a trial can of Cocomalt without cost.



Cocomalt

DELICIOUS HOT OR COLD



ADDS 70% MORE NOURISHMENT TO MILK

R. B. DAVIS CO., Dept. AT9, Hoboken, N. J.
Please send me, without charge, a trial can of Cocomalt.
Name .....
Address .....
City ..... State .....

RADIUM THERAPY
DEEP X-RAY THERAPY
ELECTRO COAGULATION

BEN RENICK KIRKENDALL, M.D.
EDWARD TAYLOR KIRKENDALL, M.D.

137 E. State Street, Columbus, Ohio
Or Mt. Carmel Hospital

Office Phone **Adams 7656** **Res. Phone** **Gahana, Ohio 44 F. 14**

W. H. MILLER, M. D.

X-Ray

328 East State Street **Columbus, Ohio**

Complete Diagnosis and Therapy

Diseases of Chest
Gastro-Intestinal Tract
Genito-Urinary Tract
Gall Bladder
High Voltage X-Ray Therapy
Portable X-Ray
Electro-Coagulation
Fractures and Dislocations

PROMPT AND FULL REPORT

HOSPITAL NOTES

—Dr. Oscar Fiske, formerly of Indianapolis, has taken up his new duties as resident physician at the Detwiler Memorial Hospital, Wauseon.

—Miss Mary Neaman, graduate of Christ Hospital School of Nursing, Cincinnati, has been appointed superintendent of Fort Hamilton Hospital, Hamilton.

—Board of Trustees of the Chillicothe Hospital have approved plans for extensive improvements at the institution and the erection of an addition that will provide 14 more rooms, a new kitchen and a nurses' dining room.

—Richard Hendee, former technician in the *X*-ray department of the Cleveland Clinic, has been appointed manager of the Portage County Hospital, succeeding Mrs. Sonia Goodrich. A supervisor will be named at an early date.

—C. A. Sharkey, superintendent of the Citizens' Hospital, Barberton, has been named superintendent of the Lakewood Municipal Hospital. Mr. Sharkey went to Barberton in 1929. He had formerly been superintendent of the Hamot Hospital, Erie, Pa.

—Dr. Robert H. Bishop, Jr., has been appointed acting director of the University hospital of Cleveland. He will serve until a permanent successor to the late Frank E. Chapman is selected.

—A physiotherapy room is being established at the East Liverpool City Hospital as a memorial to the late Dr. Jennings M. King, who at the time of his death was a member of the Council of the Ohio State Medical Association. Funds for equipping the room are being raised by voluntary subscription.

—Delegates to the annual meeting of the American Institute of Homeopathy at Cleveland took part in the laying of the cornerstone of the new $1,000,000 Huron Road Hospital.

—Dr. T. B. Mehl has been named resident physician at the Columbus Children's Hospital.

—Operation of the Ashtabula General Hospital was assured when the city council voted to contribute $30,000 toward the erection of a power plant to furnish the hospital with heat.

—Sister M. Gilberta, superintendent of St. Joseph's Hospital at Warren, has been named superintendent of the St. Joseph's Hospital, Lorain, succeeding Sister M. Ursula.

URINE
BLOOD
SPUTUM
REFUSIONS
STOMACH
CONTENTS
WASSERMAN & KAHN
PRECIPITIN
TESTS
GONORRHEAL
COMPLEMENT
FIXATION TEST
BLOOD CHEMISTRY
PROTEIN
SENSITIZATION
TESTS
BASAL METABOLISM
AUTOGENOUS
VACCINES
FAECES
GENITO-URINARY
SURGICAL and
GYNECOLOGICAL
PATHOLOGY
DARK FIELD
ILLUMINATING
FOR
SPIROCHETA
PALLIDA
MEDICO-LEGAL
POST-MORTEMS
X-RAY

LABORATORY
Clinical and Pathological
Approved by the American Medical Association
Columbus, Ohio 370 E. Town Street

DIRECTOR
J. J. Coons, B. Sc., M. D., D. Sc.
Dorris Coss, B. Sc., M. Sc.
Frances Coup, A. B.
Flora Moone

PROMPT SERVICE
Immediate Report on Frozen Sections of all Tumors.
ESTABLISHED 1904

The Wendt-Bristol Company
Two complete ethical stores in Columbus
51 E. State St. 721 No. High St.
for the convenience of the Physicians and Surgeons—and the many people they serve
Two Prescription Departments
maintained in a high class manner with eight registered Pharmacists
Other Complete Departments
OFFICE EQUIPMENT
PHYSIO THERAPY APPARATUS
HOSPITAL SUPPLIES
HEALTH FOODS
W-B Pharmaceutical Supplies
JOBBING STOCKS ALL LEADING MANUFACTURERS
Antitoxins and Vaccines in Special Refrigeration Plants
Prompt Service on Phone Orders

RADON

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Gold Radon implants for interstitial use. The scientific means of applying radiation intratumorally. Certificate of guarantee furnished with each preparation assuring accurate dosage.

RADON COMPANY, Inc.
1 East 42nd St., New York
Telephones: Vanderbilt 3-2811; 3-2812

RADIUM RENTAL SERVICE
BY
THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to Physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

CAREFUL CONSIDERATION WILL BE GIVEN INQUIRIES CONCERNING CASES IN WHICH THE USE OF RADIUM IS INDICATED.

The Physicians Radium Association
1307 Pittsfield Bldg., 55 E. Washington St.,
CHICAGO, ILL.
Telephones Central 2268-2269
Wm L. Brown, M.D., Director.

BOARD OF ADVISORS
William L. Baum, M.D. Bennett R. Parker, M.D.
Frederick Menge, M.D. Walter S. Barnes, M.D.
Louis E. Schmidt, M.D. S. C. Plummer, M.D.

X-Ray Film Consultation



A service for Physicians who do their own X-Ray work and are in doubt as to the interpretation. Detailed reports will be made.

A brief case history sent with the films will assist in the diagnosis.

Correspondence solicited.

HUGH J. MEANS, M.D.
683 East Broad St.,
Columbus, Ohio

X-RAY DIAGNOSIS AND THERAPY

LABORATORY
Service and Consultation

James A. Beer, B.Sc., A.M., M.D.

21 East State Street Columbus, Ohio

Telephone, ADams 3847

Physical Defects and Their Effect on Education

Poor teeth lead among physical deficiencies affecting the educational progress of school children, according to a survey conducted by the U. S. Bureau of Education under the direction of Timon Covert, specialist in school finance.

Defective teeth were found most often in a group of 7,632 elementary schools pupils in 45 modern consolidated schools where the survey was conducted, according to Mr. Covert.

It was found that 66 per cent of the boys and 61 per cent of the girls examined had decayed teeth, and that pupils with the greatest number of decayed teeth were in the age groups of five, six, 15 and 16 years.

The data reveal that while there is more retardation among both the boys and girls of certain ages who have decayed teeth than there is among those who do not have, for each group as a whole the opposite is true. The difference amounts to 15 per cent for the boys and 10 per cent for the girls. Examination revealed that 50 per cent of the boys and 32 per cent of the girls with bad teeth were retarded in their school work. It was found that 9 per cent of the boys and 8 per cent of the girls suffer from defective vision sufficient to interfere with their work. Retardation is found to be greater among pupils of defective vision than among those without, Mr. Covert said.

The hearing of 2.4 per cent of the boys and 1.7 per cent of the girls, the specialist pointed out, is deficient enough to interfere with their work. Retardation is greater among boys suffering from this handicap than among those with good hearing, but little difference appears to exist between the two groups of girls, he said.

The study, it was pointed out, also included defective speech and posture among the students. Approximately 5 per cent of the boys and 3 per cent of the girls were found to have speech defects to the extent of interfering with their school work. Of this number, 59 per cent of the boys with defective speech were retarded because of this defect, and 53 per cent of the girls.

Bad posture is attributed to 11.7 per cent of the boys and 8.2 per cent of the girls. Of the boys suffering from this impairment, Mr. Covert called attention to the fact that 69 per cent of the boys were retarded thereby and 60 per cent of the girls.

Knowledge of the cause of failures in school, Mr. Covert explained, will furnish facts to combat pupil retardation, and where health and physical defects contribute to the cause, precautions can be taken to remove in so far as possible interference of this kind in the progress of pupils in their school work.

CHAS. F. BOWEN, M.D.

SPECIALIZES

in

Superficial Malignancies

Removal of Foreign Bodies

Radium and X-Ray

Diagnosis and Therapy

332 E. State Street
COLUMBUS, OHIO

Columbus Radium Laboratory

Radium and Deep X-Ray Therapy

EDW. REINERT, Ph.G., M.D.
350 E. State St., Columbus, O.
Bell, Main 1537

THE NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)

THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

UROLOGY
Including

Surgical Anatomy	Operative Urology (Cadaver)	Dermatology and Syphilology
Cystoscopy and Endoscopy	Diagnosis and Office Treatment	Roentgenology
Pathology	Regional Anesthesia	Proctology
Neurology	Medicine	Diathermy

For Information Address

MEDICAL EXECUTIVE OFFICER
345 West 50th Street NEW YORK CITY

INTERNATIONAL MEDICAL ASSEMBLY

INTER-STATE POSTGRADUATE MEDICAL ASSOCIATION OF NORTH AMERICA

MILWAUKEE AUDITORIUM
Milwaukee, Wisconsin

OCTOBER 19-20-21-22-23, 1931

OFFICERS OF THE ASSOCIATION
President, DR. HENRY A. CHRISTIAN, Boston, Mass.
President-Elect,
DR. ARTHUR DEAN BEVAN, Chicago, Ill.
Presidents of Clinics DR. WILLIAM J. MAYO, Rochester, Minn.
DR. CHARLES H. MAYO, Rochester, Minn.
Managing-Director,
DR. WILLIAM B. PECK, Freeport, Illinois.
Executive Secretary and Director of Exhibits,
DR. EDWIN HENES, JR., 759 N. Milwaukee St., Milwaukee, Wis.
Treasurer and Director of Foundation Fund,
DR. HENRY G. LANGWORTHY, Dubuque, Iowa.
Speaker of the Assembly,
DR. GEORGE V. I. BROWN, Milwaukee, Wis.
Chairman, Program Committee,
DR. GEORGE W. CRILE, Cleveland, Ohio.

ALL MEDICAL MEN AND WOMEN IN GOOD STANDING CORDIALLY INVITED

Intensive Clinical and Didactic Program by World Authorities from CANADA, ENGLAND, FRANCE, IRELAND AND UNITED STATES

A. Lawrence Abel, London, Eng.
Irvin Abell, Louisville, Ky.
Isaac A. Abt, Chicago, Ill.
H. Berglund, Minneapolis, Minn.
A. D. Bevan, Chicago, Ill.
P. B. Bland, Philadelphia, Pa.
M. A. Blankenhorn, Cleveland, O.
F. K. Boland, Atlanta, Ga.
Harlow Brooks, New York, N. Y.
A. G. Brown, Toronto, Ont., Can.
C. S. Burwell, Nashville, Tenn.
R. LaF. Cecil, New York, N. Y.
Henry A. Christian, Boston, Mass.
Wm. Thomas Coughlin, St. Louis, Mo.
Geo. W. Crile, Cleveland, O.
S. J. Crowe, Baltimore, Md.
Hugh S. Cumming, Washington, D.C.
J. B. Deaver, Philadelphia, Pa.
Robt. S. Dinsmore, Cleveland, O.
C. F. Dixon, Rochester, Minn.
E. M. Eberts, Montreal, Quebec, Can.
C. A. Elliott, Chicago, Ill.
John F. Erdmann, New York, N. Y.
J. M. T. Finney, Baltimore, Md.
Chas. H. Frazier, Philadelphia, Pa.
R. L. Haden, Cleveland, O.
Wm. D. Haggard, Nashville, Tenn.
S. F. Haines, Rochester, Minn.
Louis Hamman, Baltimore, Md.
S. W. Harrington, Rochester, Minn.
C. A. Hedblom, Chicago, Ill.
H. F. Helmholz, Rochester, Minn.
M. S. Henderson, Rochester, Minn.
Chas. C. Higgins, Cleveland, O.
Sir Thos. J. Horder, Bt., London, Eng.
C. P. Howard, Montreal, Que., Can.
H. O. Jones, Chicago, Ill.
E. P. Joslin, Boston, Mass.
E. Starr Judd, Rochester, Minn.
L. J. Karnosh, Cleveland, O.
B. R. Kirklin, Rochester, Minn.
H. L. Kretschmer, Chicago, Ill.
F. H. Lahey, Boston, Mass.
B. J. Lee, New York, N. Y.
D. D. Lewis, Baltimore, Md.
F. O. Lewis, Philadelphia, Pa.
Wm. E. Lower, Cleveland, O.
J. S. Lundy, Rochester, Minn.
W. F. Manges, Philadelphia, Pa.
W. M. Marriott, St. Louis, Mo.
Thierry de Martel, Paris, France
J. M. Martin, Dallas, Texas
C. H. Mayo, Rochester, Minn.
W. J. Mayo, Rochester, Minn.
W. S. McCann, Rochester, N. Y.
J. F. McCarthy, New York, N. Y.
E. P. McCullagh, Cleveland, O.
A. A. McConnell, Dublin, Ireland
J. S. McLester, Birmingham, Ala.
J. H. Means, Boston, Mass.
W. S. Middleton, Madison, Wis.
W. G. Morgan, Washington, D. C.
W. V. Mullin, Cleveland, O.
J. H. Musser, New Orleans, La.
G. B. New, Rochester, Minn.
B. H. Nichols, Cleveland, O.
P. A. O'Leary, Rochester, Minn.
E. W. A. Ochsner, New Orleans, La.
T. G. Orr, Kansas City, Mo.
R. B. Osgood, Boston, Mass.
J. E. Paullin, Jr., Atlanta, Ga.
D. B. Phemister, Chicago, Ill.
F. W. Rankin, Rochester, Minn.
L. G. Rowntree, Rochester, Minn.
R. D. Rudolf, Toronto, Ont., Can.
E. W. Ryerson, Chicago, Ill.
O. H. Schwarz, St. Louis, Mo.
E. S. Smith, St. Louis, Mo.
F. N. G. Starr, Toronto, Ont., Can.
Arthur Steindler, Iowa City, Iowa
C. C. Sturgis, Ann Arbor, Mich.
C. G. Toland, Los Angeles, Calif.
W. T. Vaughan, Richmond, Va.
W. Walters, Rochester, Minn.
J. M. Wheeler, New York, N. Y.
S. Marx White, Minneapolis, Minn.
W. A. White, Washington, D. C.

HOTEL HEADQUARTERS HOTEL SCHROEDER — HOTEL RESERVATIONS — HOTEL COMMITTEE, DR. ROLAND S. CRON, CHAIRMAN, 740 NO. SECOND ST., MILWAUKEE, WIS.

FINAL PROGRAM TO BE MAILED TO ALL MEMBERS OF AMERICAN AND CANADIAN MEDICAL ASSOCIATIONS (Look for It).

Comprehensive Scientific and Technical Exhibit. Special Entertainment for the ladies.

REDUCED RAILROAD RATES FROM ALL PARTS OF THE UNITED STATES AND CANADA

30 CLINICS

ALL SPECIALTIES INCLUDED IN PROGRAM
Dermatology—Medicine—Regional Anesthesia—Oto-Rhino-Laryngology—Obstetrics and Gynecology — Urology — Radiology and Roentgenology—Therapeutics — Neurology and Psychiatry—Ophthalmology—Pediatrics—Surgery—Orthopedic Surgery.

80 ADDRESSES

This laboratory is approved by the Council on Medical Education and Hospitals of the American Medical Association

Langdon-Meyer Laboratories

OFFER A COMPLETE 24 HOUR SERVICE ON WASSERMANNS— INCLUDING, WATER-BATH; ICE-BOX; AND KAHN TEST.

Fee—$5.00

Send for our Fee Table

519 Main Street **CINCINNATI, OHIO**

Technique and Records Advocated in Examination of Industrial Workers and in Health Examinations

Technique employed by physicians in conducting physical examinations and in classifying the facts ascertained by them in these examinations is recommended by Rollo H. Britten, statistician, writing in the Public Health Reports of the United States Public Health Service, in order to make physical examination findings useful in research.

Mr. Britten's views on the matter are in part as follows:

"In research investigations, the determination of the physical fitness or condition of a group of persons, whether they be workers or subjects in some physiological experiment, has proved a difficult problem. No simple solution is to be expected. Health has no single touchstone. We must piece together information from whatever source it can be obtained and, of course, must always have an eye on the precise nature of the investigation itself.

"Where a study permits determination of a few specific effects—as those of lead or silica dust or of radium—the problem is much simplified, especially if laboratory or roentgenological methods are available. But it not infrequently happens that one is concerned with the general or broad effect on health, as that of high temperature and humidity in the work place, and then all possible means of measuring physical condition must be brought into play—mortality, sickness, and the general physical examination.

"These points are generally recognized, but insufficient attention is given to making each instrument as precise as possible from a research point of view. The present discussion is an attempt to indicate some principles by which the general physical examinations may be given sufficient accuracy to serve as a scientific instrument. Only the principles can be set forth at this time. The periodic health examination should obviously be developed along the same lines, both to make successive examinations reasonably comparable and to give real value to the statistical results.

"Advancement of scientific knowledge rests to a large extent on the improvement of technique; but we are a little loath to catch the full significance of this fact. So long as a physician conducts an examination which will, clinically, ascertain anything seriously wrong with an individual, he is inclined to feel satisfied. A great deal of difficultly acquired technique has been employed in making such an examination, but customarily no two doctors have followed the same procedure. From an ideal standpoint, perhaps, no two doctors can follow the same procedure, except with respect to a few quantitative phases of the examination. Practically speaking, however, it would seem that a degree of standardization is

CLASSIFIED ADVERTISEMENTS

Rates for advertisements under this heading are 50 cents per line, payable in advance. Minimum charge of $1.00 for each insertion. Price covers the cost of remailing answers. Forms close 16th of the month preceding publication.

Situation Wanted—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member of Chicago Association of Commerce.

Speeches, special articles, papers on special subjects, prepared from the latest data and authorities, for busy physicians. Prompt service extended at reasonable rates in an expert manner to your requirements. Authors' Research Bureau, 516 Fifth Ave., New York.

For Sale—One of the best locations for a village practice. Good roads, fees, people, churches, schools and collections. A home modern up to the minute. No other physician here. I have quit. Address Dr. W. R. Taylor, L.B. III, Morrall, Ohio.

For Sale—Modern residence and office in town of 15,000. General practice established 20 years. Unlimited opportunity. Retiring. Easy terms to responsible person. Address C. C. S., care *Ohio State Medical Journal*.

For Sale—Going to retire after many years practice in my present office, 55 East State St. Will sell equipment for less than inventory. Address W. J. I., care *Ohio State Medical Journal*, or telephone, MAin 2974.

Wanted—Volume X, *Ohio State Medical Journal*, bound or unbound. Address Dr. Ben R. McClellan, Xenia, Ohio.

For Rent—Office of recently deceased physician. Address Mrs. G. W. Roller, Lancaster, Ohio.

NOTICE — Reduction of Price of

Trade **PYRIDIUM** Mark

Phenylazo-alpha-alpha-diamino-pyridine mono-hydrochloride

(*Manufactured by the Pyridium Corporation of N. Y.*)

In order to make the advantages of Pyridium treatment available to all classes of patients we have reduced the price nearly half.

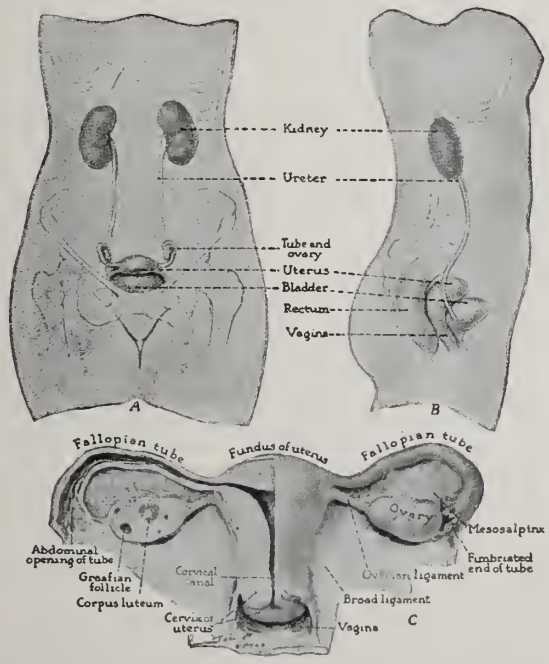
Pyridium is a definite chemical and is the only azo dye compound offered as a urinary antiseptic that is "Council accepted".

Carefully scrutinize the chemical formula and the claims made for other products offered as substitutes for Pyridium.

To secure Pyridium results it is important that Pyridium itself be used and not some other preparation.

MERCK & CO. INC.
MANUFACTURING CHEMISTS
RAHWAY, N. J.

ANATOMICAL STUDIES



GENITO-URINARY ORGANS IN THE FEMALE
A — Anteroposterior View; B — Lateral View; C — Uterus and Adnexa (at left with anterior one-half removed)

for the Practitioner

A Set of Anatomical Studies (in book form) furnished to physicians on request — upon receipt of 20c to cover mailing costs.

CAMP TRADE MARK

Physiological Supports Scientifically Designed

S. H. CAMP & COMPANY
Manufacturers
JACKSON, MICHIGAN

Chicago
1056 Merchandise Mart

New York
330 Fifth Ave.

London
252 Regent St. W.

possible. Certain it is that, unless a fairly uniform technique is available, the general physical examination performed by different physicians is not an instrument of research at all.

"It must be made clear that the demands of analysis of data collectively are different from the absolutely necessary demands of clinical medicine. The physician, examining a person in order to be of individual help to him, may feel that he need not be concerned if his standard as to what is an enlarged tonsil differs from that of another doctor. After all, he is looking for definitely pathological conditions—matters of importance to the general health of the patient. He can call attention to, or overlook, minor degrees of impairment without its making any particular difference in the recommendations he will make to the individual. He will probably not fail to note any really serious and practically determinable condition. But the statistical results largely depend on the minor degrees of impairment, because these are the conditions which are so much in the majority.

"Examples of the difficulty of securing comparable results from physical examinations could be cited from a hundred investigations. One is particularly appropriate, however, because different groups of physicians were employed in making these examinations in different industries. In one industry 34 per cent were recorded as having enlarged tonsils and 25 per cent as having diseased tonsils; in another industry these percentages were 31 and 29; in another, 29 and 44. There is a good deal of consistency in these results. On the other hand, one industry had percentages of 4 and 2; another of 7 and 1; another of 7 and 0.

"These extreme differences are in all probability not due to any peculiar industrial factor, but to a difference in the standards of the examiners in each industry. It is perfectly obvious that, even if some industrial difference did exist with respect to this or some other condition, it would be entirely obscured by the great variation in the results due to the difference in the standards of the examiners.

"It takes an optimistic soul indeed to hope to standardize the making of physical examinations in the face of such discordant results; yet, if such examinations are to be regarded as an instrument of research at all, something must be done in that direction. What is aimed at in this discussion is to point out the necessity for such standardization, and to suggest a few principles along which progress would seem to lie.

"These principles may be set down forthwith:

"1. No impairment can be regarded as susceptible of quantitative analysis unless we can be



To the **PEDIATRICIAN:**



"Babies deprived of mother's milk find a food closely resembling it chemically and physically in formulas prepared with evaporated milk . . . In the transformation of raw cow's milk into evaporated milk, the protein and fat are given physical properties like the protein and fat of breast milk. . . . Laboratory tests, therefore, would indicate that Unsweetened Evaporated Milk is the best form of cow's milk for preparing the feeding formula."—*Archives of Pediatrics, October, 1930.*

Wilson's Evaporated Milk brings to you the maximum of wholesomeness and safety in your feeding formulas. Clinical samples, also information and literature will be forwarded to physicians upon request.

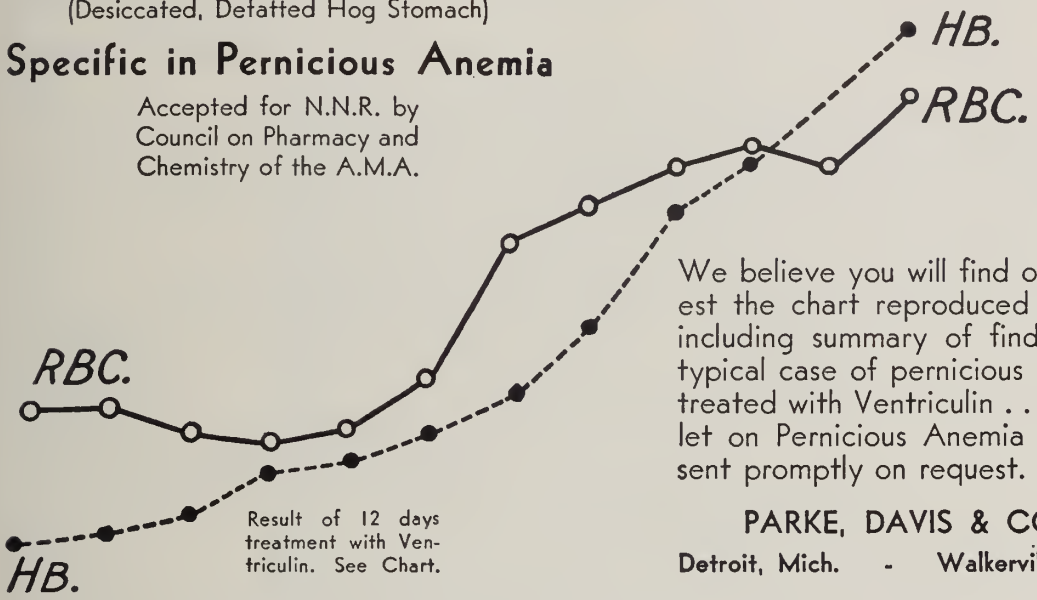
WILSON'S MILK COMPANY
728 CHAMBER OF COMMERCE BLDG., INDIANAPOLIS, IND.

VENTRICULIN

(Desiccated, Defatted Hog Stomach)

Specific in Pernicious Anemia

Accepted for N.N.R. by Council on Pharmacy and Chemistry of the A.M.A.

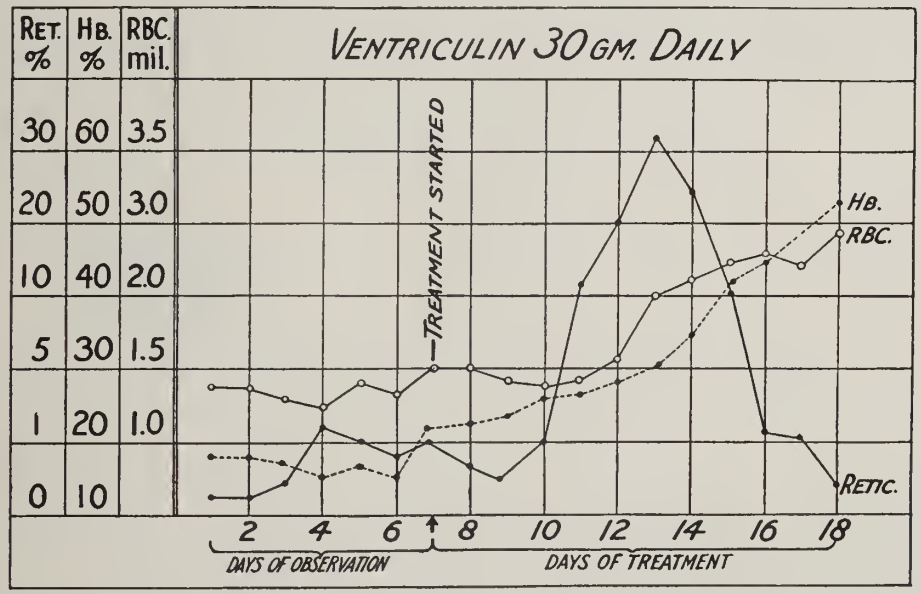


Result of 12 days treatment with Ventriculin. See Chart.

We believe you will find of interest the chart reproduced below, including summary of findings in typical case of pernicious anemia treated with Ventriculin . . . Booklet on Pernicious Anemia will be sent promptly on request.

PARKE, DAVIS & CO.

Detroit, Mich. - Walkerville, Ont.



DIAGNOSIS. Pernicious anemia.

INITIAL BLOOD COUNT: Red blood cells 1.5 million per cu. mm.; Hemoglobin (Newcomer) 21 per cent; Reticulocytes 1.0 per cent.

TREATMENT. Ventriculin 30 Gm. daily.

PHASE OF REMISSION. On sixth day of treatment: RBC 2.0 million; Hemoglobin (Newcomer) 30 per cent; Reticulocytes 32.0 per cent (calculated rise for 1.5 million red blood cells at beginning of treatment = 22.3 per cent, exceeding expected rise by 9.7 per cent).

PROGRESS REPORT. On the twelfth day after Ventriculin was begun the following blood count was recorded: RBC 2.9 million; Hemoglobin 52 per cent; Reticulocytes 0.4 per cent. (Expected weekly increase = 500,000 red blood cells per cu. mm. Actual increase in this patient = 700,000 red blood cells per cu. mm.).

sure that the condition has been looked for in each individual.

"2. Most impairments encountered in examinations are matters of degree, varying from non-pathological deviations from the normal to conditions requiring immediate treatment.

"3. It is necessary that these degrees mean more or less the same thing to the different examiners.

"4. The quantitative phases of an examination can be most effectively analyzed.

"5. The examination should be "blind" in so far as practicable.

"6. A thorough history is necessary, because the examination itself gives only a cross-section survey.

"7. The presence of acute conditions at the time of the examination must be allowed for.

"8. A minimum time should be set for each examination.

"9. The work, its assembly, and the conclusions should be under the critical eye of one skilled in the various procedures, their interpretation, and the broad phases of human pathology."

Building Improvements at State Welfare Institutions Contingent on Bond Issue

Extensive improvements and additions will be made at the various state welfare institutions if the $7,500,000 bond issue to be voted on by the people of Ohio at the November election is passed.

W. J. Kennedy, assistant state director of public welfare, has announced a tentative schedule as to how the money would be apportioned among the institutions under the jurisdiction of that department.

According to Mr. Kennedy, proposed expansions at the state hospitals for insane, feeble-minded and epileptic will provide accommodations for approximately 3700 more patients.

Following are the proposed expenditures at the various institutions:

Columbus State Hospital—New cottage and equipment, $200,000; fireproofing and general repairs at existing buildings, $150,000.

Columbus Institution for Feeble-minded—New cottage and cold storage room, $225,000; fireproofing and general repairs, $100,000.

Ohio Penitentiary—Fireproofing and general repairs, $100,000; isolation hospital and repairs at Bureau of Juvenile Research, $30,000.

Athens State Hospital—Cottage and equipment (male), capacity 100 patients, $125,000; cottage and equipment (female), capacity 100 patients, $125,000; modernizing, fireproofing and building repairs, $100,000; new wells, compressor and pipe lines, $25,000.

Cleveland State Hospital—Fireproofing and general building repairs, $150,000.

Hawthornden Farm, Cleveland—Four cottages and equipment, capacity 500 patients, $500,000; officers and employees building, $100,000; industrial buliding, $35,000; administration building and chapel, $85,000; general con-

LABORATORY APPARATUS

Coors Porcelain Pyrex Glassware
R. & B. Calibrated Ware
Chemical Thermometers
Hydrometers Sphygmomanometers

J. T. Baker & Co.'s C. P. Chemicals

Stains and Reagents
Standard Solutions

BIOLOGICALS

Serums Bacterins Media
Antitoxins Vaccines Pollens

We are completely equipped, and solicit your inquiry for these lines as well as for Pharmaceuticals, Chemicals and Supplies, Surgical Instruments and Dressings.

The Rupp & Bowman Co.
319 Superior St. Toledo, Ohio

HYCLORITE

HYCLORITE SOLUTION SODIUM HYPOCHLORITE

Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed.

For Hand and Skin Sterilization.

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity.

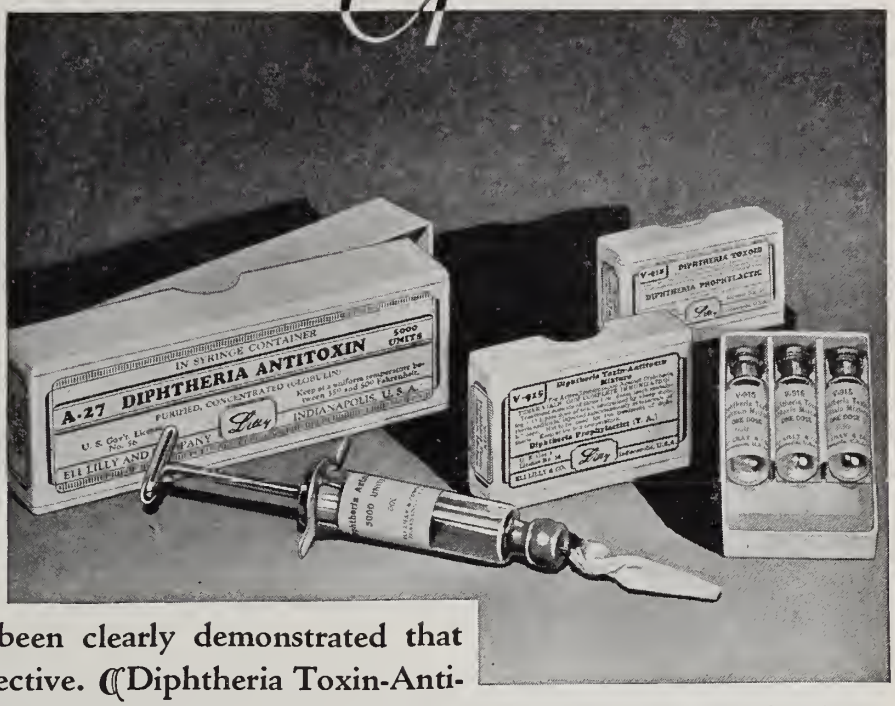
NON-POISONOUS
NON-IRRITATING

Write for Literature

BETHLEHEM LABORATORIES
INCORPORATED
300 Century Building,
PITTSBURGH, PENNA.

Diphtheria Antitoxin

And Other Lilly Diphtheria Products



Parents should be encouraged to have their children actively immunized against diphtheria. It has been clearly demonstrated that immunization is effective. ¶Diphtheria Toxin-Antitoxin Mixture, Lilly, 1/10 L^+ dose diphtheria toxin partially neutralized by sheep antitoxin, is available in single treatment packages of three 1 cc. vials and in packages of 10 vials for ten complete treatments. ¶Diphtheria Toxoid, Lilly, for immunization against diphtheria, is diphtheria toxin altered by the action of a dilute solution of formaldehyde and heat. It contains no serum. Excellent results have followed the use of two doses of Toxoid. Available in two 1 cc. vials; also in 30 cc. vials for fifteen immunizations. ¶Diphtheria Antitoxin, Lilly, for the treatment of diphtheria, is a carefully prepared product of small volume, low total solids, and sparkling clarity. It is free from non-essential proteins. Supplied in convenient syringe packages. ¶To determine natural immunity or immunity acquired by the use of Toxin-Antitoxin, use the Schick Test. ¶All Lilly Products are supplied through the drug trade. Write for further information.



ELI LILLY AND COMPANY ··· *Indianapolis·U.S.A.*

struction and equipment, $50,000; additional units for power house, $35,000.

Dayton State Hospital—Two cottages and equipment, capacity 300 patients, $300,000; T. B. cottage and equipment, capacity 60 patients, $60,000; cold storage, storeroom extension and equipment, $25,000; addition to industrial building, $15,000; boilers, stokers and equipment, $30,000; fireproofing and general building repairs, $100,000.

Lima State Hospital—T. B. cottage and equipment, capacity 50 patients, $50,000; capital equipment, $40,000; fireproofing and general repairs, $50,000.

Longview State Hospital—Dining room, kitchen, bakery and equipment (provides 200 additional capacity), $200,000; complete receiving cottage, capacity 50 patients, $75,000; complete T. B. cottage, capacity 50 patients,. $75,000; remodeling on industrial building, $20,000; fireproofing and general building repairs, $300,000.

Longview State Farm (Otterbein)—Construction and equipment cottage, 100 patients, $250,000.

Massillon State Hospital — Addition to north cottage, $30,000; industrial building, $20,000; replacement of water mains, $25,000; boilers, stokers, engines, generators and equipment, $60,000; water tank and piping, $15,000; wells and equipment, $7000; fireproofing and general repairs, $50,000.

Toledo State Hospital—Receiving cottage and equipment, capacity 150 patients, $160,000; occupational therapy building, $50,000; engines, generators and equipment, $20,000; fireproofing and general repairs, $125,000; capital equipment, $25,000.

Ohio State Hospital for Epileptics—Cottage and equipment, capacity 125 patients, $125,000; dairy barn and equipment, $35,000; power plant equipment, $50,000; fireproofing and general repairs, $150,000.

Institution for Feeble Minded (Orient)—Chapel and school building, provides 100 additional capacity, $125,000; industrial building, $28,000; fireproofing and general repairs, $30,000.

Institution for Feeble-Minded (Apple Creek)—Four cottages and equipment, capacity 1100 patients, $1,000,000; cold storage, storeroom, kitchen, bakery and equipment, $125,000; laundry equipment, $70,000; general dining room, $100,000; general construction and equipment, $100,000.

Ohio State Sanatorium—Fireproofing and general repairs, $25,000; isolation hospital and equipment, capacity 25 patients, $25,000.

Ohio Soldiers' and Sailors' Home—New hospital, 500 ex-service men, $250,000; water mains, replacement and extension, $15,000; fireproofing and general repairs, $50,000.

Madison Home—Fireproofing and general repairs, $10,000.

Boys' Industrial School—Cottage and equipment, $75,000; sewage disposal plant, $25,000; fireproofing and general repairs, $50,000.

Girls' Industrial School—Cottage and equipment, $75,000; capital equipment, $25,000; fireproofing and general repairs, $75,000.

London Prison Farm—General construction and equipment, $100,000; land, $85,000.

Grafton State Farm—General construction and equipment, $30,000.

Ohio Reformatory for Women—Power plant and equipment, $30,000; fireproofing and general repairs, $30,000.

Ohio State Reformatory—Land, $80,000; power plant equipment, $40,000; educational equipment, $10,000; capital equipment, $20,000; fireproofing and general repairs, $125,000.

According to recent figures submitted to Governor George White by State Welfare Director John McSweeney, there was an increase of 2327 state wards during the two-year period ending July 1, 1931.

The population of the various state institutions on that date was 34,544.

Ohio's feeble-minded patients totaled 4649, a new high mark. The population of the Ohio Penitentiary was the largest, being 4666.

BACKWARD and PROBLEM CHILDREN

Require Intensive Scientific Training in a Suitable Environment

The Bancroft School

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. Winter quarters in New Jersey, summer camp on the coast of Maine. An incorporated educational foundation, operated not for profit, controlled by a Board of Trustees, offering the highest type of education attainable at rates within the reach of all. Organized to give the fullest possible cooperation to physicians.

Illustrated Catalog on Request

The Bancroft School Haddonfield, N. J.

DIABETICS

have palatable

Starch-free Bread

when you prescribe

Listers

DIETETIC FLOUR

Self-rising — contains no starch, no gluten

Ask for nearest Depot or order direct

LISTER BROS. Inc. 41 East 42nd Street NEW YORK, N. Y.

Physicians' QUALITY FIRST PC ***Service***

We are exclusive manufacturers of Pharmaceuticals, U. S. P. and N. F. Preparations, Specialties, Tablets, Ointments, Ampoules, Suppositories, Effervescents, etc., for Physicians Dispensing and Prescribing.

NOTHING SOLD AT RETAIL EXCEPT ON ORDER OF PHYSICIAN

Offices and Laboratories
330-336 OAK STREET, EAST
One-half Square North of Grant Hospital and Carnegie Library.

THE COLUMBUS PHARMACAL CO.
COLUMBUS, OHIO

Amaizo

GOLDEN SYRUP

(Corn Syrup and Refiner's Syrup)

A food product long distinguished for its quality and purity and the **FIRST** CORN SYRUP accepted by the American Medical Association for INFANT FEEDING

The brand exhibited at the A. M. A. Convention June 1931



Amaizo Golden Syrup is regularly on sale at practically all grocery stores.

AMERICAN MAIZE-PRODUCTS CO.
100 E. 42nd ST., NEW YORK CITY

The Ohio State Nurses' Association
Official Registries for Nurses

District No. 1—42 Hawthorne Ave., Akron, Ohio. Phone: Lincoln 0600
District No. 3—601 Mahoning Bank Bldg., Youngstown; Phone 44581; 44582
District No. 4—2157 Euclid Ave., Cleveland, Ohio. Phone: Prospect 1951
District No. 8—Room 1112 Chamber of Commerce Bldg., Cincinnati, Ohio Phone: Main 7142
District No. 9—1930 Robinwood Ave., Apartment 40, "The Scotwood," Toledo, Ohio. Phone: Main 7962
District No. 12—The Normandie Hotel, Room 610, Columbus, Ohio. Phone Adams 1569
District No. 15—Portsmouth General Hospital, Portsmouth, Ohio. Phone: 559

DIABETICS ARE SATISFIED WHEN YOU PRESCRIBE CUURDOLAC FOODS

Curdolac Breakfast Cereal
Curdolac Casein Bran Improved Flour.
Curdolac Casein Compound.
Curdolac Soya-Bran Breakfast Food.
Curdolac Soya-Bran Flour.
Curdolac Soya Cereal Johnny Cake Flour.
Curdolac Soya Flour.
Curdolac Wheat-Soya Flour.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Samples and literature on request.

CURDOLAC FOOD COMPANY Box 299 Waukesha, Wis.

Legal Points and Necessary Procedure in Adoption of Illegitimate Infants

As has been pointed out frequently in *The Journal* since physicians are quite often called in an advisory capacity in the adoption and placement of infants, sometimes of illegitimate parentage, it behooves every doctor to be as familiar as possible with the present legal procedure in Ohio concerning the adoption of children.

Several recent instances of misunderstandings and confusion on the part of physicians have been reported to the Division of Charities, State Department of Public Welfare, which works in close cooperation with the juvenile courts and welfare agencies in the placement and adoption of infants.

Some of the problems now before this state division emphasize the necessity for active cooperation between physicians, juvenile courts and all parties concerned and the Division of Charities in working out plans for unmarried mothers and the placement and adoption of children.

In 1923 the state laws dealing with these questions were amended to make adoption procedure more definite, especially in cases of unmarried mothers. Previous to that time, the probate courts and welfare agencies had much difficulty in tracing legal parentage of some children who had been adopted.

The law, as amended in 1923 and as it stands at the present time, provides that no child under two years of age shall be given into the temporary or permanent custody of any person, association or institution which is not certified by the Division of Charities, State Department of Public Welfare, without the written consent of the Division of Charities or by a commitment of a juvenile court.

It is provided, however, that such a child may be placed temporarily without such written consent or court commitment with persons related by blood or marriage, or in a legally licensed boarding home which is not established for the purpose of placing children in free foster homes or for legal adoption.

The statute further provides that "it shall be unlawful for any persons, organizations, hospitals or associations which have not been approved and certified by the Division of Charities, Department of Public Welfare, to advertise that they will adopt children or place them in foster homes, or hold out inducements to parents to part with their offsprings, or in any manner knowingly become a party to the separation of a child from its parent, parents or guardians, except through a juvenile court commitment."

It has been pointed out by the Division of Charities that records of the division reveal a number of instances of placement of infants by physicians and hurry-up adoptions without proper compliance with the law and investigation by a licensed children's agency.

Such placements made by physicians, innocently and undoubtedly because they are unfamiliar with

A characteristic of Mead's Powdered Lactic Acid Milk No. 1 (containing Dextri-Maltose) is the finely divided soft curd which never clogs the nipple. In a few moments, any mother can carry out the simple procedure required without error — a saving in time to her and an assurance to the physician that the feedings are correctly prepared. This product never curdles; it is always ready, and quickly reliquefied. No ice is necessary to keep the powder. It is convenient while traveling. Samples and literature on request. Mead Johnson & Company, Evansville, Indiana, U.S.A.

"MESCO" Laboratories

The "MESCO" Laboratories manufacture the largest line of Ointments in the world. Sixty different kinds. We are originators of the Professional Package. Specify "MESCO" when prescribing Ointments. Send for lists.

MANHATTAN EYE SALVE CO.
Louisville, Kentucky

Here

is one of the advertisements of The Sugar Institute

THE advertisement reproduced here is one of the series appearing in publications throughout the country. In order to keep the statements in accord with modern medical practice, they have been submitted to and approved by some of the leading authorities in the field of human nutrition in the United States. The Sugar Institute, 129 Front Street, New York.

THERE'S NOTHING LIKE

sugar

TO IMPROVE THE flavor



OF CHEAP CUTS OF meat

When sugar is added with salt to stews, meat loaves and pot-roasts, the improved flavor will delight you.

CHEAP cuts of meat can be made deliciously tender if cooked long and slowly. But do you know that the flavor of such meat and its gravy can be surprisingly improved if a dash of sugar is added during this cooking process?

Successful cooks have proved the value of sugar in seasoning meat. They will tell you that salt by itself overcomes flatness, and the addition of sugar heightens the meat flavor to the fullest extent.

A dash of sugar to a pinch of salt, or equal parts of each, are good rules to follow in meat cookery. Try this idea in stews, meat loaves, pot-roasts or braised meat dishes — also in vegetables. Most foods are more delicious and nourishing with sugar. The Sugar Institute, 129 Front Street, New York.

"Good food promotes good health"

the laws relative to placement and adoption, have proved most unsatisfactory, from the standpoint of the child, the foster-parents and all other parties concerned.

As summed up in a Department of Welfare bulletin:

"Much suffering has come not only to the children but to the mothers of children and also the foster parents through lack of proper investigation before adoption."

While it is admitted that this law requires in some instances considerable red tape, some delay and occasionally unfortunate publicity, welfare authorities who have studied thoroughly, the question of placement and adoption, are of the opinion that it is for the benefit of society generally, makes more certain the proper tracing of parentage, and safeguards those persons adopting the child, as well as all other parties concerned, including the physician.

Under its present program of cooperation with juvenile courts, physicians and parents in working out plans for any unmarried mother under the age of 21, or for any illegitimate child even though the mother may be over age, the Division of Charities will accept the guardianship of the unmarried mother by a commitment from the local juvenile court, will make arrangements for the girl's confinement in a maternity hospital of good standards, and will endeavor to adjust the situation after the birth of the child. It is pointed out that in all cases an effort is made to establish paternity legally and to secure support from the father.

The following editorial squib from *The Columbus Citizen* raises some interesting questions concerning the sincerity, as well as the doubtful character, of some individuals who have found it pleasantly lucrative to prostitute religion by selling it as a substitute for the medical sciences in the healing of diseases and disabilities, and makes a pertinent observation regarding the quantity of gray matter possessed by that faction of the public which seems to enjoy being hoodwinked by cultists and greedy disciples of commercialized faith healing.

"Although the miracle of Aimee Semple McPherson," declared *The Citizen*, "wherein she disappeared in the sea and came up in the desert, is well explained, many people still believe in her as a spiritual leader. * * * Ma Kennedy, Aimee's mother, gets into the prints by marrying a Rev. Guy Edward Hudson, whom she describes as 'What-a-Man!' * * * Now it appears the Rev. Guy is a bigamist. * * * Certainly Aimee and Ma furnish a lot of lively stories, but what is to be said for the brains of those who follow them as divinely annointed?" The questionable and often detrimental schemes initiated and conducted in the name of religion and health continue to set a merry pace, further substantiating the much-quoted conclusion that Barnum was right.

Mercurochrome 220 Soluble

(Dibrom-oxymercuri-fluorescein)

The Stain Provides for Penetration

—and—

Fixes the Germicide in the Tissues

Mercurochrome is bacteriostatic in exceedingly high dilutions and as long as the stain is visible bacteriostasis is present. Reinfection or contamination are prevented and natural body defenses are permitted to hasten prompt and clean healing, as Mercurochrome does not interfere with immunological processes. This germicide is non-irritating and non-injurious when applied to wounds.

Hynson, Westcott & Dunning
Inc.
BALTIMORE, MD.



THE DOCTOR
THE NURSE
THE PATIENT

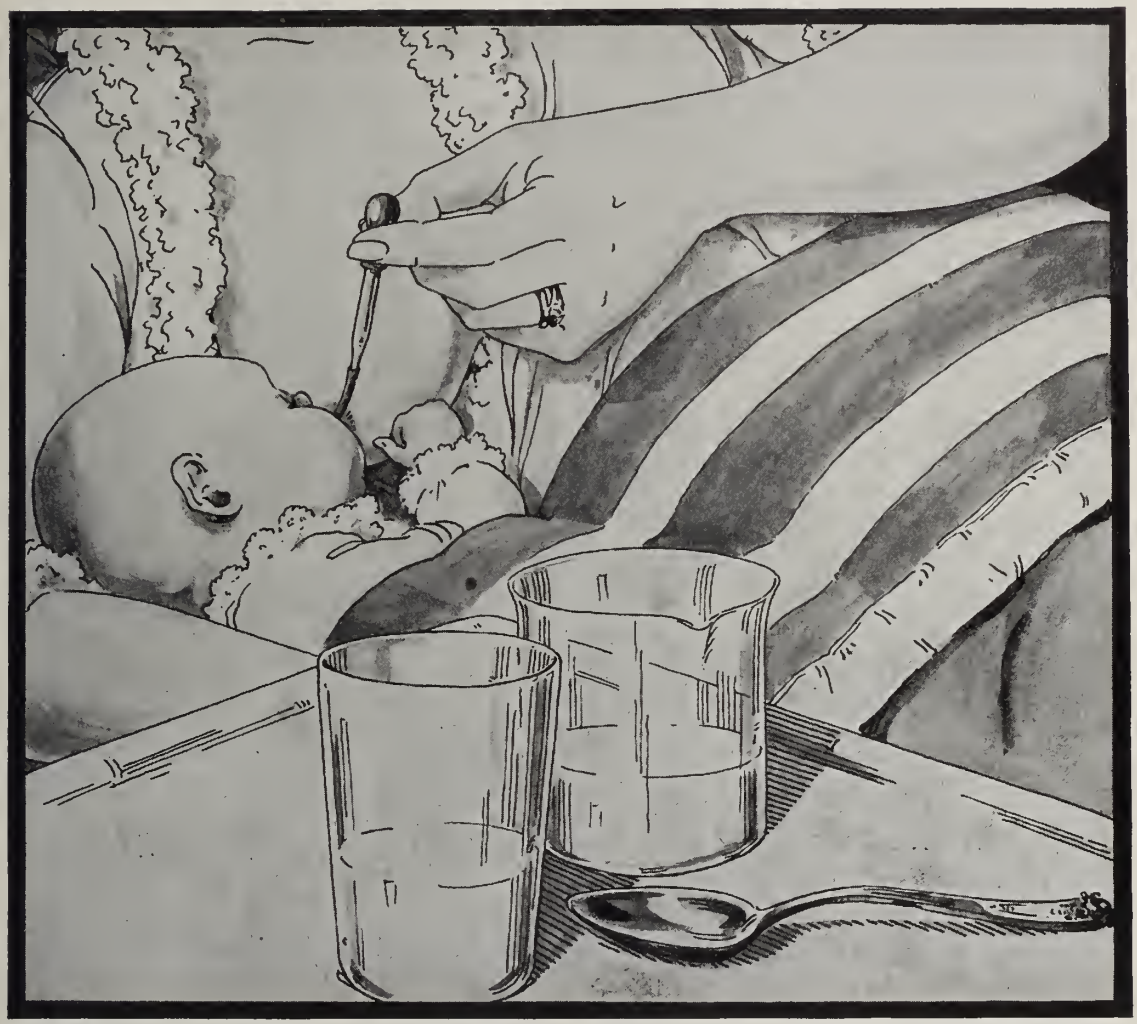
NO ONE is immune to perspiration and the discomforts and social implication that go with it, for perspiration often leaves in its wake an odor quite unpleasant.

Here is an opportunity for cooperation between the doctor, who prescribes the remedy, the nurse, who applies it, and the patient who may need it. The remedy is simple enough and safe.

NONSPI
(AN ANTISEPTIC LIQUID)

checks the perspiration and prevents the odor, too. It needs to be applied only once or twice a week under the arms and to those parts of the body not exposed to adequate ventilation. Trial supply gladly sent to physicians.

YES, I'd like to try NONSPI. Please send me a free trial supply.
Name.....
Address..... *City*..... *State*.....
THE NONSPI COMPANY, 117 West 18th Street, New York City



MEDICINE-DROPPER METHOD

OF FEEDING THE NEWLY-BORN



SIMILAC fed with a medicine dropper, simultaneously with the breast, during the newly-born period, reduces the initial loss in weight and prevents inanition fever, according to the results reported by a number of physicians.

The use of the medicine dropper instead of the rubber nipple nursing bottle, at this time, teaches the newly-born a very important lesson—that of nursing at its mother's breast.

Ask for Index Card, "Feeding the Newly-Born."

M & R DIETETIC LABORATORIES, INC.,
COLUMBUS, OHIO

OHIO STATE MEDICAL ASSOCIATION

STANDING COMMITTEES
(Constitutional)

PUBLIC POLICY

John B. Alcorn, Chairman, (1933) Columbus
C. W. Stone, (1932) Cleveland
J. H. J. Upham, (1934) Columbus
D. C. Houser, (ex-officio) Urbana
H. M. Platter, (ex-officio) Columbus

PUBLICATION

Andrews Rogers, Chairman, (1934) Columbus
Gilbert Micklethwaite, (1932) Portsmouth
A. B. Denison, (1933) Cleveland

MEDICAL DEFENSE

J. E. Tuckerman, Chairman, (1934) Cleveland
F. P. Anzinger, (1932) Springfield
W. H. Snyder, (1933) Toledo

MEDICAL EDUCATION AND HOSPITALS

Ben R. McClellan, Chairman, (1934) Xenia
R. H. Birge, (1932) Cleveland
John F. Wright, (1933) Toledo

MEDICAL ECONOMICS

J. Craig Bowman, Chairman, (1933) Upper Sandusky
E. O. Smith, (1932) Cincinnati
A. B. Brower, (1934) Dayton

SPECIAL COMMITTEE
Periodic Health Examinations

V. C. Rowladn, Chairman Cleveland
Jonathan Forman Columbus
Beatrice T. Hagen Zanesville
R. R. Hendershott Tiffin
J. I. Stephens Ansonia

MENTAL HYGIENE

E. J. Emerick Columbus
O. O. Fordyce Toledo
L. J. Karnosh Cleveland
Wm. H. Pritchard Columbus
T. A. Ratliff Cincinnati

Military Committee

Harry D. Jackson, Chairman Circleville
Louis H. Feid, Jr. Cincinnati
David H. Moore Urbana

COUNCIL COMMITTEES

AUDITING AND APPROPRIATIONS

S. J. Goodman, Chairman Columbus
C. L. Cummer Cleveland
E. M. Huston Dayton

ARRANGEMENTS 1932 ANNUAL MEETING

E. M. Huston, Chairman Dayton
H. S. Davidson Akron
I. P. Seiler Piketon

PROGRAM 1932 ANNUAL MEETING

H. M. Platter, Chairman Columbus
John A. Caldwell Cincinnati
S. J. Goodman, Secretary Columbus

Delegates and Alternates to American Medical Association

DELEGATES

Wells Teachnor, Sr., (1932) Columbus
Ben R. McClellan, (1932) Xenia
E. R. Brush, (1932) Zanesville
C. W. Stone, (1932) Cleveland
J. P. DeWitt, (1933) Canton
C. E. Kiely, (1933) Cincinnati
C. W. Waggoner, (1933) Toledo

ALTERNATES

D. H. Morgan, (1932) Akron
A. C. Messenger, (1932) Xenia

C. L. Cummer, (1932) Cleveland
G. F. Zinninger, (1933) Canton
L. H. Schriver, (1933) Cincinnati
John Sprague, (1933) Athens

SECTION OFFICERS FOR 1931-1932

MEDICINE

Leo C. Bean, Chairman
Gallipolis
C. S. Mundy, Secretary
125 15th Street, Toledo

SURGERY

M. E. Blahd, Chairman
1420 Medical Arts Bldg., Cleveland
C. R. Steinke, Secretary
1027 Second National Bldg., Akron

OBSTETRICS AND PEDIATRICS

E. G. Horton, Chairman
350 E. State Street, Columbus
B. H. Carroll, Secretary
240 Michigan Street, Toledo

EYE, EAR, NOSE AND THROAT

Albert L. Brown, Chairman
2700 Union Central Bldg., Cincinnati
Ivor G. Clark, Secretary
188 E. State St., Columbus

NERVOUS AND MENTAL DISEASES

John D. O'Brien, Chairman
332 Market Ave. N., Canton
J. Fremont Bateman, Secretary
Box 36, Elmwood Place

PUBLIC HEALTH AND INDUSTRIAL MEDICINE

R. C. Engel, Chairman
3102 Independence Rd., Cleveland
R. H. Markwith, Secretary
Court House Annex, Akron

Eighty-Sixth Annual Meeting, Dayton, May, 1932.

Should electro-medical equipment be made to meet a purpose or a price?

ALL WORKS OF QUALITY MUST bear a price in proportion to the skill, time, expense and risk attending their invention and manufacture. ¶ Those things called dear are, when justly estimated, the cheapest; they are attended with much less profit to the builders than those which everybody calls cheap. ¶ Beautiful forms and compositions are not made by chance, nor can they ever, in any material, be made at small expense. ¶ A composition for cheapness and not for excellence of workmanship is the most frequent and certain cause of rapid decay and entire destruction of arts and manufactures.

—RUSKIN

SHOULD x-ray and physical therapeutic equipment fall into the class of equipment that can be shopped for? A serious question this, these days when bargains of all sorts are offered at prices that allure.

But if tempted, remember this: to accept a diagnostic or therapeutic device which falls short in any degree of giving the patient the full benefit of what science has made possible through such a device, is a mistake.

For more than a third of a century this company has specialized in the design and manufacture of x-ray and other electro-medical apparatus. This vast experience has placed us in a position to appreciate the importance to physician and patient of such equipment.

Thousands upon thousands of users of Victor products the world over will attest their complete confidence in every apparatus which bears our mark. They know that Victor equipment is made to meet the purpose and not to meet a price.

Your investment in x-ray or other electro-medical equipment is a long-time investment. In such a purchase, the quality of the article—the reputation and responsibility of the maker—are of first importance. Go bargain hunting if you will. But in fields where less is at stake than in this.

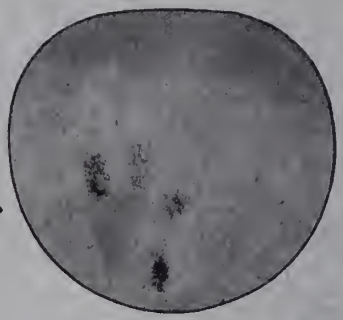
COLUMBUS—76 S. Fourth St.
CLEVELAND—4900 Euclid Ave. Room 412.
CINCINNATI—1027 Chamber of Commerce Bldg.
TOLEDO—105 17th St.

GENERAL ELECTRIC
X-RAY CORPORATION
2012 Jackson Boulevard Chicago, Ill., U.S.A.
FORMERLY VICTOR X-RAY CORPORATION

Join us in the General Electric program, broadcast every Saturday evening over a nation-wide N. B. C. network

an improved bifocal, doctor, with single vision comfort

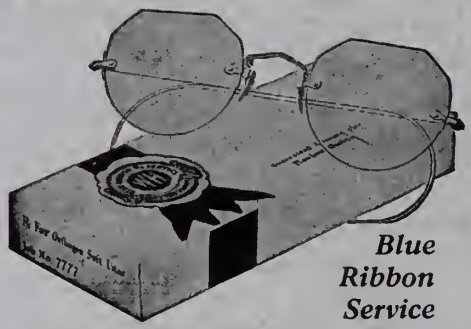
notice the distinctive shape of



segment

—the new

PANOPTIK BIFOCAL



Blue Ribbon Service

IDEAL shape and improved construction of the PANOPTIK Bifocal reading section gives your presbyopic patients natural, single vision comfort. If you wear bifocals yourself, doctor, you'll appreciate even more quickly how easy it is to get used to PANOPTIK Bifocals. If you haven't a price list and a list of the PANOPTIK advantages—just drop us a card or letter.

The WHITE-HAINES OPTICAL COMPANY

"There's a W-H house near you"

Columbus Cleveland Cincinnati Dayton
Lima Zanesville Springfield
Marion Youngstown

ROCKY GLEN SANATORIUM

McCONNELSVILLE OHIO

FOR THE TREATMENT OF TUBERCULOSIS

"Rocky Glen Gets Results"

LOUIS MARK, M.D., Medical Director, 9 Buttles Ave., Columbus, Ohio
D. G. RALSTON, M.D., Resident Medical Director
H. A. PHILLIPS, Superintendent — A. A. TOMBAUGH, M.D., Resident Physician
Established 1911 — In The Picturesque Highlands of Ohio

STONEMAN PRESS, COLS., O

PRINTED IN U.S.A.

The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY BY
THE OHIO STATE MEDICAL ASSOCIATION
AS A MEDIUM OF SERVICE TO ITS MEMBERS

OCTOBER 1, 1931

VOLUME XXVII
Number - - 10

Status of Medical Education in Ohio at Start of New College Year, Page 805

Interesting Legal Points in Medical Practice --- Opinions and Court Decisions, Pages 810 to 812; and 815 to 817

Summary of Contents

ORIGINAL ARTICLES

Fractures of the Ankle. Ralph G. Carothers, M.D., Cincinnati, Ohio 781

A Clinical and Pathological Study of Seventy Cases of Mitral Stenosis. I. H. Einsel, M.D., H. S. Feil, M.D., and C. S. Stone, M.D., Cleveland, Ohio 783

The Pathology of One Hundred Consecutive Tonsils. H. L. Reinhart, M.D., Columbus, Ohio 786

Use and Abuse of Clinic Conferences in a Health Department. F. R. Dew, M.D., St. Clairsville, Ohio 789

Ohio Mental Hygiene Needs. E. A. North, M.D., Cincinnati, Ohio 791

Some Phases of Poliomyelitis. E. G. Horton, B.S., M.D., Columbus, Ohio 796

Clinical Laboratory Findings in Thyroid Diseases. A Brief Review of the Literature and of Starling-Loving Hospital Records. Edith M. Miller, B.S., Columbus, Ohio 799

The President's Page. D. C. Houser, M.D., Urbana, Ohio 803

EDITORIAL

Autumn Activities Now Well Under Way 777

Social Insurance As a Result of Economic Depression 777

Simple Solutions by Social Workers 778

Program Plans of Annual Meeting 779

Some Angles to the Cost of Illness 780

Pre-School Tinkering 780

STATE NEWS

Drouth, Typhoid, and Factors of Local Health Work, from State Health Department Viewpoint 804

Record Number of Medical Students With Benefits of Splendid Educational Facilities in Ohio's Three Class A Schools Shown at Start of Fall Term 805

Privileged Communications, Public Documents, Medical Case Histories, Malpractice and Occupational Diseases Are Discussed in Legal and Court Opinions 810

Some Hints in Avoiding Erroneous News Reports of Medical Meetings 812

Problems in the Equitable and Adequate Distribution of Medical Service as Viewed in An Interesting Report on Kentucky Conditions 813

Legal Points on Who May or Should Be Held Responsible for the Payment of Medical Bills 815

Deaths in Ohio 818

News Notes of Ohio 820

County Society and Academy News 824

Classified Advertisements 828

Hospital Notes 830

Public Health Notes 832



Modern diets are surprisingly low in Vitamin B—the anti-neuritic vitamin. Lack of this vitamin results in poor appetite, digestive disturbances, intestinal sluggishness and loss of weight. Vitamin B is also necessary for the proper nutrition of nerve tissue. A shortage of Vitamin B can be corrected by Squibb Chocolate-Vitavose, a new and valuable diet supplement.

Squibb Chocolate-Vitavose is prepared with Vitavose, "wheat germ sugar," one of the richest sources of Vitamin B. Served with milk—hot or cold—it makes a delicious, refreshing and nourishing beverage. It can be taken with meals, before retiring, or as a "between meals" drink. Squibb Chocolate-Vitavose contains 30 per cent Vitavose.

SQUIBB VITAVOSE—(wheat germ sugar) is a palatable and exceedingly rich source of Vitamin B and food iron. It is particularly valuable as a milk modifier in infant feeding and as a diet supplement. It has 100 times as much Vitamin B as whole cow's milk, 30 times as much Vitamin G, and 40 times as much iron.

SQUIBB DEXTRO-VITAVOSE is a mixture of one part Vitavose and two parts Dextrose. It provides a Vitamin B rich Dextrose preparation for use in infant feeding.

For further information, write to Professional Service Department, 745 Fifth Avenue, New York

E·R·SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

THE SAWYER SANATORIUM

White Oaks Farm, Marion, Ohio

TREATS NERVOUS AND MENTAL DISEASES



THE PATIO

Provides Thorough Diagnosis, Scientific Treatment, Homelike Surroundings, Complete Equipment, Individual and Personal Professional Attention, Splendid Cuisine, all the modern conveniences of the best private homes. Located on an 130-acre farm. Presided over by men and women devoting all their time to the work.

Send for Booklet, Address

SAWYER SANATORIUM WHITE OAKS FARM MARION, OHIO

The Ohio State Medical Association

Ohio State Medical Journal

Entered as second class matter July 5, 1905, at the Postoffice at Columbus, Ohio, under act of Congress of March 3, 1879: Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Oct. 3, 1917. Authorized July 10, 1918.

Published monthly by
THE OHIO STATE MEDICAL ASSOCIATION
131 East State Street, Columbus, Ohio
Telephone: ADams 7045

This journal is published for and by the members of the Ohio State Medical Association. The Publication Committee does not assume responsibility for opinions expressed by individual essayists. It endeavors to maintain a high standard of advertising. Its advertising policy is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

Subscription $3.00 per year; single copies 30 cents.
Issued under the direction of the Publication Committee.

PUBLICATION COMMITTEE

Andrews Rogers, M.D., Chairman (1934) ..... Columbus
Gilbert Micklethwaite, M.D. (1932) ..... Portsmouth
A. B. Denison, M.D. (1933) ..... Cleveland

EXECUTIVE STAFF

Don K. Martin ..... Editor-Manager
Alice B. Haney ..... Advertising Manager

Officers 1931-1932

PRESIDENT
D. C. Houser, M.D. ..... Urbana

PRESIDENT-ELECT
H. M. Platter, M.D. ..... Columbus

TREASURER
James A. Beer, M.D. ..... Columbus

EXECUTIVE SECRETARY
Don K. Martin ..... Columbus

State Council

First District
John A. Caldwell, M.D. ..... Cincinnati

Second District
E. M. Huston, M.D. ..... Dayton

Third District
O. P. Klotz, M.D. ..... Findlay

Fourth District
B. J. Hein, M.D. ..... Toledo

Fifth District
C. L. Cummer, M.D. ..... Cleveland

Sixth District
H. S. Davidson, M.D. ..... Akron

Seventh District
E. B. Shanley, M.D. ..... New Philadelphia

Eighth District
E. R. Brush, M.D. ..... Zanesville

Ninth District
I. P. Seiler, M.D. ..... Piketon

Tenth District
S. J. Goodman, M.D. ..... Columbus

Ex-Officio, The Ex-President
C. W. Waggoner, M.D. ..... Toledo

CORRECTED ROLL OF DISTRICT AND COUNTY SOCIETIES

Societies	President	Secretary	
First District			
Adams	Ray Vaughn, West Union	O. T. Sproull, West Union	3d Wednesday in April, June, Aug., Oct.
Brown	R. B. Hannah, Georgetown	Geo. P. Tyler, Jr., Ripley	4th Wednesday in Feb., May and Nov.
Butler	P. E. Decatur, Hamilton	H. N. Ward, Hamilton	2d Wednesday, monthly.
Clermont	H. E. Cover, Bantam	Allan B. Rapp, Owensville	3d Wednesday, monthly.
Clinton	Kelley Hale, Wilmington	Robert Conard, Wilmington	1st Tuesday, monthly.
Fayette	E. H. McDonald, Bloomingburg	J. F. Wilson, Washington C. H.	1st Thursday, monthly.
Hamilton	Wm. M. Doughty, Cincinnati	H. H. Shook, Cincinnati	Monday evening of each week.
Highland	J. D. McBride, Hillsboro	W. B. Roads, Hillsboro	1st Wednesday in Jan., April, July and Oct.
Warren	S. S. Stahl, Franklin	James Arnold, Lebanon	1st Tuesday in May, June, July, Sept., Oct. and Nov.
Second District	Howard Harris, Springfield	H. R. Huston, Dayton	
Champaign	E. W. Ludlow, Urbana	L. A. Woodburn, Urbana	2d Thursday, monthly.
Clarke	D. W. Hogue, Springfield	Wm. M. Runyan, Springfield	2d and 4th Wednesday noon.
Darke	E. A. Fisher, Yorkshire	W. D. Bishop, Greenville	Friday each month.
Greene	W. C. Marshall, Yellow Springs	Marshall M. Best, Xenia	1st Thursday, monthly.
Miami	M. I. Miller, Troy	G. A. Woodhouse, Pleasant Hill	1st Friday, monthly, except July and August.
Montgomery	F. K. Kislig, Dayton	Miss M. E. Jeffrey, Dayton	1st and 3d Friday each month.
Preble	J. I. Nisbet, Eaton	C. M. Treffinger, Eaton	3d Thursday, monthly.
Shelby	M. F. Hussey, Sidney	B. S. Stephenson, Sidney	1st Friday, monthly.
Third District	F. M. Douglass, Toledo	E. E. Rakestraw, Findlay	
Allen	W. W. Beauchamp, Lima	E. B. Pedlow, Lima	3d Tuesday, monthly.
Auglaize	F. F. Fledderjohann, New Bremen	C. C. Berlin, Wapakoneta	2nd Thursday, bi-monthly.
Hancock	E. E. Rakestraw, Findlay	J. H. Marshall, Findlay	1st Wednesday, monthly.
Hardin	R. C. McNeill, Kenton	W. N. Mundy, Forest	1st Thursday, monthly.
Logan	Ben S. Leonard, West Liberty	O. C. Amstutz, Bellefontaine	1st Friday, monthly.
Marion	F. E. Mahla, Marion	Kenneth D. Smith, Marion	1st Tuesday, monthly.
Mercer	M. L. Downing, Rockford	F. E. Ayers, Celina	2d Tuesday, monthly.
Seneca	R. E. Hershberger, Tiffin	Robert Benner, Tiffin	3rd Thursday, monthly.
Van Wert	S. A. Edwards, Van Wert	R. H. Good, Van Wert	3d Tuesday, monthly.
Wyandot	B. A. Moloney, Upper Sandusky	J. Craig Bowman, Up. Sandusky	1st Thursday, monthly.
Fourth District	(With Third District in Northwestern Ohio District)		
Defiance	Geo. DeMuth, Sherwood	D. J. Slosser, Defiance	3d Thursday, monthly.
Fulton	L. C. Cosgrove, Swanton	Harold Heffron, Metamora	Semi-monthly.
Henry	T. P. Delventhal, Napoleon	F. M. Harrison, Napoleon	3d Wednesday, monthly.
Lucas	B. G. Chollett, Toledo	A. P. Hancuff, Toledo	Friday, each week.
Ottawa	Geo. Boon, Oak Harbor	Gordon S. Sloan, Elmore	2d Thursday, monthly.
Paulding	L. R. Fast, Paulding	Gaile L. Doster, Paulding	3d Wednesday, monthly.
Putnam	H. H. Sinks, Columbus Grove	Oscar J. Fatum, Ottoville	1st Tuesday, monthly.
Sandusky	J. L. Curtin, Fremont	L. N. Bates, Fremont	Last Thursday, monthly.
Williams	H. W. Wertz, Montpelier	H. J. Luxan, Montpelier	3d Thursday, monthly.
Wood	O. S. Canright, Haskins	F. V. Boyle, Bowling Green	3d Thursday, monthly.
Fifth District	C. L. Cummer, Councilor	Chrm. Com. on Arrangements	Cleveland.
Ashtabula	P. J. Collander, Ashtabula	E. H. Merrell, Geneva	1st Tuesday, monthly.
Cuyahoga	S. C. Lind, Cleveland	Clarence H. Heyman, Cleveland	3d Fri. March, May, Sept., Nov., Dec.
Erie	H. W. Lehrer, Sandusky	G. A. Stimson, Sandusky	Last Thursday, monthly.
Geauga	Clara J. Swan, Chardon	Isa Teed-Cramton, Burton	Last Wednesday, Apr. to Dec.
Huron	John A. Sipher, Norwalk	B. C. Pilkey, Norwalk	2d Thursday, monthly.
Lake	W. R. Carle, Perry	F. J. Dineen, Painesville	4th Tuesday, monthly.
Lorain	J. P. Rankin, Elyria	W. E. Hart, Elyria	2d Tuesday, monthly.
Medina	R. L. Mansell, Medina	J. K. Durling, Wadsworth	3d Thursday.
Trumbull	H. J. Meister, Warren	R. H. McCaughtry, Warren	3d Thursday, monthly, except June, July, August.

Societies	President	Secretary	
Sixth District	J. G. Blower, Akron	J. H. Seiler, Akron	2d Wed., Jan., April & Oct.
Ashland	G. B. Fuller, Loudonville	H. M. Gunn, Ashland	1st Friday, bi-monthly.
Holmes	L. E. Anderson, Mt. Hope	C. T. Bahler, Walnut Creek	1st Tuesday, quarterly, Jan., April, July, October.
Mahoning	A. W. Thomas, Youngstown	J. P. Harvey, Youngstown	3d Tuesday, monthly.
Portage	A. O. DeWeese, Kent	E. J. Widdecombe, Kent	1st Thursday, monthly.
Richland	D. C. Lavender, Mansfield	C. H. Bell, Mansfield	3d Thursday, monthly.
Stark	H. M. Schuffell, Canton	F. S. VanDyke, Canton	2d Tuesday monthly except July and August.
Summit	C. C. Pinkerton, Akron	A. S. McCormick, Akron	1st Tuesday, monthly.
Wayne	W. B. Turner, Wooster	R. C. Paul, Wooster	2d Tuesday, monthly.
Seventh District			
Belmont	A. T. Hopwood, Holloway	C. W. Kirkland, Bellaire	2d Wednesday, monthly at 1:45 p.m
Carroll	(With Stark Co. Society)		
Columbiana	E. W. Miskall, East Liverpool	T. T. Church, Salem	2d Tuesday, monthly.
Coshocton	J. G. Smailes, Coshocton	J. D. Lower, Coshocton	4th Thursday, April, June, Sept., December.
Harrison	J. M. Scott, Scio	R. P. Rusk, Cadiz	3d Wednesday, moothly.
Jefferson	M. H. Rosenblum, Steubenville	John Y. Bevan, Steubenville	Last Friday, monthly.
Monroe	G. W. Steward, Woodsfield	A. R. Burkhart, Woodsfield	2d Wednesday, monthly.
Tuscarawas	Jay W. Calhoon, Uhrichsville	R. E. Wolf, Uhrichsville	1st Thursday, moothly
Eighth District			
Athens	H. T. Phillips, Athens	T. A. Copeland, Athens	1st Monday, monthly.
Fairfield	J. W. Whittus, Baltimore	C. W. Brown, Lancaster	2d Tuesday, monthly.
Guernsey	O. R. Jones, Cambridge	W. L. Denny, Cambridge	1st and 3rd Tuesday each month.
Licking	C. J. Dillon, Newark	D. A. Skinner, Newark	Last Friday, monthly.
Morgan	D. G. Ralston, McConnelsville	C. E. Northrup, McConnelsville	3d Wednesday, monthly.
Muskingum	O. I. Dusthimer, Zanesville	Beatrice Hagen, Zanesville	1st Wednesday, monthly.
Noble			
Perry	W. D. Porterfield, Junction City	F. J. Crosbie, New Lexington	3d Monday, monthly.
Washington	C. A. S. Williams, Marietta	E. W. Hill, Jr., Marietta	2d Wednesday, monthly
Ninth District			
Gallia	O. A. Vornholt, Gallipolis	Milo Wilson, Gallipolis	1st Thursday, monthly
Hocking	H. M. Boocks, Logan	M. H. Cherrington, Logan	Quarterly.
Jackson	Gomer E. Jones, Oak Hill	W. R. Riddell, Jackson	1st Tuesday, monthly.
Lawrence	F. R. Stewart, Ironton	Chas. H. Gallagher, Ironton	1st Thursday, monthly.
Meigs	P. A. Jividen, Rutland	Byron Bing, Pomeroy	1st Thursday, April, July and Oct
Pike	Paul Jones, Stockdale	L. E. Wills, Waverly	1st Monday, monthly.
Scioto	Geo. Martin, Portsmouth	C. M. Fitch, Portsmouth	2d Monday, monthly.
Vinton	O. S. Cox, McArthur	H. S. James, McArthur	3d Wednesday, moothly
Tenth District			
Crawford	K. H. Barth, New Washington	A. E. Loyer, New Washington	1st Monday, monthly.
Delaware	D. S. James, Delaware	F. M. Stratton, Delaware	1st Tuesday, monthly.
Franklin	Joseph Price, Columbus	James A. Beer, Columbus	1st four Mondays.
Knox	W. H. Eastman, Fredericktown	J. Shamansky, Mt. Vernon	Last Thursday, monthly.
Madison	R. H. Trimble, Mt. Sterling	H. P. Sparling, London	4th Wednesday.
Morrow	C. E. Neal, Cardington	Todd Caris, Mt. Gilead	1st Wednesday, monthly
Pickaway	Glenn D. Sheets, Williamsport	E. S. Shane, Circleville	1st Friday, monthly.
Ross	John Franklin, Chillicothe	W. C. Breth, Chillicothe	1st Thursday, monthly.
Union	H. G. Southard, Marysville	Angus MacIvor, Marysville	2d Tuesday, monthly

A PRIVATE SANATORIUM WITH HOSPITAL FACILITIES

A quarter century of efficient operation



RATES: $25.00 PER WEEK AND UP

ALCOHOLIC treatment destroys the craving for alcohol, restores the appetite and sleep, and builds the patient up physically and mentally. Whiskey withdrawn gradually. Not limited to one pint of whiskey in ten days.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

DRUG treatment is one of GRADUAL REDUCTION. It relieves the constipation, restores the appetite and sleep. Withdrawal pains absent. No Hyoscine or rapid withdrawal methods used unless the patient desires same.

MILD mental cases have every comfort that their own home affords.

FEMALE PATIENTS: Mild mental separated from mild nervous. Female attendants only; absolute privacy; comfortable, well-appointed ladies' lounge.

Cherokee Road (Long Distance Phone East 1488)

DR. STOKES' SANATORIUM LOUISVILLE, KENTUCKY

Situated in the choice highland section of Louisville, just 20 minutes' ride from all railroad stations

BACKWARD and PROBLEM CHILDREN

Require Intensive Scientific Training in a Suitable Environment

The Bancroft School

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. Winter quarters in New Jersey, summer camp on the coast of Maine. An incorporated educational foundation, operated not for profit, controlled by a Board of Trustees, offering the highest type of education attainable at rates within the reach of all. Organized to give the fullest possible cooperation to physicians.

Illustrated Catalog on Request

The Bancroft School Haddonfield, N. J.

Windsor Hospital

THE Windsor Hospital and Sanitarium is completely equipped with all the best apparatus for giving Hydrotherapy, Occupational Therapy, and other treatment for all types of Nervous diseases, acute and chronic.

Herbert Sihler
Director

Phone RAndolph 2744

4415 Chester Ave., N.E.
(Formerly 4415 Windsor Ave., N.E.)

CLEVELAND, OHIO
ESTABLISHED 30 YEARS

In using lactic acid milk for infant feeding, physicians find Mead's Powdered Non-curdling Lactic Acid Milk No. 1 (containing Dextri-Maltose) the simplest and most satisfactory medium for the preparation of lactic acid milk in the home or hospital. The proper amount of carbohydrate incorporated in this product correlates the lactic acid content, so that it is always ready for use. This product never curdles. Samples and literature sent on request. Mead Johnson & Company, Evansville, Ind., U.S.A.

THE COLUMBUS RURAL REST HOME

AT WORTHINGTON, OHIO—JUST NORTH OF COLUMBUS



One of The Cottages—Forty-five Acres of Woods and Lawn

NERVOUS AND MILD AFFECTIVE DISORDERS

A Secluded Spot for Rest and Treatment. Good Accommodations—Kind and Efficient Nursing. Medical—Physical—Psychotherapeutic Measures.

Medical Director
G. T. Harding, Jr., M.D.

Laboratory
Geo. T. Harding III, M.D.

Resident Physicians
Fred'k H. Weber, M.D.
Mary J. Weber, M.D.

Grandview Hospital

MENTAL AND NERVOUS DISEASES

2700 GLENWAY AVENUE, PRICE HILL
TELEPHONE, WARSAW 1784
CINCINNATI, OHIO

T. A. RATLIFF, M. D., Resident Medical Director

Especial feature of treatment

INDIVIDUAL CARE

with Modern Hospital Service

Equipment—modern; **Location**—accessible.
Grounds—a park of 25 acres, well wooded and retired.
Descriptive Circular on request.

THE ORCHARD SPRINGS SANITARIUM
near DAYTON, OHIO

A Private Hospital For Mental and Nervous Diseases — Established in 1911

This institution, with its modern facilities, its delightful and restful suburban location, and its well-trained efficient organization, has for 15 years been in a splendid position to render skilled beneficial service at reasonable rates.

GEORGE V. SHERIDAN
President

For detailed information, address
CHARLES B. ROGERS, M. D.
Resident Medical Director
R. F. D. No. 13, Dayton, Ohio
Telephone: Lincoln 213, Dayton City Exchange

HILLSVIEW FARMS

A sanitarium equipped for diagnosis and follow-up in convalescent cases.

Physical therapy department equipped and staffed by trained technicians for treatment of such Orthopedic conditions as Torticollis, Congenital or acquired Postural changes, Arthritis, anterior Poliomyelitis, Neuritis and allied Bone and Joint conditions.

We are especially interested in the Anemias, Diabetes and Arthritis.



Write for particulars, or telephone 2650.

WASHINGTON, PA.

Laboratory and X-Ray investigations under direction of Physicians of known and recognized ability.

Food preparations under direction of graduate dietitian. Dining-room and tray service. Milk and cream from our own herd of registered tuberculin tested Jerseys.

Mental cases and drug addicts not admitted.

Located high on the edge of Washington, thirty miles south of Pittsburgh.



THE OXFORD RETREAT
OXFORD, OHIO

For

Nervous
and
Mild Mental Cases

R. HARVEY COOK,
Physician in Chief

Write for Descriptive Circular

New Fire Proof Bldg. Opened June 1926



WHITING MINERAL SPRINGS
Sanitarium and Baths

Hydrotherapy scientifically applied for the treatment of rheumatism and allied diseases together with cases for elimination and rest cure.

Medical department thoroughly proficient and STRICTLY ethical.

First class and modern in every department with moderate rates.

DR. U. G. WHITING, Phy. & Mgr. MARTINSVILLE, INDIANA

THE MERCER SANITARIUM - MERCER, PENNA.

For Nervous and Mild Mental Disorders. Located at Mercer, Pa., 30 miles from Youngstown. Farm of 75 acres with registered tuberculin-tested herd. Re-educational measures emphasized, especially arts and crafts and outdoor pursuits. Modern laboratory facilities.

Address

W. W. Richardson, M.D., Medical Director
(Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.)

"REST COTTAGE"

College Hill, Cincinnati, Ohio

STAFF

F. W. Langdon, M.D. ..... Visiting Consultant
Robert Ingram, M.D. ..... Visiting Consultant
Emerson A. North, M.D. ..... Visiting Consultant
D. A. Johnston, M.D. ..... Medical Director
H. P. Collins ..... Business Manager
Box No. 4, College Hill, Cincinnati, Ohio



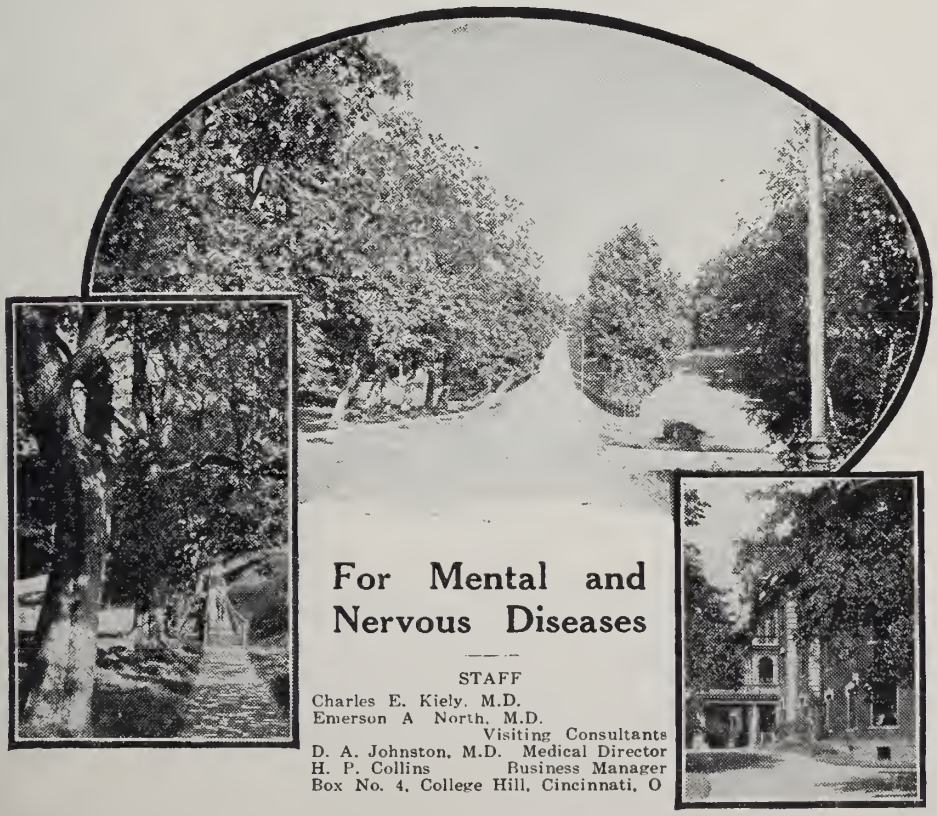
For purely nervous cases, nutritional errors and convalescents.

Completely equipped for hydrotherapy, massages, etc.

Cuisine to meet individual needs.

THE CINCINNATI SANITARIUM

INCORPORATED 1873



A strictly modern hospital fully equipped for the scientific treatment of nervous and mental affections. Situation retired and accessible. For details write for descriptive pamphlet.

For Mental and Nervous Diseases

STAFF

Charles E. Kiely, M.D.
Emerson A North, M.D.
Visiting Consultants
D. A. Johnston, M.D. Medical Director
H. P. Collins Business Manager
Box No. 4, College Hill, Cincinnati, O



Receiving Hospital 2102 Cherry Street
MILD MENTAL AND NERVOUS DISEASES AND GENERAL INVALIDISM

THE TOLEDO SANITARIUM, Toledo, Ohio

2102 Cherry Street — Phone Jeff. 3979
JAS. A. BELYEA, M.D., Manager — LOUIS A. MILLER, M.D., Neurologist, Supervising Physician

Ferguson-Droste-Ferguson Sanitarium

✣

Ward S. Ferguson, M.D. - James C. Droste, M.D. - Lynn A. Ferguson, M.D.

✣

PRACTICE LIMITED TO
DIAGNOSIS AND TREATMENT OF

DISEASES OF THE RECTUM

✣

GRAND RAPIDS, MICHIGAN
6 Park Ave.—on Fulton Park

✣

Sanitarium Hotel Accommodations

Neo-arsphenamine

NOVARSENOBENZOL BILLON



The testing of the Arsphenamines manufactured by Merck includes a "clinical control" of every lot . . . After passing the prescribed requirements of the United States Public Health Service for toxicity, and a Merck Control Laboratory test, which is fifty per cent. higher, our Neoarsphenamine, Sulpharsphenamine and Arsphenamine are administered to patients in clinics before being marketed . . . Rigid control and high manufacturing standards account in large measure for the satisfactory therapeutic results . . . Neoarsphenamine is rapidly and completely soluble. Quick solubility is in itself an indication of low toxicity, as it minimizes oxidation that may occur when agitation is required to dissolve the powder.

Write for a solubility test sample of Neoarsphenamine.

MERCK & CO. Inc.
MANUFACTURING CHEMISTS
RAHWAY N.J.

COPYRIGHT, 1931 MERCK & CO. INC.

LOT NO. 808

0.6 Gram .52381
NEO-ARSPHENAMINE
NOVARSENOBENZOL BILLON
MANUFACTURED BY
POWERS-WEIGHTMAN-ROSENGARTEN CO.
MERCK & CO. Inc., Successors, New York
UNDER LICENSE BY PROCESS OF
Les Etablissements POULENC Freres - Paris

U.S. LICENSE NO. 82
CHEMICAL FOUNDATION
LICENSE NO. 210

"COUNCIL ACCEPTED" AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry ACCEPTED"

TRADE **PYRIDIUM** MARK

Phenylazo-Alpha-Alpha Diamina Pyridine Mono Hydrochloride (Manufactured by The Pyridium Corporation)



URINARY INFECTIONS

"COUNCIL ACCEPTED"

The Council on Pharmacy and Chemistry of the American Medical Association has accepted Pyridium far inclusian in New and Non-Official Remedies. You can therefore prescribe this drug with full confidence thot its therapeutic action will conform to the claims made for it. Avoid substitutes . . . Yaur prescriptian pharmacist con supply Pyridium in four convenient forms: as tablets, powder, solutian ar aintment . . . Write far the new 30-page booklet which fully describes the clinical use and application af Pyridium.

MERCK & CO. INC.

MANUFACTURING CHEMISTS

RAHWAY, N.J.

COPYRIGHT, 1931 MERCK & CO. INC.



DR. GAVER SANITARIUM
71 Winner Ave. Phone Fairfax 8315 Columbus, Ohio
DRUG ADDICTION AND ALCOHOLISM NERVOUS AND MENTAL DISEASES
RATES REDUCED
EARL E. GAVER, Medical Sup't.

H. IRVING COZAD, M.D.
G. DEAN TIPTON, M.D.

FAIR OAKS VILLA
AND
COTTAGES

¶Any NERVOUS or MENTAL CONDITION which in the judgment of the attending physician needs our care, protection or treatment will be received at any time that we have the suitable environment available.

CUYAHOGA FALLS, OHIO
28 Miles from Cleveland
4 Miles from Akron

Reached by
Pennsylvania Lines
B. & O. R. R.
Akron, Bedford, Cleveland Interurban
Kent, Ravenna Interurban



THE McMILLEN SANITARIUM

Cor. Nelson Road and East Fifth Ave.
SHEPARD—COLUMBUS, OHIO

R. A. KIDD, M.D., Superintendent

A PRIVATE NEUROPSYCHIATRIC HOSPITAL, modern in all particulars. Ideal location at the east edge of Columbus. Specialists services, laboratory facilities and well trained nurses. Fifty individual rooms. Patients taken for observation. Phone or write for information. ALCOHOLISM GIVEN SPECIAL ATTENTION.

PAUL W. PALMER, M. D.

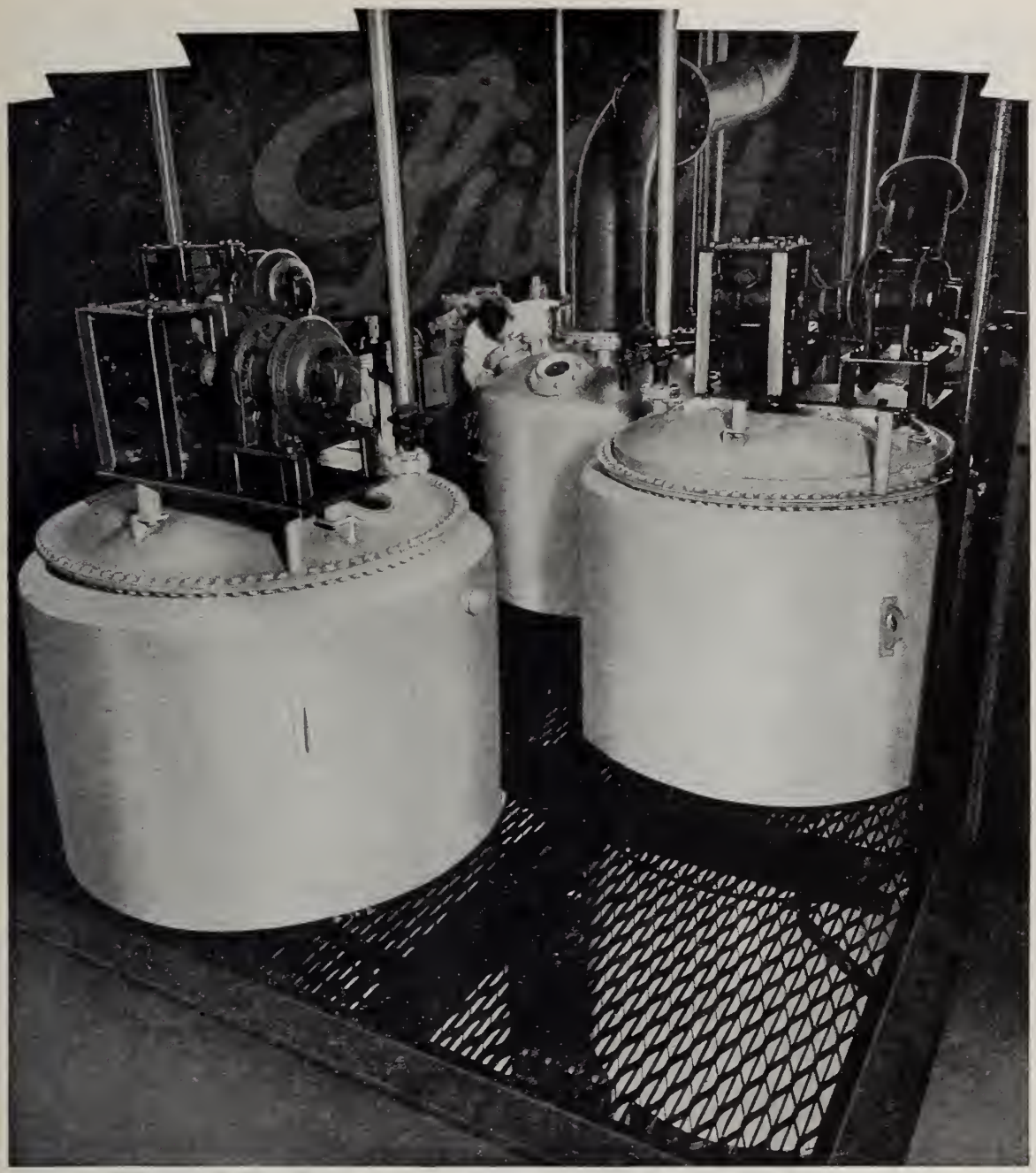
21 E. State St. COLUMBUS, OHIO

Practice Limited to

DISEASES OF THE RECTUM

Hospitalization Arranged If Necessary

Office, Adams 2958 Res., Evergreen 1838



THE production of Liver Extract No. 343, used in the treatment of pernicious anemia, involves elaborate equipment. The two storage tanks of the extract in process, in the foreground above, are seen from the second floor level, as is the still in the center.—View in the laboratories of Eli Lilly and Company, Indianapolis, manufacturers of

ILETIN (INSULIN, LILLY) -:- LIVER EXTRACT No. 343
TABLETS AMYTAL -:- PULVULES SODIUM AMYTAL
PARA-THOR-MONE -:- EPHEDRINE PREPARATIONS

and an extensive line of pharmaceutical and biological products.

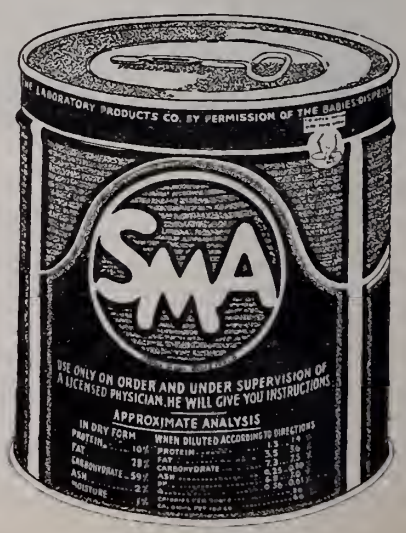
LILLY PRODUCTS ARE ADVERTISED ONLY IN PUBLICATIONS ADDRESSED TO THE PROFESSION

S. M. A.

—the pre-proved product

IN 1910, the idea was conceived to adapt the fat of modified milk to that of human milk. In 1913, actual laboratory work was begun to produce a closer adaptation to breast milk than had hitherto been accomplished. The formula was developed in 1914. A preliminary report was made in 1915 and a more extensive and elaborate one appeared in 1918. This was based on practical evidence obtained during an extended feeding observation with 311 cases. This latter report showed conclusively that S. M. A. presented a decided step forward in infant feeding. In November, 1921, S. M. A. was made available to the medical profession.

S.M.A. was, therefore, a pre-proved product, having eight years of experimental research work and six years of clinical observation as a background before being offered to physicians generally as a diet for infants deprived of breast milk. ▲ ▲ ▲ We invite you to try S. M. A. in your own infant feeding work and prove to yourself that results are obtained more simply and more quickly with S. M. A.



Write to our neorest office for samples ond our Questions and Answers Booklet No. A-20.

S. M. A. Corporation
4614 Prospect Avenue, Cleveland, Ohio

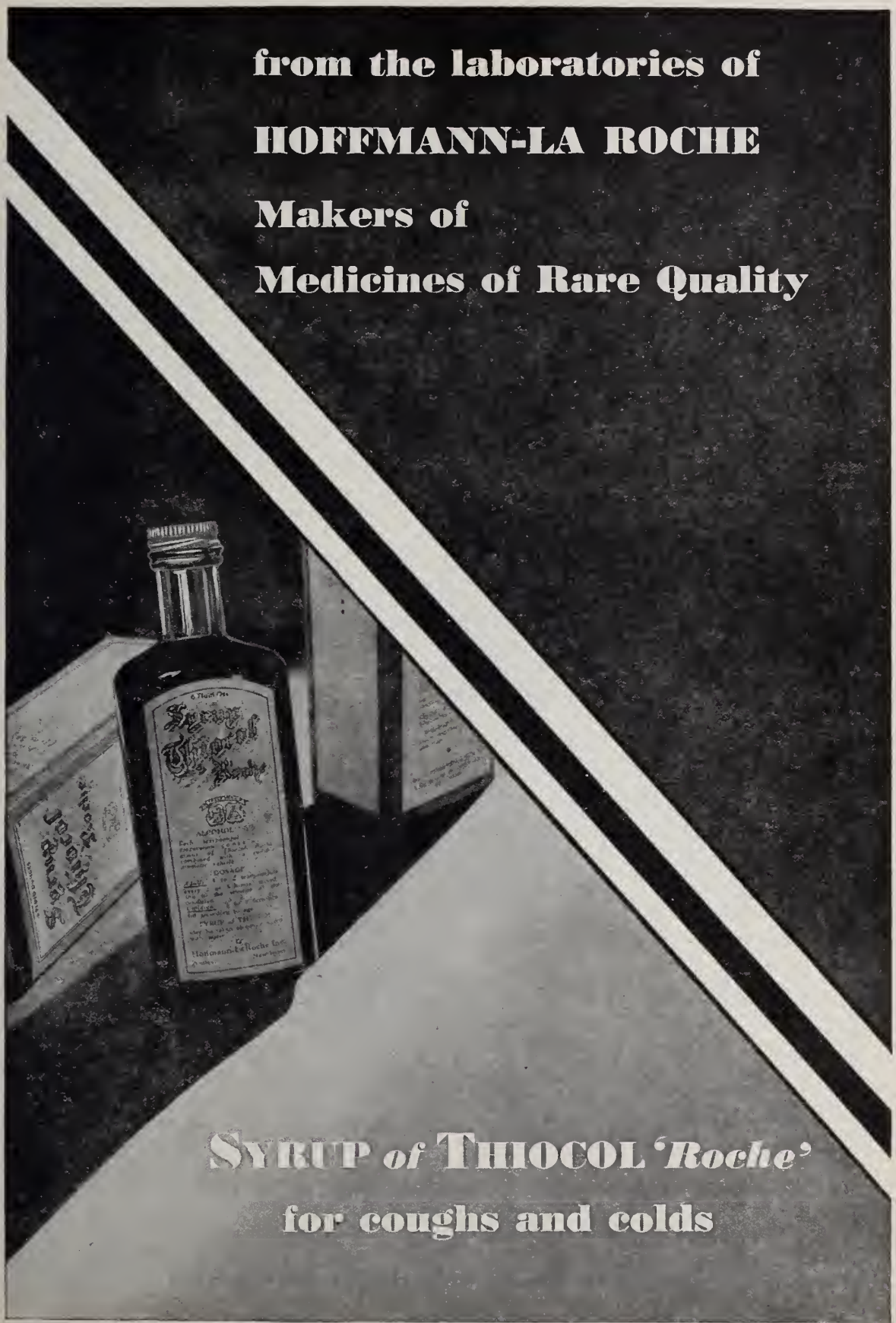
West of Rockies:
437-8-9 Phelan Building, San Francisco, Cal.

In Canada:
64 Gerrard Street, East, Toronto, Ontario

★ **Pediatrists**

Have you tried SMACO (300) NON-ALLERGIC WHOLE MILK for those cases sensitive to milk protein? Excellent results have been reported using this product. Write for a trial supply.

©SMAC



. . . . . *Syrup of Thiocol 'Roche' contains the potassium salt of ortho-guaiacol-sulphonic acid* . . . . . .



THE RAGWEED SEASON IS FROM AUGUST TO FROST

AUGUST to FROST HAY-FEVER

A BULLETIN—*2nd printing now available*

And it is important to emphasize that

COSEASONAL TREATMENT

i.e., treatment started after the onset of symptoms, is usually successful—and ***quickly aborts the attack*** as has been amply attested in the literature.

ARLCO-POLLEN EXTRACTS

provide the several ragweeds as regionally dispersed and are selected for delivery according to the locality.

If unavailable locally these extracts will be delivered direct postpaid, special delivery

LITERATURE AND REFERENCES ON REQUEST

THE ARLINGTON CHEMICAL COMPANY

YONKERS, NEW YORK



BARD-PARKER
Formaldehyde
GERMICIDE

A Powerful Sterilizing Medium ...Non-Injurious to Metal Instruments

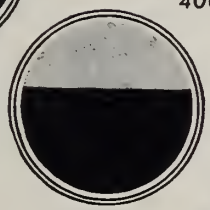
AS A SAVER of both instruments and time, many physicians and hospitals have found BARD-PARKER *Formaldehyde* GERMICIDE to be superior to boiling for sterilization. It will not rust or corrode metal instruments, or injure needles, glass syringes and rubber gloves. Instruments dry rapidly after removal from the solution. No rinsing or wiping required, thus maintaining sterility.

Inclusive bio-chemical laboratory tests of BARD-PARKER *Formaldehyde* GERMICIDE indicate: Destruction of the non-spore bearing bacteria; Micrococcus Aureus, Bacillus Typhosus and Streptococcus Hemolyticus as test organisms, within a period of 2 minutes. Destruction of the spore bearing organisms, c. tetani, b. anthracis and their spores within a period of 1 hour.



Edge of blade after boiling in water 5 minutes.

Micro-photographs of steel blade magnified 400 diameters



Edge af blade before treatment.



Edge of blade after 36 hours in BARD-PARKER *Formaldehyde* GERMICIDE.

Prices:

Pint bottle	$1.00
Quort bottle . . .	1.75
Gallon bottle . .	5.00

Reports of bacteriological tests sent upon request

Parker, White & Heyl, Inc. 0-10
369 Lexington Ave., New York, N.Y.

Please send me, without abligatian, a liberal sample of BARD-PARKER *Formaldehyde* GERMICIDE.

DOCTOR_____

STREET_____

CITY_____ STATE_____

DEALER'S NAME_____

ENZYMOL

For Topical Application

Observations of the action of gastric juice outside the body show a usefulness for a properly prepared product of this nature. An example of one of its indications is solution of necrotic and carious bone tissue.

ENZYMOL is an extract of the fresh stomach tissue juice, specially designed for topical application.

ENZYMOL is put up in convenient vials. It requires ordinarily for use, dilution with an equal volume of water; also with hydrochloric acid especially for cases in which this may be desirable—refractory tissue, large cavities, etc.

Originated and Made by

Fairchild Bros. & Foster

NEW YORK

PUBLIC HEALTH - SOCIAL WELFARE MEDICAL ECONOMICS and ORGANIZATION PROBLEMS

With Editorial Comment by D.K.M.

Arrival of Autumn heralds the resumption of regular meetings and other organized activities by county medical societies and academies of medicine throughout the state.

Autumn Activities Now Well Under Way

Reports from many of the academies and county societies indicate that organization activities are in full swing in many communities and that practically all the component units of the State Association are prepared for a busy time during the forthcoming weeks and months.

Many county societies have already completed attractive programs for their fall and winter meetings. Some have arranged for unusually interesting addresses and demonstrations by local and visiting members. Others also have made plans for joint meetings with neighboring county societies, and with allied or professional organizations where subjects and questions of mutual interest may be discussed.

Following the suggestion of the committees of the State Association, numerous county societies have signified their intention of holding symposiums and round-table discussions during the coming months, on economic, social and legal questions of vital concern to the medical profession.

Every county society is urged to devote at least one meeting during the coming year—and several if possible—to a discussion of the local economic and social problems affecting the practice of medicine. At least one meeting should be given over to a discussion of ways and means to prevent suits against physicians for alleged malpractice. Other subjects that could be used as topics for symposiums or general discussions are: Progress in medical education; mental hygiene problems; periodic health examinations; medical and health legislation; public health activities; and problems the hospitals are attempting to solve.

Every community undoubtedly has local questions and problems having a health and medical angle. The county medical society should take the initiative in endeavoring to solve such questions and attempting to win the support and cooperation of other organizations and groups affected by or interested in them.

The officers, Councilors, and State Association committees are willing and anxious at all times to assist and cooperate with the various county societies and academies of medicine in their organized activities. *The Journal* of the State Association should be utilized frequently for announcing meetings or special activities, and for reports on programs held or activities promoted. The county society department of *The Journal* has grown to be a feature of the publication and has proved of considerable interest among the membership generally. Frequently the reports of programs and activities of some of the county societies found in *The Journal* contain valuable suggestions for other county societies.

The physician's first interest in organized activities should be in his local medical society, for in the final analysis the efficiency of the State Association is measured largely by the energy, initiative and strength of its component units.

"It becomes increasingly apparent that there is arising in this country a political faction which will attempt to foist upon the United States a system approximating the dole," declared the *Columbus Dispatch* editorially on the same day that the executive board of the Federated Council of Churches of Christ in America issued a nation-wide call to the churches of America to offer a special prayer "for guidance in finding the way out of the economic depression" and in the same message proposed as one remedy "a program of social insurance to safeguard families in unemployment, *illness* and old age."

Social Insurance As a Result of Economic Depression

It may be considered ironical that pressure for adoption of social insurance should be exerted at a time when England, on the brink of financial ruin, is putting forth a desperate effort to correct its economic situation and place its gigantic social insurance system on a sound financial basis, and when Germany, Italy, and other European nations have launched campaigns to curtail similar programs that have fostered pauperization and idleness, and paralyzed personal independence and individual initiative.

Charles Morris Mills, writing in the *Graphic Survey*, on the dole menace and the inherent

dangers in the unsound insurance programs that have been developed throughout Europe, points out that "the experience of England and Germany should point out certain lessons for us in studying possible solutions in our present-day problem of unemployment."

"Originally conceived by governmental leaders as insurance on a sane and practical basis," writes Mr. Mills," the English law today is intermingled with relief or dole, is administered weekly, and is exerting a malignant influence on national psychology. When insurance became bankrupt, when indiscriminate relief was stacked upon it, when huge loans to insurance funds were voted by the government, the germ dole-itis was born. The disease is of two kinds; individual and governmental. The symptoms appears in the individual when he takes the attitude that it is better to draw the dole than to work. The germs are manifest in the government when it votes huge sums for unemployment relief or dole rather than devising constructive plans for unemployment prevention.

"Dole-itis, even more than unemployment itself, breeds physical, mental and moral depression. It is in itself an effect as well as a cause. Its growth has been promoted by world-wide and domestic decline in business, by lack of available work, by fear of possible social revolution, by beggar psychology. It vitiates the pride of craftsmanship descended from the guilds of the Middle Ages. It destroys the spirit inherited from intrepid pioneers who founded a vast Colonial Empire. Yet there are many who play the fiddle while Rome burns. They seem to feel that they can 'muddle through', that a change must be 'just around the corner', that some leader will arise to pull them out of the present morass. Yet as Sir William Beveridge, England's leading economist, has recently said 'Unemployment remains in 1930 as in 1909, a problem of industry, not an act of God.'

"In Germany, the chief cause of dole-itis, according to leading industrialists, has been the abuses of both unemployment and sickness laws. They state that a workman can more or less easily claim sickness as a forerunner to an announced layoff. In this manner, he may claim his twenty-six weeks of sickness benefit, prior to the dole. As an example, they cite the recent case in Wiesbaden. This city decreed that all who drew the dole must do public labor. As a result, 28 per cent voluntarily relinquished all claims; 22 per cent further claims sickness, but examination proved only 5 per cent really ill. Thus a 45 per cent reduction in the dole was effected.

"The industrialists further cite Professor Von Haberer of Dusseldorf who reported to the Congress of Surgeons that compulsory sickness insurance 'seemed to produce imaginary illness and paralyze the will to health.' The non-insured seemed to recover quicker than the insured."

Concluding his warning, Mr. Mills declared:

"The fundamental lesson to be derived from German and English experience is that we should at all cost avoid the road to dole-itis. The methods which may be derived to avoid a recurrence of our present situation must safeguard the essential character-making qualities, personal independence, and individual initiative, particularly precious to the American people."

Why the medical profession is, and should be, vitally concerned in the mobilization of factions in America in a campaign for various kinds of socialistic and paternalistic palliatives, using the present economic situation as their excuse, is obvious.

Compulsory sickness insurance, as carried on in Germany under the guild system or in England under the panel system, has been one of the principal factors contributing to chaotic economic conditions in those countries. It has been one of the first steps in the program for complete socialization because of its appeal to individuals in all walks of life, the majority of whom, at the outset, have no knowledge of the consequent abuses and dangers.

Simple Solutions By Social Workers

If published reports concerning the recent National Conference of Social Work held at Minneapolis are accurate, many of the problems with which the medical profession, economists and statesmen have wrestled with wrinkled brows and approached with timidity are nothing at all, apparently, to get excited about.

At least, that seems to be the viewpoint of a majority of social and welfare workers who attended the Minneapolis meeting.

Judging from reported transactions of the division of health of the Conference, leaders among the social workers of the country fail to see any serious problem whatsoever in state medicine, the promiscuous extension of free and pay clinics and dispensaries, or the centralization of medical services on a socialized and highly standardized basis. Furthermore, in the opinion of the same group, the riddles relative to the costs of medical care are easily answered.

Quoting from a report on a meeting of the division of health of the Conference, published in the September issue of *Minnesota Medicine:*

"The final session of the division of health considered the clinic and dispensary movement; first, its history and trends; and second, an impartial review of the riddle of state medicine. There are those who profess to fear the dispensary movement; not so with the group gathered in Division III. Reviewing recent calculations upon the mounting costs of medical care, the dispensary was hailed as the probable way out of a growing

dilemma. Admittedly some go to the dispensary who could afford to pay a private physician, but it was felt that the physician himself is on the defensive to prove that his method of service with private fees is any better or more ethical for the individual than the group of clinics embodies in the dispensary.

"On the score of state medicine the usual criticism was raised that the physician was being left out but it was maintained that if the welfare of the public demanded that the physician should group his specialized services in dispensaries, then this should be done; speakers agreed that centralized medical service could be rendered on reduced costs to the individual and with more of an educational effect.

"This spirited discussion dealt impatiently with old methods merely because they were old, and insisted that the conditions of modern life demand the best methods regardless of precedent. It may be said that this attitude was the temper of all the sessions of the division. In no session of Division III was the floor discussion less than one hour in length."

As *Minnesota Medicine* subtly remarked "social workers take their hurdles easily."

Analysis of the foregoing statement suggests why so many members of the medical profession who are engaged in private practice for private fees are inclined to take a skeptical view of most of the present-day movements which ostensibly have as their purpose the solution of the economic and social problems confronting the medical profession.

Daily it becomes more apparent why the medical profession must not relinquish to the slightest degree its leadership in health and medical matters and must take an even greater initiative in working out solutions for the important questions now confronting it.

Program Plans of Annual Meeting

Considerable progress is being made toward arrangements for the Eighty-Sixth Annual Meeting of the Ohio State Medical Association next May 3 and 4, 1932, at Dayton.

At this time, special emphasis is being placed on construction of the programs for the various general and scientific sessions under the supervision of the council program committee, consisting of Dr. H. M. Platter, Columbus, chairman; Dr. John A. Caldwell, Cincinnati, and Dr. S. J. Goodman, Columbus, secretary.

Other arrangements for the 1932 gathering are also well under way; this important work with regard to the Dayton meeting being under the general supervision of Dr. E. M. Huston, Dayton, chairman, Dr. H. S. Davidson, Akron, and Dr. I. P. Seiler, Piketon, composing the Council Committee on Arrangements.

For more than a month, officers of the various scientific sections have been busy arranging for papers and discussions to be presented at sessions of their respective sections at the forthcoming annual meeting. Since they are preparing to make a preliminary report on progress to the Council program committee at an early date, every effort is being made by them to have definite data ready by that time.

The Council committee on program and the section officers are extremely anxious for suggestions from members of the State Association as to subjects that may be presented for discussion at the sectional gatherings. Furthermore, they are hopeful of securing at an early date the names of possible essayists and discussants so that a list of available speakers may be prepared and invitations issued to take part in the 1932 program.

Members of the State Association who desire to present papers at the Dayton meeting or would like to discuss certain subjects should inform the officers of the section in which they are interested as promptly as possible. Those members who have been, or will be, requested to submit essays or discuss papers are urged to accept the invitation if at all possible.

As in the past, every effort is being made to formulate a well-balanced program for the annual meeting and make each section program, as well as each general session, of general interest. In order to accomplish their aim, the program committee and the section officers must have the cooperation and active aid of members of the State Association.

Officers of the various scientific sections to whom communications regarding sectional programs should be addressed are:

Medicine—Dr. Leo C. Bean, Gallipolis, chairman; Dr. C. S. Mundy, 125 15th Street, Toledo, secretary.

Surgery—Dr. M. E. Blahd, 1420 Medical Arts Building, Cleveland, chairman; Dr. C. R. Steinke, 1027 Second National Bank Building, Akron, secretary.

Obstetrics and Pediatrics—Dr. E. G. Horton, 350 East State Street, Columbus, chairman; Dr. B. H. Carroll, 240 Michigan Street, Toledo, secretary.

Eye, Ear, Nose and Throat—Dr. Albert L. Brown, 2700 Union Central Building, Cincinnati, chairman; Dr. Ivor G. Clark, 188 East State Street, Columbus, secretary.

Nervous and Mental Diseases—Dr. John D. O'Brien, 332 Market Avenue, N., Canton, chairman; Dr. J. Fremont Bateman, Box 36, Elmwood Place, secretary.

Public Health and Industrial Medicine—Dr. R. C. Engel, 3102 Independent Road, Cleveland, chairman; Dr. R. H. Markwith, Court House Annex, Akron, secretary.

Some Angles To The Cost of Illness

A nation-wide campaign has been launched by the American Nurses' Association to create systems of hourly nursing service in cities, towns and counties throughout the country in an effort to aid the person of moderate means in meeting the cost of sickness. Such a system is already well-established in several Ohio cities and others in this state are laying plans for a similar service.

Leaders in the nursing profession have for some time been advocating this program. The plan has possibilities if properly administered and if supported by adequate public education should go far toward meeting a serious economic situation among certain classes of persons.

What is being attempted by the nursing profession parallels other movements which have for their object a readjustment to meet the needs of the smaller income groups, notably the study being given to the question by organized medicine and the changes being made in the hospital field.

The cost of hospital care for the patient of moderate means has been a much-discussed problem of late and in some institutions readjustments, experimental in nature, have been made in an endeavor to solve it.

In this connection, the reaction of one of the leaders in the hospital field, Dr. Bert W. Caldwell, Chicago, secretary of the American Hospital Association, to this economic problem is interesting.

Recently in discussing a few of the attempts being made by individual hospitals to reduce their rates and provide adequate and efficient service at less cost to the patient, Dr. Caldwell said:

"The cost of hospital care for the patient of moderate means may be reduced:

"WHEN the capital investment in hospitals is confined to well built, well ventilated, well lighted buildings, adequately equipped to provide the best of diagnostic and treatment facilities for the patients.

"WHEN a larger portion of ward and semi-private accommodations at a rate much lower than private rooms is provided.

"WHEN the public is educated to use accommodations in keeping with their financial ability to pay for hospital service.

"WHEN the public of its own choice selects moderate priced hospital accommodations instead of expensive private rooms.

"WHEN the patients are educated by their attending physicians and by the hospital authorities to use the floor nursing service provided by the hospitals at all times when special nursing service is unnecessary.

"WHEN the cost of caring for the indigent patients is equably distributed between the state and the hospital.

"WHEN economy is exercised in the purchase and use of hospital supplies, equipment and facilities.

"WHEN the average citizen as a class provides in his budget or his financial arrangements against the day when he or his family will need hospital care."

Such a list of "*Whens*" indicates that a solution to the hospital's problem is by no means as simple as many uninformed persons would have the public believe. Problems faced by the medical and nursing professions are equally as puzzling and difficult. That progress is being made by all three groups in answering some of the economic questions of illness is apparent, however. There is ample reason to believe that the whole question may be solved for the best interests of all concerned.

Pre-School Tinkering

"Well, here is an interesting piece of news," writes the editor of the *Indiana State Medical Journal.*

"In one of our populous communities the school board and parent-teachers' association are recommending that children of the community be made ready for school in the fall by having tonsils and adenoid tissue removed at $8 per remove, and all comers served without distinction. One physician calls it 'flivvering' tonsils and adenoid tissue, but what we call it would not look well in print. Medical men are at fault when they tolerate that sort of thing, and where will it end? In the final analysis isn't the public irreparably harmed by the type of department store medicine indicated, and by the iniquitous effect of so much welfare medicine and surgery that is instituted and carried out without rhyme or reason?"

The point made by our Hoosier contemporary is well taken.

One wonders about the caliber of work done under such a "department store" system.

Guarding the health of school children and seeing that physical defects are corrected is an undertaking with much merit and of far-reaching effects. Every child undergoing treatment or examination deserves the best service the medical profession can offer. If the parents are able to pay for the services performed, the family physisian should be called into the case. If the parents are too poor to pay for medical services, arrangements should be made to have the child cared for at some institution or hospital manned by competent medical personnel. Bargain-basement methods of preparing children for the school grind obviously will not achieve beneficial results.

It is to be hoped that the pre-school campaigns carried on in Ohio during the months preceding the opening of the school term, have not been comparable to the system commented upon in the Indiana journal.

Fractures of the Ankle

RALPH G. CAROTHERS, M.D., Cincinnati, Ohio

"The Pott's Fracture," says Cotton, "is the prototype of ankle injuries the only one known, it would almost seem, to many practitioners." Unfortunately this statement is too often true. Unfortunate, because the Pott's fracture, while common, is by no means the only fracture seen in the ankle, and the commonly taught treatment for this fracture will, by no means, suffice for other injuries. The Pott's fracture is caused by either flexion or rotation of the ankle toward the fibula. The result is a rupture of bone or ligament on the inner side, rupture of the tibio-fibular ligament, outward dislocation of the astragalus and finally a fracture of the fibula above the joint. The entire deformity of the injury is summed up in one phrase, i.e., outward dislocation of the astragalus.

If this injury is produced by forced flexion or rotation toward the fibula, why should not forced flexion or rotation toward the tibia produce the reversed injury? It does, but as there is normally a greater movement of the ankle in this direction, the injuring force usually ceases to act before anything more than a sprained ankle is produced. However, we sometimes see the complete reverse of the Pott's fracture; that is, fracture of the external malleolus, fracture of the internal malleolus and inward dislocation of the astragalus.

We have now two types of ankle fractures, injuries which after reduction may sometimes look very much alike, but which are really very different. One was produced by forces displacing the foot, the astragalus and the fragments of the tibia and fibula to the outer side, the other to the inner side. And if displacement of the astragalus is to be our criteria in classifying ankle fractures, obviously there must be two other types, i.e., fractures with forward displacement of the astragalus, and fractures with backward displacement of the astragalus. Indeed these types do occur. The forward type, caused by forced dorso-flexion resulting in fracture of the anterior lip of the tibia with forward sliding of the astragalus is rare, but the backward type, caused by forced plantar flexion, resulting in a fracture of the posterior third of the lower tibia with backward displacement of the astragalus, commonly known as the Cotton fracture, is frequent enough.

In the Cotton fracture, the posterior fragment of the tibia frequently includes the internal malleolus, and sometimes the fibula is fractured at a point a few inches above the lower end. For these reasons the careless observer calls this type a Pott's fracture. It is not a Pott's fracture. It is caused by differently applied forces, is characterized by a different deformity, must be reduced by different maneuvers and also carries a different prognosis.

To repeat; there are, then, four types of injury with four types of deformity, which, so far, complete our series of fractures of the ankle. They are fractures of the lower end of the tibia or fibula or both, one or more fracture lines entering the ankle joint and accompanied by displacement of the astragalus either inward, outward, forward or backward. The lower fragments of the tibia and fibula accompany the astragalus in the displacement. Indeed there are only two other injuries which can truly be called ankle fractures and neither of these is common. They are fractures of the astragalus itself, and another type in which the astragalus is driven upward between the fragments of a comminuted lower end of the tibia.

TREATMENT

First the fracture, or fractures, are thoroughly anesthetized by the injection of novocaine. When a good anesthetic has resulted the fragments are manipulated into place by holding the leg firmly and pulling or pushing the foot, which includes the astragalus and the lower fragments, either toward the inner or outer sides or backward or forward depending upon the nature of the deformity. As soon as this has been accomplished the patient is asked to sit up with his feet over the edge of the table. The surgeon then seats himself before the patient and places the patient's feet upon him on his thighs; one on each. The height of the table and the height of the surgeon's chair should be so arranged that as the patient sits his knees will be approximately at right angles, and as his feet rest upon the surgeon's thighs his ankles will also be at right angles to the legs. It is important that the injured foot rests upon the surgeon's thigh in a square position in exactly the same manner as the normal foot strikes the floor when a man stands upright.

The surgeon then with the palms of his hands presses and kneads the ankle until most of the edema is out of it. This process should be continued until the bony landmarks can be felt, the true relations of the fragments can be determined and the surgeon satisfied that the reduction is good. A plaster of Paris cast is then applied directly over the skin. First a heavy slab is laid on the back of the leg from a point just below the knee coming down around the heel along the sole of the foot and extending a little beyond the

*Read before the Surgical Section, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

toes. Small cuts are made at the heel angles and this slab moulded smoothly to the leg and foot. A muslin bandage is used to hold this in place, and the foot is kept upon the surgeon's thigh and the correct position maintained until this slab has hardened. Two roller bandages of plaster are then put on to strengthen and complete the cast. As soon as this cast is sufficiently set an *X*-ray check-up is made, and if the reduction is not entirely satisfactory the cast is immediately removed and a new one applied, accurate attempts being made to correct any mistake. When one is satisfied with his reduction the patient is put to bed with his foot elevated.

Sometimes it is necessary to cut these casts on account of swelling, but if the reduction has been accurate and the plaster applied smoothly this is rarely necessary. The next day a walking iron is applied and on the following day the patient is urged to get on his feet and bear some weight. He will find this a little awkward at first but after a few days we find these patients walking quite well.

At the end of six, eight or ten weeks, depending upon the severity of the injury and the age of the patient, the plaster cast is removed and a dressing of Unna paste applied. The Unna paste dressing is applied to prevent swelling. The patient may put on his shoe over this dressing and walk. Of course, if on removing the plaster bandage it is discovered that the union is not firm then another plaster cast with walking iron is applied at once. We have found that the prolonged immobolization of the joint does not cause stiffness but the swelling which may occur once the ankle has been released from the plaster cast will cause a great deal of stiffness from water logging the joint structures and tendon sheaths. Therefore, we keep the Unna paste on until there is no further tendency to swell. In young people this may be for a period of a few days to a week only, and in older people it may be for several weeks.

In that type of fracture in which the astragalus is displaced upward, there is considerable comminution of the lower end of the tibia. Usually these cases cannot be pulled down and held except by skeletal traction. The fracture is anesthetized just as before, and in addition to this procedure small blebs are made with novocaine on either side of the heel and the novocaine is also introduced into the periosteum of the os-calcis on either side. Either a Steinman pin is introduced or a spring caliper applied to the os-calcis. The patient is then placed in a frame with the knee at a right angle and a padded bar in the popliteal space. With this bar for counter-traction strong traction is then made on the os-calcis and the astragalus thereby pulled down in normal position. The fragments are then moulded back into shape and a plaster cast applied. This cast must fit well about the upper end of the tibia and fibula and snugly around the ankle. If the *X*-ray reveals good reduction the patient is put to bed on a bent Thomas or Braun's frame and about 10 pounds weight left on. It is usually necessary to maintain this traction for about two weeks, after which a new cast may be necessary if the old one has become loose, especially at the upper end. If not, the caliper can be removed and a walking iron applied.

We have purposely not attempted to describe more than one method of treatment. We have, at various times, used different types of retentive apparatus but we have found the one described above, which we learned from Lorenz Böhler, to be much more satisfactory than any other. Nor have we said anything about physiotherapy for we have found it unnecessary when these cases were so treated that function could be maintained from an early date.

409 BROADWAY.

Exploding the Obesity "Cures"

In an effort to obtain competent and authentic information as to the value of many of the extensively advertised obesity remedies, such as bath salts, foam baths, chewing gums, soaps, creams, pills, wafers and tablets, the National Better Business Bureau interviewed many noted medical authorities on the subject and has formulated a report on its findings.

Some of the information obtained is interesting, to say the least, and should be sufficient evidence to the public that the vital factor in any reducing treatments is advice from a competent physician.

The Bulletin of the Medical Society of the County of Kings (N. Y.) has analyzed the study of the Better Business Bureau and has drawn the following conclusions:

Safe and scientific treatment of obesity requires a physical examination by a physician.

Safe and scientific treatment of obesity requires careful supervision of a physician during treatment.

Safe and scientific treatment of obesity requires periodical physical examinations by a physician during treatment to safeguard the health of the patient.

Exercise and diet are fundamental in the treatment of obesity but neither exercise nor diet can be safely prescribed without an examination by a physician both before and during treatment.

External remedies for use in hot baths are without scientific basis.

Rubbing and massaging will reduce the outer layer of fat to a limited degree but the lubricants used in the process possess no fat-reducing properties.

The use of laxative tablets as a home treatment for obesity is unscientific.

The use of desiccated thyroid as a home treatment is dangerous to health and contrary to the public interest.

A Clinical and Pathological Study of Seventy Cases of Mitral Stenosis.

I. H. EINSEL, M.D., H. S. FEIL, M.D., and C. S. STONE, M.D., Cleveland, Ohio.

DURING the period 1920-1930, seventy cases of advanced mitral stenosis came to autopsy at the Cleveland City Hospital all of which had been seen clinically by at least one of us. The cases of mitral stenosis in a total number of 4500 autopsies during this decade were of uniform occurrence. By advanced mitral stenosis is implied the typical fish mouth or button hole deformity of the valve and we have not included the lesser degrees of mitral valve distortion. The purpose of this clinical and pathological correlation was the re-examination of facts previously known in the light of present day conceptions of heart disease.

Historical: Although the anatomical features of mitral stenosis were described by Morgagni in 1762 there have been few large series of cases with correlation of clinical and pathological findings. Notable contributions have been made by Phear[1], (1895), Samways[2], 1896, Thayer[3], (1901), Cabot[4], (1914), and Landis[5], (1920).

Clinical Features: A history of rheumatic fever or chorea was obtained in 27 cases or 38.5 per cent. Chorea was noted in the history of two patients, both of whom had had rheumatic fever. Fever (above 38 per cent) was observed during the course of the fatal illness many times, and an effort was made to correlate this elevation of temperature with the presence of active endocarditis. No conclusion could be drawn as fever was present many times without the presence of acute endocarditis. There appeared to be some correlation between leucocytosis and infection in the absence of infarction or other cause for an increase in the number of white cells. Subacute bacterial endocarditis was associated with the highest count (25,600). Hemiplegia (of embolic origin) was present in five instances (7 per cent). When embolic phenomena are noted (lungs, spleen, kidney, brain, extremities) it may be recalled that there are two potential sources—intra auricular and intra ventricular thrombi and the necrotic vegetations of subacute bacterial endocarditis. The infrequency of subacute bacterial endocarditis in advanced mitral stenosis makes the former the almost constant source of embolism.

A complete summary of our cases is tabulated in the following table:

TABLE I

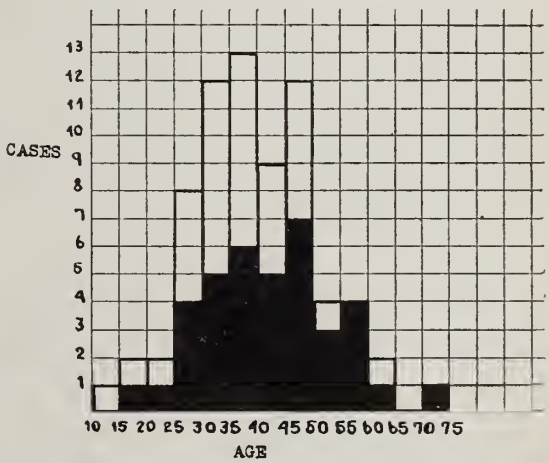
	White	*Black*	*Total cases*
Male	35	3	38
Female	26	6	32

*Read before the Medical Section, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

From the Medical Clinic of Western Reserve University at City Hospital.

The valve deformity existed with almost equal frequency in both sexes, although the ratio of male to female patient in this hospital is as 3:2. In spite of the large colored population in the City Hospital (20-30 per cent), there were only nine negro cases (13 per cent). Mitral stenosis has long been known to cause death most often in middle life. Rheumatic fever, the most frequent etiological factor, occurs most often in the first and second decades, and mitral stenosis, the result of repeated reinfections is found years after the initial infection. Figure I shows the age of death of all the patients in the series in five year periods. Fifty-four patients or 77 per cent died between the ages of 25 and 50, the largest number (13) dying between the ages of 35 and 40. The sexes shared equally in the mortality between the ages of 25 and 50. Thus, in our series, it is seen that the majority of deaths in mitral stenosis occurred before 50. The females dying of circulatory failure in this period were 27 or 38.5 per cent and the males 29 or 40 per cent. Of the eleven patients who died after the age of 50, nine (82 per cent) were males. It is difficult to draw a conclusion from this latter figure because of the predominance of males in the City Hospital. The total number of patients who died beyond 50 was only 6 per cent of the total. These figures of mitral stenosis are misleading unless

FIGURE I



one considers the number of patients who died directly as the result of the cardiac lesion. The most frequent causes of circulatory death were, cardiac failure (47 cases); cerebral embolism (5 cases); and subacute bacterial endocarditis (3 cases). A total of 56 patients died directly as the result of these causes in this series.

Effect of pregnancy on the length of life. There were 35 female patients of whom 32 were mar-

ried. Of the latter, 16 had born children and of these 14 died of circulatory disease. These patients died between the ages of 24 and 48 or at an average age of 37.2 years. This latter figure may be compared with the average age of the childless married women dying of circulatory failure (35.2 years) and with the average age of the male patients with failure up to the age of 50 37.3 years and to the age of all the male patients (41.7 years).

Fourteen female patients who died of circulatory failure had from one to thirteen children. Table 2 shows in details the number of children in each case.

TABLE 2

No.Patients	*No. of children*	*Age at death*
2	1	30-40
4	2	24-40
1	3	35
1	4	44
1	6	48
3	7	30-49
1	8	39
1	13	48
	(died of circulatory failure)	

One patient (30 years) came to the hospital two months after delivery, suffering from cardiac failure, her failure antedating the pregnancy by two years. Another patient had failure 14 months after birth of a child. Previous to this pregnancy, which was her second, she had had dyspnoea on exertion but had no evidence of congestive failure. There appears to be no definite relationship then between marriage and life expectancy although of course marriage and with it pregnancy may exert some effect in shortening life, but in any event these insults at most hasten the more or less inevitable course. This conclusion is shared by Reid[6] and by Hamilton and Kellogg[7] and who found that pregnancy was well tolerated by patients with mitral stenosis provided that there were no signs of congestive failure or active infection present previous to the onset.

Cause for hospitalization: Of these 70 cases, 56 patients (80 per cent) were admitted because of cardiac disability. Fifty-three (75 per cent) had signs of congestive failure. The symptoms of failure had been present for variable periods prior to admission. The duration of failure from the onset of symptoms to death varied from one month to eight years. Of the remaining patients the cause of admission was the usual range of disease. Cerebral embolism occurred seven times (10 per cent) and was responsible for death in five instances.

Subacute bacterial endocarditis was diagnosed three times (4.2 per cent). This is in agreement with Sprague[8] who found the disease is uncommon in patients with mitral stenosis. *Tuberculosis* has long been known[10] to spare patients with advanced mitral stenosis and when it is present it is usually in a mild form. In our series tuberculosis was extremely infrequent being present in only two cases or 2.8 per cent.

Auricular fibrillation was present in 58 per cent of the cases with failure during the hospital stay. This is a lower figure than we anticipated and explains perhaps the comparatively brief duration of the fatal illness. Failure with fibrillation and rapid heart rate gives a better therapeutic opportunity than failure with normal mechanism, therefore failure with normal mechanism gives a more serious prognosis.

Blood pressure: The patients who were the subject of this study were many of them brought to the hospital with advanced failure and this may explain the uniformly low blood pressure and the absence of cases of frank hypertension. Our series, then, cannot be compared with those of Levine[9] and those of Boas and Fineberg[10] who found hypertension frequently in patients with mitral stenosis.

Pathological findings: Besides congestive cardiac failure other causes of death included bronchopneumonia, subacute bacterial endocarditis, lobar pneumonia, pulmonary thrombosis, erysipelas, pyonephrosis, embolism following quinidine, carcinoma of stomach, pulmonary tuberculosis, coronary sclerosis with occlusion, and renal insufficiency.

Subacute bacterial endocarditis was present in three cases (4.2 per cent) and in these cases was the cause of death. The infrequency of this serious infection in advanced mitral stenosis is in agreement with the clinical findings of Sprague[8] who found mitral stenosis in five cases in a total of 20 cases of subacute bacterial endocarditis. The calcified and comparatively avascular scar may be in part responsible for this infrequency. The immobility of the mitral valve in advanced stenosis and the consequent absence of trauma to the valve during cardiac actions has also been suggested as a cause of the unusual association of these two conditions.

Table 3 shows the heart weights in summary.

TABLE 3

	Heart weight Average	*Heart weight Range*
Pure Mitral Stenosis	469.9 gms.	(250-650 gms.)
Mitral Stenosis with aortic valvulitis	495	(250-800 gms.)
Mitral Stenosis with aortic and tricuspid valvulitis	534.6	(275-750 gms.)
Mitral Stenosis with tricuspid valvulitis	466.6	(375-525 gms.)

Mitral stenosis alone was present 31 times (42.2 per cent). Tricuspid valvulitis was associated 17 times (24.3 per cent). Mitral, aortic, and tricuspid valvulitis were present in 14 cases.

Examination of Table 3 reveals great variation in the heart weights (250 gm. to 800 gm.) The

weights with involvement of the aortic, mitral and tricuspid valves varied from 275 gm. to 750 gm.; with involvement of the mitral and tricuspid the weight varied from 375 gm. to 525 gm. When mitral stenosis was associated with aortic valvulitis clinically there was a 39 per cent chance that tricuspid valvulitis was present pathologically, while with mitral stenosis alone there was a 9 per cent chance of the presence of tricuspid scarring. This is in agreement with the findings of Dressler and Fischer[11] who found tricuspid stenosis combined with mitral stenosis and very often with aortic lesions. They found stenosis, of all three valves in 11 instances in 120 cases of valvular heart disease. Thrombi were present in the left auricle 16 times; in the right auricle nine times and in the ventricle four times. Thus intracardiac thrombi were present in 29 cases or in 41.4 per cent of all patients.* Obliterative pericarditis was present in five instances (7.1 per cent). Of the patients dying of cardiac failure 21 (or 37.7 per cent) showed infarcts of the lung; nine (or 16 per cent) in the kidneys; and six (or 10 per cent) in the spleen.

SUMMARY

In a clinical pathological review of 70 cases of mitral stenosis it was found that:

1. Fifty-six cases or 80 per cent died as the result of cardiac disability, i.e., congestive failure, embolism, and subacute bacterial endocarditis.

2. The period of invalidism with failure varied from one month to eight years with an average duration of 22 months.

3. Subacute bacterial endocarditis caused death in three instances (4.2 per cent).

4. Auricular fibrillation was present during the hospital admission in 41 cases of the failure group or 58 per cent.

5. The heart weights varied from somewhat below normal to 800 gm. and did not definitely depend on the combined valve lesion.

6. Tricuspid stenosis could be predicted in 39 per cent of the cases with mitral stenosis and aortic valvulitis.

BIBLIOGRAPHY

1. Phear, A. G.: Lancet, 1895, 2d vol., 716.
2. Samways, D. W.: Brit. Med. Jour., 1896, 1567.
3. Thayer, Wm. S.: Trans. Assoc. Amer. Phys., 1901.
4. Cabot, R.: Trans. Assoc. Amer. Phys., 1914.
5. Landis, E.: Diseases of the Chest and the Principles of Physical Diagnosis, 2d Ed., 1920, 725.
6. Reid, W. D.: Am. J. Obst. and Gyne., 19, 63, 1930.
7. Hamilton, B. E. and Kellogg, F. S.; J.A.M.A., 91; 1924, 1928.
8. Sprague, H. B., J.A.M.A., 94, 1037, 1930.
9. Levine, S. A. and Fulton, M. N.: Am. J. Med. Sci., 176, 465, 1928.
10. Boas, E. P. and Fineberg, M. H.: Amer. Jour. Med. Sci., 172, 648, 1926.
11. Dressler, W. W. and Fischer, R.: Klin. Wchnschr., 8: 1267, 1929.
12. Tileston, W.: J.A.M.A., 15, 1179, 1908 (for full bibliography).

*These figures may be compared with the percentage of patients (46.6 per cent) who had circulatory failure with thrombi and with the percentage of patients without failure but with thrombi 21.4 per cent.

DISCUSSION

WM. H. BUNN, M.D., Youngstown: There are always many interesting points arising when analysis of a series of cardiac cases is made. I did not have an opportunity of seeing the manuscript before this meeting, but was very much interested in reading the outline which the essayist published in the preliminary program.

It occurred to me that inasmuch as he was reporting seventy cases which had been followed to the "dead house" from a group of city hospital cases, it would be valuable to analyze an equal or greater number of cases which were seen in private practice but which have not, except in a few instances, been studied post mortem. I have therefore gone over my records of the last 140 private cases of mitral stenosis, just double the number which the essayist is reporting, and some very interesting facts have resulted. I believe the error of incorrect diagnosis, among those seeing many heart patients, is on the minus side, when studying mitral stenosis. That is to say, the signs are typical or diagnosis is not made. In doubtful cases fluoroscopic study is very valuable, electrocardiogram less so.

140 cases—youngest 6 years—oldest 60 years.
47 males—33.5%—average age 29.8 years.
93 females—66.4%—average age 30 years.
64 had rheumatic fever——45.7%.
9 had doubtful rheumatic fever—6.4%.
12 had chorea—8.5%.
13 had scarlet fever without rheumatic manifestation—9.2%.
8 had severe influenza without rheumatic manifestation—5.7%.
36 with auricular fibrillation—25.7%.
16 had embolic phenomenon———11.4%.
Known dead of this series 19—13.5%.
Average age at death 36.7 years.
Oldest at death 55 years—youngest 6 years.
1 case of subacute bacterial endocarditis.

Thirty-seven patients had no signs of loss of cardiac reserve at the time of examination and in whose history no loss of cardiac reserve was elicited. In this group the lesion had been discovered by the family doctor or on examination for insurance. They were referred or sought advice, not from the standpoint of symptoms, but because they wanted to know their heart condition. The average age of this group of patients was 34 years.

The essayist makes the statement that pregnancy did not seem to influence the age at which death occurred. Lest we make the incorrect conclusion as to the effect of pregnancy on patients with mitral stenosis, I wish to call particular attention to the fact that 16 patients were in serious difficulty with pregnancy. Twelve of these had to have either Cesarean or therapeutic abortion. One patient died at delivery. I wish to cite a case which represents a not infrequent occurrence:

A patient of 32, primipara, had always been perfectly well. Had played basket ball on her college team. When eight months pregnant had sudden onset of auricular fibrillation, at which time she almost expired. Examination revealed a typical drum roll murmur of mitral stenosis, heard only with the patient on her left side. Cesarean section was performed. The fetus had died before operation.

I have seen pulmonary edema with blood-tinged frothy sputum, coming on suddenly during pregnancy, mark the first symptom of heart disease that the patient had ever experienced. Examination revealed the presence of a hidden mitral stenosis.

The Pathology of One Hundred Consecutive Tonsils

H. L. REINHART, M.D., Columbus, Ohio

THE clinician's attitude toward the pathologist is one of inquisitiveness. He not only desires to know whether there is any pathology in tissues excised and submitted for examination, but also the type as well as the intensity of the process. Armed with such information the clinician is then in a position to recognize disease early and institute efficient therapeusis. After reviewing the observations of many pathologists on the tonsil, and from my own limited study, I am wondering if many clinicians do not feel that they have outstripped the pathologist, and recognized disease in the tonsil earlier than does the pathologist? At any rate the increasing neglect on the part of the clinician to submit tonsils for microscopic examination would seem to indicate either a lack of confidence in the pathologist's examination, or perhaps a feeling that the tonsil was normal, in which case the only grounds for removal would be prophylactic. According to statistics of pathologists approximately 85 per cent of tonsils removed would fall into this class. If it is justifiable to remove 85 per cent of tonsils for hypothetical prophylactic purposes, is it not sound prophylaxis to have them examined for a definite 15 per cent of "unusual pathological lesions"?

The pathologist has in some instances contributed to this increasing neglect of examination of tonsils. His most frequent contribution along this line is perhaps voiced in the question, "What is a normal tonsil?" Wilkinson[1] in a study of 10,000 pairs of tonsils removed at the Mayo Clinic does not mention the normal tonsil unless the 8,573 cases in which "there was nothing of unusual interest" may be interpreted as relatively normal. It would seem that we need a new definition of normal at least with relation to the tonsil. The fact that a tonsil has been removed does not stamp it as pathological. If the pathologist reports tonsils submitted for examination as universally diseased, he inadvertently stamps his work as unnecessary, and the clinician does not require such services.

I am of the opinion that two fallacies have crept into the clinical mind with regard to the tonsil. First, that the tonsil is a vestigial, or at least a rapidly disappearing organ, and as such has no function, and second, that tonsillectomy without operative complication has no ill effect, but on the contrary has a decided beneficial effect on the patient.

The anatomical variations of mucous glands, ducts and epithelium in and about the tonsil would seem to indicate according to the study of Meeker[2] that "the tonsillar area in its development is the most unstable portion of the second pharyngeal pouch". As a result, fetal remnants of ducts, and anomalies of epithelium may remain in a certain proportion of cases, which may provide a portal of penetration to the peritonsillar tissues, and thus constitutional dissemination of infection. The pathological indications of such a condition, aside from the demonstration of the epithelial anomaly is the finding of lymphoid tissue in and around the mucous glands and deep in the muscle. Such findings would explain not only the recurrence of tonsils after their removal, but also recurrent peritonsillar abscesses. I have only been able to demonstrate an indication of such abnormalities in 16 out of the 100 cases examined in this series.

The most important anatomical component of the tonsil is lymphoid tissue, and it is in lymphoid tissue that the pathologist encounters the greatest difficulty in the interpretation of variations—both normal and pathological. The lymphoid tissue in the body may be classed in three large groups as pointed out by Ehrich:[3]

"1. The lymphatic tissue in the lymph nodes. It has afferent and efferent lymph vessels and is situated chiefly in the lymph stream.

2. The lymphatic tissue in the mucous membranes. It has only efferent lymph vessels and is situated in the fluid streams going from the mucous membranes into the interior of the organism.

3. The lymphatic tissue in the spleen. It has neither afferent or efferent lymph vessels and is situated in the blood stream."

The tonsils are included under the second group of "lymphatic tissue in mucous membranes" and have only efferent vessels. Such a distribution of lymph vessels is definitely contradictory to the idea that the tonsils may be infected secondary to nasal or sinus infection by way of the lymph stream. The anatomical alignment of these groups of lymphatic tissue would seem to support the idea of its function as a defensive organ. Thus we have the first line of defense in the tonsil with its efferent stream of lymph, which is later interrupted by the lymph nodes, and finally after the lymph passes into the blood stream, all components of the blood are again subjected to contact with lymphoid tissue in the spleen. Furthermore in local contact with adequate stimuli a proliferation of lymphocytes occurs, which lymphocytes pass into the blood stream and apparently further partake in the defensive reaction of the organism as a whole. This has been amply demonstrated by Sabin,

*Read before the Eye, Ear, Nose and Throat Section, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

Department of Pathology, Ohio State University.

Doan and Forkner[4] with specific reference to tuberculous infections where the prognosis definitely improves with the lymphocytosis and decreases with the lymphopenia.

Wiseman[5] has demonstrated that one stimulus which is adequate to incite a local hyperplasia of lymphoid tissue as well as a lymphocytosis is the parenteral injection of foreign protein such as egg albumen. It would seem therefore from anatomical distribution, clinical facts, and experimental evidence that the lymphatic tissues are concerned with resistance to both bacterial and food proteins, perhaps with special reference to desensitization. If such is the case, then the tonsils with their crypts would assume a special significance both with reference to their position and size in the alimentary canal, and the accumulation of food particles in the crypts. Such a concept with regard to the function of the lymphoid tissue might explain the life cycle of lymphoid tissue, namely, its marked increase in amount from birth up to puberty or adult life and its gradual atrophy (i.e. disuse atrophy) when the process of desensitization of the body to the usual foreign material encountered was complete. I cannot therefore from the evidence at hand believe that the tonsil is to be regarded only as a vestigial organ.

The second point in regard to the absence of the ill effect of tonsillectomy to the patient, is being more frequently contradicted as the realization of the nature of the symptoms to expect from such a procedure is realized. The observation of nodular lymphatic hyperplasia of the pharynx following tonsillectomy has been repeatedly made. Recently Halasz[6] reported "18 cases of chronic pharyngitis developing in patients after tonsillectomy. The blood picture of these patients showed a leucopenia with a relative lymphocytosis".

Confronted with problems of this nature I have taken a very small series of tonsils and endeavored to determine by careful analysis (1) the importance of microscopical examination of the tonsil; (2) the frequency of definite pathology in the tonsil; (3) the significance of the pathology.

A careful analysis of the tonsils demands consideration of the peritonsillar tissues, with special reference to mucous glands, muscle, and fibrous tissue, inspection of all crypts, and lining epithelium, a study of lymphoid tissue, with a notation as to the state of activity of the germinal centers, and a careful consideration of the blood vessels as well as lymphatics. From such observations in the present study of 100 pairs of tonsils we have eliminated 31 pairs which might be called normal, or at least present no evidence in our present state of knowledge of any abnormal irritation or reaction. Twenty pairs of these tonsils were removed from patients under 20 years of age and thus during a period of the greatest activity of lymphoid tissue in the body, and in 17 of these cases the tonsils and adenoids were not grossly enlarged, and therefore we cannot assume that they were removed on the basis of obstructive phenomena. I therefore believe that there was no justification pathologically for the removal of 20 of the present series of 100 cases, and that the clinician's attention should be so directed, in order that by careful study he may be in a position to more accurately define the indications for tonsillectomy especially during this period, in which the greatest functional activity of the tonsils occurs.

In the remaining 69 pairs of tonsils evidence of anatomical instability as manifested by a chronic peritonsillitis, muscular atrophy, hyaline degeneration, infiltration of lymphoid tissue in and around the mucous glands, abnormalities of ductal relations, and plaques of cartilage, were encountered in 16 cases. Sections for microscopical examination cut transversely rather than longitudinally, and especially in the middle of the tonsil give the best indication of the incidence of such abnormalities. Such pathology constitutes at least a definite prophylactic justification for tonsillectomy, and this area is one which should always be very carefully examined before calling the excised tonsil normal.

Inspection of cryptal epithelium reveals a cryptal hyperplasia in 14 cases, while in two cases the degree of hyperplasia was suggestive of a precancerous condition. In one case a carcinoma was encountered with definite invasion of the buccopharyngeus muscle. Such conditions at least demand a careful follow-up study clinically. In 12 cases a definite hyperkeratosis was present and presented in some instances pearl formation. Stones were encountered in the crypts grossly in three cases, the largest measuring 5 mm. in diameter. Microscopical indications of stone formation in the crypts were seen in eight cases. Circumscribed areas of degeneration apparently fatty in type with cholesterin crystals were found in six cases. The evaluation of the pathological importance of these changes in themselves is one of the most difficult problems in this study. The carcinoma needs no discussion. Certainly the epithelial hyperplasia represents the presence of an undesirable stimulus which may lead to disastrous consequences in a small percent of the cases. But the other lesions to my mind are more suggestive of past than present activity, and it is doubtful if they constitute a definite menace to the patient.

The consideration of lymphoid tissue gives an index as to the physiological activity of the tissue. Maximow[7] has outlined three definite phases of lymphoid activity, namely "a resting phase, beginning of a new active phase and transition from active to resting phase". These are a part of the physiological cycle, and should

be recognized in the tonsil, and not confused with pathological lesions. Especially with reference to giant follicular hyperplasia is this true. In one case in the present series we encountered an irregular overgrowth of the primitive type of cell, found in the active germinal center, which had spread into the surrounding lymphatic tissue, and was suggestive of an early lymphosarcoma. It was fairly well localized in one particular portion of the tonsil, but the irregularity of its outline, the more primitive or less differentiated character of the cells, and numerous mitotic figures made it indeed a suspicious area.

The function of the germinal centers as a focus of differentiation and production of lymphocytes was enunciated by Fleming in 1885. Since then many other functions have been ascribed to them, the most notable perhaps being that of Hellmann and Heiberg[7]. They describe the germ centers as being "centers of reaction to bacterial and toxic stimuli, acting upon the lymphoid tissue and are the visible expression of work performed by the tissue for this purpose". Without in any degree doubting their function as a true germinal center, I am inclined to believe that there is a specific type of reaction manifested by a marked proliferation of primitive cells, without their usual differentiation, as a result of perhaps many indefinite stimuli, but certainly with some strains of tubercle bacilli, and likewise in response to parenteral injection of egg albumen. Thus certain adequate stimuli may provoke a reaction of cells of the germinal centers, but that they are general centers of reaction for all inflammatory stimuli is untenable. The point is of sufficient interest pathologically to justify careful and extensive observation.

Furthermore the tonsil as a focus for the development of monocytes must be considered. Forkner[8] has demonstrated that the origin of monocytes occurs chiefly in the peripheral lymph nodes of the body. From incomplete observations now in progress it would seem that the tonsils in man share this function with the peripheral lymph node. Certainly the tonsil warrants more thorough investigation in the light of recent experimental work on lymphoid tissue.

And last, the vascular bed of both the lymphatic and the blood vessels warrant a more careful study than has been made. In routine microscopical observation of the vessels two points must be constantly born in mind; first, the vascular changes which may be the expression of senility of the organ or of those specifically induced by inflammation. Naturally the index of differentiation is relative and must be made from a consideration of the gland as a whole, i.e., whether the manifestations in the rest of the gland are more indicative of senile or atrophic changes, or local inflammation. Granulomatous lesions are certainly not an indication of senility. Such were found in 11 cases in this series. No new growths of vascular tissue were encountered. Thickening of vascular wall with narrowing of the lumen and degeneration of the media, in the absence of a definitely associated inflammatory reaction, are indicative of senile changes. Such were encountered in 23 cases in this series.

Lesions of the type which would more definitely conform to our ideas of focal infection, namely abscesses, were found in eight cases, while in four additional cases a diffuse infiltration of polymorphonuclear leucocytes occurred. The justification for tonsillectomy in such cases is not questioned.

While no lesions were encountered which might definitely be ascribed to tuberculosis, two cases presented highly suggestive lesions. These lesions consisted of multiple giant cells of the type seen in tuberculosis but were surrounded by lymphocytes. No necrosis was present. Acid-fast stains failed to reveal any tubercle bacilli and multiple sections from the same area did not reveal any other lesions of the same type. Weller[9] presents an excellent review of incidence of tuberculosis of the tonsils and in 8,697 consecutive cases found an incidence of 2.35 per cent, or in 204 cases of his series.

While trichina[1] has been reported in the muscles around the tonsil, none were encountered in this series.

The study of 100 consecutive pairs of tonsils is insufficient for any specific conclusions, and comprises only a preliminary report of a more detailed investigation.

However, this study would seem to warrant the following conclusions; (1) That a relatively normal tonsil may be established with definite contra-indications to its removal; such were encountered in 20 cases of the present series; (2) that the maximum incidence of pathology which would seem to have justified tonsillectomy was 44 cases; (3) there remains 36 cases in which the lesions encountered were more suggestive of atrophic or involuting changes than any active pathological process. These results certainly justify the microscopical examination of every excised tonsil, and recent studies of lymphoid tissue seem to open a new field of investigation with reference to the tonsil which may prove fruitful to both clinician and pathologist.

BIBLIOGRAPHY

1. Wilkinson, H. F.: Archives of Otolaryngology, 1929, 10:127.
2. Meeker, L. H.: Archives of Pathology, 1931, 11:677.
3. Ehrich, Wilhelm: American Journal of Anatomy, 1929, 43:347.
4. Sabin, Doan and Forkner: The Journal of Experimental Medicine, 1930, 52—Supplement No. 3.
5. Wiseman, B. K.: The Journal of Experimental Medicine, 1931, 53:499.
6. Cited in an editorial, Annals of Internal Medicine, 1931, 4:1222.
7. Maximow: Special Cytology—Page 321, Cowdry E. V. Paul B. Hoeber, 1928.
8. Forkner, C. E.: The Journal of Experimental Medicine, 1930, 52:385.
9. Weller, C. V.: Archives of Internal Medicine, 1921, 27:631.

DISCUSSION

WALTER M. SIMPSON, M.D., Dayton: At the Miami Valley Hospital permanent tissue sections are made routinely from the tissues removed by all physicians who operate at the hospital. This includes the routine examination of all tonsils. Because of the possibility that the pathologic examination of tonsils might augment the hospital's charges to the patient, some otolaryngologists have opposed the practice. In order to overcome this difficulty, many hospitals find it expedient to make a much smaller charge for the pathologic examination of tonsils than that which is made for the pathologic study of other tissues.

To controvert the claim of some otolaryngologists that there is nothing to be gained by the routine histopathologic study of tonsils, I would like to summarize very briefly the results of this routine procedure during the past year. Six cases of unsuspected tuberculosis of the tonsils were discovered; in each instance evidence of active tuberculosis elsewhere in the body was subsequently revealed, and proper treatment was instituted, to the great advantage of patient and physician. Two cases of diffuse syphilis of the tonsils were found; these tonsils had been removed from adults, and in neither case was the existence of syphilis suspected. One case of supposed unresolved retrotonsillar abscess with cervical adenitis was found to be lymphosarcoma. One case of primary squamous cell carcinoma of the tonsil was recognized only as a result of the routine tissue examination. In four cases, encysted trichinae were found in the striped muscle just outside the tonsillar capsule.

The routine examination of thousands of tonsils during the past decade has left with me certain definite impressions. The first of these pertains to the distant seasonal variation in the presence of crypt abscesses. During the late fall, winter and early spring, crypt abscesses have been found in approximately 25 per cent of the tonsils examined. During the late spring, summer and early fall, crypt abscesses have been observed with much less frequency—about 4 per cent. These findings would appear to indicate that the optimum time for the removal of tonsils for what have been termed prophylactic reasons would be during the summer months.

Another impression which has forced itself upon me relates to the physician's statement that he was able to express "pus" from the crypts. In the great majority of instances, the plugs of so-called pus which are forced from the crypts by pressure are casts of epithelial debris and keratohyalin which have accumulated in the deeper portions of the crypts. Furthermore, the occasional clinical diagnosis of "cryptic tonsillitis" which appears on the surgical pathology sheets which accompany the specimens, leaves much to be desired, since the faucial tonsils are always cryptic anatomically. I am inclined to regard it as a "cryptic" diagnosis.

The common occurrence of cartilage, or cartilage and bone, in the tonsils is not generally appreciated by tonsil surgeons. Occasionally, the presence of a considerable amount of cartilage and bone in the fibrous tissue capsule has led to mechanical difficulty in the removal of the tonsil. We have found cartilage or mature bone, or both, in approximately 15 per cent of tonsils. Bone is never found without the pre-existing cartilage and bone is always found in the connective tissue. The tonsillar cartilage undoubtedly has its origin from branchial arch structures. In adults, the presence of large amounts of cartilage and bone is probably due to the metaplasia of the connective tissue to cartilage, which then frequently undergoes endochondral ossification, as the result of the stimulus provided by chronic inflammation.

Use and Abuse of Clinic Conferences in a Health Department

F. R. DEW, M.D., St. Clairsville, Ohio

THE last 25 years has seen a great change in the status of the physician and his environment. If we look back 50 years, we see the doctor as one of the few educated people in his community. Today college and university trained minds are so universal that the physician's mentality is matched on all sides by the mentality of those around him. Twenty-five years ago a physician was supposed to know whatever there was of scientific information relating to the diagnosis and treatment of disease. When all that wealth of knowledge by observation was compiled in books it was theoretical. At the present time the laboratory is more than taking the place of past observation and bringing in manufacturing of new preparations, new sera and a variety of entirely new products, in fact almost a new pharmacopoeia.

The increase in the vast amount of knowledge available has become so immense that no one man can compass it and many physicians have limited their fields and consequently are not competent to undertake activities in fields outside their own specialization. Today it is quite evident that in civilized communities the practicing physician will not have in his office everything needed for accurate diagnosis, prevention and treatment of diseases.

The physician cannot go out in the highways and byways of our cities, villages and communities to persuade apparently well people to come to him for examination. This must be done collectively, and clinics or clinic conferences, with or without the aid of health departments or voluntary agencies, must be used to stimulate this type of service. But in either case, this should be done with the approval of the local medical society which should be banded together for a common professional interest.

Some of our present day clinics are quite dif-

*Read before the Section on Public Health and Industrial Medicine, Ohio State Medical Association, at the 85th Annual Meetings, Toledo, May 12-13, 1931.

ferent from those defined in our dictionaries and bear little resemblance to those of former years. Not having been in contact with permanent clinics, and as they do not come in the scope of this paper, I will not attempt to discuss them at this time.

We take it for granted that all physicians should be, and are, students; also, that those who have ceased to be and take no interest in society meetings or conferences are not potential factors in this discussion. Temporary clinic conferences, as we know them and that have been conducted in Belmont county, have been of educational value to those attending and the citizens in general, and have stimulated most of the medical profession to take more interest in the subject brought out by these conferences.

While some who attend these conferences are amply able to pay a specialist for the same or perhaps better services than received at these conferences, I am sure a sufficient number who have not attended them, have become interested and have gone to their physician and specialist, to more than reimburse them for the monetary loss of fee from their patients who may have attended the conferences.

If we could study in other communities where there is any particular opposition to clinic conferences on the part of physicians or medical societies, we would probably find in some instances, that this opposition is based on some misinformation or perhaps that an organization or a group unwittingly has been used by a physician or some person or by a small minority to assuage some personal grievance or jealousy, or to further some aspiration that should never have entered into the question.

The type of conferences that have been held were baby, pre-school, school, chest, orthopedic for diagnostic purposes; diphtheria, scarlet fever, typhoid and smallpox for prevention; and the only surgical clinics have been for the removal of tonsils and these have been sponsored by the private physicians, who would get in a group of their indigent patients and do the operating themselves or secure the services of some specialist who would donate his services. We have always made it a rule to offer the services of myself and nurses to assist in these clinics.

Chest clinics, with the help of the medical superintendent of our Sanatorium in which the seniors of our high school were examined, have proved to be of exceptional value not only in finding a few cases of tuberculosis but also of advancing the idea of the annual physical examination.

The annual examination of the school children of the first four grades has probably been of the greatest educational value as the children with defects are all referred to their family physician for correction.

In many of our conferences we have been assisted by the state department of health and we have found they have always tried to meet the approval of the medical society and I can recall only one instance where there was any dissention on the part of the physician, and I am sure the error was unintentional on the part of the examining physician. The young specialist at this particular baby conference made the mistake of prescribing cod liver oil to all babies examined. The mistake was not really that they did not need the oil but in the fact many mothers asked their family physicians why they had failed to tell them and of course in many cases where the baby appeared well nourished, they were told they did not need it, thus the oil and the specialist were discredited.

I believe that if the physicians in a community would list their charity cases and group them as to their needs, they could be cared for by specialists who would donate their time, thus saving time and expense necessary to caring for them individually.

I have not mentioned the venereal clinic, which, I believe, should be listed as a permanent clinic to be of any particular service.

There is a place in every community for every well directed clinic if it has for its purpose a sincere effort toward the betterment of health of the individual and the health of the entire community whether these efforts are made by the local practicing physicians, representative medical societies or public health officials so long as they have a scientific medical background.

What is needed is a definite understanding between the various interested parties and there will be no tendency toward so-called "state medicine".

Finally, without public health activities and clinic conferences, it is hardly possible to bring the entire population under the influence of health principles. It would be almost impossible to stimulate the interest of the public and create a so-called "public opinion", which in the last resort, is our dependence in assisting the inert mass of tradition, both medical and lay to move a step forward.

Questionnaires sent to 600 hospitals asking for information concerning the existence of clinics and psychopathic wards or departments where examination or treatment might be given to mental patients were sent by the National Committee for Mental Hygiene, Inc., of New York. Of the 421 hospitals that replied, 122 reported special facilities; 17 reported incidental services. Fifty-three of 56 hospitals that have special wards reported 3,298 beds for mental patients. Of the 122 hospitals having special facilities 56 have special mental wards; 97 have clinics; 31 have both wards and clinics; 25 have wards only; 66 have clinics only.

Ohio Mental Hygiene Needs

E. A. NORTH, M.D., Cincinnati, Ohio

I REALIZE full well the difficult position in which I have placed myself in voluntarily accepting the responsibility of even attempting to discuss Ohio's mental hygiene needs in the period of time allotted for this paper. The belief however, that Ohio has mental hygiene needs, and the further belief that it is the duty of the section on Nervous and Mental Diseases of the Ohio State Medical Association to assist the administrators of Government in ascertaining what these needs are, and to assist in working out proper methods of meeting these needs, gives me the temerity to present the subject for your review and discussion.

I am not so bold as to think I can point out all the needs, nor to offer the proper solution for all those which I may be able to point out, but I shall attempt to marshall my facts in as orderly a fashion as possible—in a fashion, I hope, which will make for free discussion.

It will please me much to have anyone differ with me in principle, or to have anyone criticize or condemn any plan or suggestion which I may make, provided they can offer a better plan, or a plan which the majority of this group can support or to which they can subscribe. It seems to me that the time has come for a unanimity of opinion among psychiatrists, as far as what mental hygiene is, what the needs of a community are, and upon the principles involved in a constructive plan of meeting these needs. I wonder if this unanimity may not be one of Ohio's greatest mental hygiene needs.

A frank and honest difference of opinion with free discussion is highly desirable and breeds knowledge through an interchange of experiences. There are many ways of reaching a given goal, and many techniques which may be used. One way may be better than another, and while it may not greatly matter which method or methods are used so long as the final objective is reached, it may make a difference in time and expense if the most effective method can be determined by careful planning and foresight rather than by trial and error.

I suspect the Director of Public Welfare finds himself very much confused at the present time with the large task before him. I am told he is a very brilliant, well educated man with a social vision; but however brilliant he may be, however much he, as an individual, may want to do the best for his State and her people, he is exactly where his predecessor was at the beginning of his administration. He is seeking knowledge in every way possible in order to determine the best method of meeting the needs of the departments under his directorship.

Undoubtedly, in his search for knowledge and correct information he will or has consulted most of the officers of our state hospitals, penal and correctional institutions, his family doctor, and many of his lay friends. He probably has received as many ideas and suggestions as individuals he has consulted. No doubt each idea and suggestion has had a great deal of merit in the particular situation to which it is applicable, but many no doubt will be found, in last analysis, to be void of great practicability through the fact that other phases of the work have not been so developed and coordinated for the otherwise most useful plan, to function.

I am reminded of an incident which occurred in our State a few years ago. One of the superintendents of a State hospital made out his budget for the year including improvements in his power plant. In this budget were items for a new chimney, boilers and coupling between the furnace and chimney. The request was granted and funds were appropriated by the legislature, but when this had all been done, it was found some wise budget commissioner, with neither knowledge or experience, had blue-penciled the coupling between the furnace and the chimney. The amount of money appropriated lacked this amount of completing the job. The budget commissioner probably derived his ego satisfaction through the thought he had saved his State some money, while the superintendent suffered a feeling of frustration with an appropriation of considerable money which could be put to no practical use. It is hard to say in this case whether this was an error in judgment, a lack of knowledge, a striving for ego satisfaction, through false economy, or a compulsion in the use of the blue pencil. Isn't there something in this homely illustration which somehow calls to mind the situation in mental hygiene?

It is not my purpose in any way to cast reflection upon any individual who has served as Director of Public Welfare, or on any groups of individuals who have served on the old boards of administration. We have had some excellent men in these various positions. I believe we have now in our present Director of Public Welfare, a man who will do all he can, all anyone could under the circumstances. It is not the fault of the man, if there be a fault, that more has not been done or cannot be done. The fault is in the system. Under the present system, when the Director takes his position he does not know whether he will hold it two years or longer. He is immediately handicapped through this uncertainty in

Read before the Section on Nervous and Mental Diseases, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

length of service. If he holds office for two years, unless he is unusually familiar with the problem, it will take him most of his term to familiarize himself with the departments under his jurisdiction and the work they are doing. By the time he has collected the necessary information for the development and putting into effect a well organized program, his term of office has expired. With the expiration of his term, he is automatically put out by a new administration of a different political faith. This new administration has its own ideas and its own political axes to grind.

Mental hygiene should be considered as a health problem and not as a political football. Perhaps the greatest need in Ohio is that the Director of Public Welfare be taken out of the firing line of politics, and through some method, placed in a safer position where he is much less likely to be hit. First, the selection of a Director should be made upon qualifications, training and experience. Second, his term of office should be as long as he continues to give the type of service his position demands. With this kind of set-up and the security it would give, it is believed a comprehensive long-time program could be developed and maintained. A plan which would coordinate all the existing facilities that might be made immediately useful, and gradually broaden their usefulness by fitting them into a forward-looking program. Such a forward-looking mental hygiene program must take into account the following needs:

1. Needs for routine institutional care.
2. Needs for medical and psychiatric treatment within the institution and on parole.
3. Needs for a program of prevention.

Coincidental with these, there is the basic need for research. There seems to be a consensus of opinion that mental hygiene no longer deals only with the frank psychoses as seen in our State and private hospitals, but also deals or should deal with behavior problems seen in our schools, homes, communities, correctional and penal institutions. Therefore, a mental hygiene program cannot be complete without considering all these phases. A forward-looking program must be prepared to meet the above listed needs in these fields. It should be so planned and coordinated that each new development will fit easily and effectively into another development though this latter development may not be possible of completion for one year or longer. This is one of the advantages of a well-planned, long-time program. It does not appear to be possible or economically sound for the State to attempt to meet all of its mental hygiene needs within the period of one administration. If a definite goal can be established with a well organized program developed, the existing facilities could be made to function in the highest degree of efficiency and the most urgent needs could be added until the whole program would be established. This certainly would appear to be a much more logical policy than the "hand-to-mouth" policy which has existed in the past.

All things considered, the first and most pressing need, we believe, is more housing facilities to provide institutional care. It naturally follows that these housing facilities should include the proper number and kind of personnel and the proper medical and other equipment for treatment. Every effort should be made to cure as many inmates as possible and return them to their homes and communities. When treatment has been successful and the patient has regained his natural mental health or has undergone reformation, he probably has reached the most serious and important part of his treatment, readjustment to society and industry. This is true with all institutional treatment but more especially so with the correctional institutions. A well developed parole system seems essential for the treatment to be complete. We believe this is one of the weakest spots in our correctional and penal system today, and that only a start has been made in this phase of our mental hospital work. It seems highly possible that with a proper parole system and with enough well-trained officers and social workers to do the job as it should be done, many inmates could be returned from institutional care and thereby reduce the need for such facilities. The validity of this statement is borne out through the experience of the past, even in our own State where each parole officer has had many times more probationers than possible for any one individual to properly serve. The experiences in Cleveland and Cincinnati where adult probation has been introduced, also indicate that this need can be further reduced through a considerable number who are handled in the community and never are sent to an institution.

Next come the needs for prevention. Judging from the work done in our own State through the Bureau of Juvenile Research, and that done by the privately financed child guidance clinics in our own State and others, there is every indication that this need for institutional care can be further reduced. Here the question may be asked; if this be true, then why should this be placed third in the scheme of discussion, and the State continue to pile up more brick and mortar for institutional care? It is my belief that if the best methods now known to science could be put into the most practical application tomorrow, it would be several years before an appreciable effect could be noted upon the needs for institutional care. I also feel that in the field of prevention there yet remains a great need for real research. In order for the best principles now known in prevention to have the greatest prac-

tical significance, there must be built up better home facilities for children; better facilities for institutional care which would include a wider range of classification and more scientific methods of treatment; more adequate parole systems with a greater number of well trained parole officers.

Two years ago in Cincinnati, we attempted an analysis of the first four years' work of the Central Clinic. This Clinic is an agency in the Community Chest. It deals with both children and adults, but has for its primary purpose the study and treatment of children who show some sign of failure to make normal adjustment. Through this study and treatment it is hoped much might be done toward determining and correcting the fundamental causes in their maladjustment, and thereby prevent more serious trouble at a later period. This analysis showed a large number of children who after one or more years from date of first study could, we believe, be pronounced cured or much improved in the symptoms which brought them to the clinic and were making normal adjustment. It also showed a smaller number of children who we believe showed no decided change and would be classified as failures from the standpoint of treatment. We were proud of our successes but were perhaps most interested in our failures. From this analysis, with a careful study of our successes and failures, we attempted to point out what seemed to us to be some of the fundamental mental hygiene needs of our community. May I here enumerate some of these needs with the belief that the same principles may apply to a state program differing only in scope?

"In the educational field it is felt that the present teaching relationship with the University of Cincinnati in the departments of Medicine, Psychology and Education should be continued and new connections made in the departments of Sociology and Child Care and Training.

"The Clinic has been used for field training for workers from social agencies. It might well be opened to furnish a clinical laboratory for medical students, teachers, and students in sociology.

"More time should be provided for the spread of general mental hygiene principles by talks to persons in the social service field and to other interested groups.

"An effort has been made to give the agencies a general knowledge of mental hygiene and an idea of the technique of handling mental problems. This should be intensified, so that the agency workers will be able to detect mental maladjustment in its early stages and know how to take the necessary steps for prevention and also know how to handle with greater facility the more troublesome cases.

"The difficulty of gathering the material for the report, but more especially the opportunities suggested by this material for the study of basic causes of maladjustment and principles of treatment, emphasizes the need for statistical service and the value of sufficient time and opportunity for research studies by members of the Clinic staff. The statistical material thus gathered would also be of special value in presenting to the public the need for additional facilities in the treatment of these problems.

"Along the line of service, the Clinic would like to have more time and opportunity for the study and intensive treatment of children who are having difficulty making adjustments in the community. It is felt that until they have become serious behavior problems, many children are not treated according to their individual needs. If the Clinic were to offer to study the young child who is showing the first signs of difficulty, much preventive work might be done. This would require a larger staff in the Clinic.

"The need for more work in the habit training is indicated by the number of older children and adults who have carried over from early childhood faulty habits and attitudes which interfere with their adjustment. This phase of the service should be in close cooperation with the pediatricians.

"In the habit cases and the cases of young children coming to the Clinic, the treatment is carried through the parents. This type of case has shown the need for the Clinic to be in a position to study the parents in order to know how to get over to them the principles underlying the treatment recommendations and also to straighten out their own difficulties which in many instances is the basis of the trouble.

"A fairly large number of the children examined have physical defects which need correction or some special type of physical examination and observation. The Children's Hospital, General Hospital, Psychopathic Institute of the Jewish Hospital, and the Health Center have been very cooperative in making these examinations and corrections. A closer tie up with the medical clinics would make these additional examinations a more integral part of the Clinic study and the handling of the case more continuous, which would be of advantage to the patient and to the Central Clinic.

"It is felt that a very close coordination of all the free mental health work in the city, under a single program, would be a means of giving greater and more economical service.

"There are a number of things lacking in the community which would be of great assistance in handling mental or behavior problems. One great need is a psychopathic hospital for children, large enough to permit careful classification, and also prolonged treatment, and offering opportunities for medical research as well as serving the patients.

"There is need for a closer relationship be-

tween those working with the mentally ill or defective in the community and those treating them in institutions.

"The epileptic child presents a problem in the matter of physical care, of suitable education and later of vocational training and placement. Insufficient work along this line is being done.

"Special classes for defectives in the parochial school are needed and more psychological service for determining the amount of subnormality.

"There is need for vocational training in both parochial and public schools for the children, who, because of subnormality, cannot profit by academic education.

There is need for the supervision of the feebleminded in the community so that more of them can be adjusted vocationally and be made into contributing citizens.

"With very little supervision for the feebleminded adult, the need for a change in the local interpretation of the law relative to commitment of feebleminded persons to institutions is essential.

"For some of the patients with personality defect, there is need for more institutions to which they can be sent for observation and training for a period of years and where they can have both psychiatric treatment and vocational training. (This applies especially to the so-called defective delinquent).

"An extension of the probation system for adults and children would increase the number adjusting in the community. This probation should be extended also to individuals being released from correctional institutions.

"An expansion of the summer recreational and health program for children is desirable.

"Further development of the boarding home facilities for problem children would be of material assistance in working out these cases.

"This list of recommendations would seem quite formidable if we could not look back at the progress made during the past six years. Many pieces of work have been started during this period but are still too new to be reflected in this report. We have, for instance, an adult probation system in the Court of Common Pleas, and also a better organized system of juvenile probation. Glenview and Hillcrest School are functioning efficiently under the Board of Education. There are visiting teachers in the public schools as well as Vocational Counsellors. The department of Child Care and Training at the University is giving valuable training to many parents in their mother study groups as well as training to graduate and undergraduate students. These are only some of the newer developments. There are others of equal importance. These indications of progress show the awakening interest of people in mental hygiene and the recognition of the value of providing good mental health for everyone."

We believe there has been equal development along the same lines by our State. Many of these needs are being met today. We believe it would denote further progress if there was a closer relationship between the State and these privately financied bodies.

Time will not permit amplification upon all of the needs pointed out here as taken from our report. You will note, however, that as the first need we have pointed out the needs in the educational field. This, of course, applies to our own locality as we see the problem and may in no way apply to other localities in the State. We are mindful of our shortcomings and limitations in the teaching of psychiatry in the medical department of our Municipal University. We are mindful also of a lack of proper coordination between this teaching of psychiatry with the teaching of allied subjects in other departments of the University. The interest and demands made in mental hygiene have grown out of all proportion to the facilities for the training of personnel to meet these demands and needs.

There have been many conferences and discussions relative to these limitations. Much time and thought has been given to a study of ways and means of overcoming these limitations. In the end the conclusion has been reached that psychiatry is one of the important subjects taught in our Medical College and should receive the recognition in teaching that it deserves. With this conclusion reached, an effort is now being made to reorganize this department. As a beginning step in this plan of reorganization, the term "Neuro-psychiatry" has been done away with through a separation of neurology and psychiatry and by placing the teaching of neurology in with the teaching of internal medicine. This leaves to be still completed, the building up of psychiatry as a major department.

In a recent article entitled "Some Present Day Trends in the Teaching of Psychiatry" Dr. Franklin G. Ebaugh says: "We regard mental illness as the gradual accumulative result of unhealthy reactions of the individual to the demands of his environment. We trace in a given case all the factors that go to the production of these reactions. These factors can be summarized as somatogenic, neurogenic, exogenic, psychogenic and constitutional. This viewpoint has resulted in a departure from the old descriptive types of psychiatry to the present day genetic-dynamic concepts in which we study the total organism reacting to a total situation. We are in this sense 'dealing with functions of the total person and not merely detachable parts' ".

It is therefore our purpose to develop a department of psychiatry in the Health Division of the University, this university division probably hereafter to be known as the Department of Human Relations. At the present time the per-

sonnel of the Department of Psychiatry serves upon a voluntary basis, this is necessary through a lack of funds. We hope to overcome this lack of funds through endowment and through a pooling of interest of other agencies in the mental hygiene field but financed by private and public funds. This pooling is not only to consist of pooling of funds, but also of personnel and treatment resources. Some of the possible agencies we list as follows:

The Central Clinic of the Community Chest. The Clinic has at present an annual budget of $33,500 and a personnel of eleven members. The present director of the Clinic is acting head of the present Department of Psychiatry.

The Psychopathic Institute of the Jewish Hospital having accommodations for the observation and study of sixteen children presenting behavior problems. The building program of the Jewish Hospital contemplates the construction of new enlarged quarters for this Institute in the near future.

Longview Hospital, the State Hospital for the Insane, having accommodations for twenty-two hundred patients, is now used for certain elective courses for medical students, nurses and social workers. Greater use of the facilities of this institution are possible if additional personnel is provided. It is my opinion that the physicians employed at Longview could be greatly interested in the department at the Medical College and Cincinnati General Hospital with profit to themselves and Longview if time was permitted them by the State.

The Juvenile Court and Court of Domestic Relations is now spending a considerable sum for psychiatric service in connection with its work. Judge Charles Hoffman has indicated a willingness and desire to depend upon the department for this service.

The Department of Public Welfare of the city and county and the Common Pleas Court also have expressed an interest in the project.

In order that the Department have the proper facilities and be properly financed, we have suggested the following funds:

An endowment fund to insure permanence in the work of the Department.

Funds for alteration, improvement and enlargement of the Psychopathic Building at the General Hospital, with physical therapy equipment and additional accommodations.

Funds for Out-Patient Service, with additional facilities for service consisting of offices, examination, treatment and consultation rooms. Funds for the employment of additional nurses, also for physical and occupational therapists, and social service workers in the clinic and psychopathic pavilion.

Funds to have a local bureau of juvenile research, including detention quarters for delinquent children under the control of the Juvenile Court.

Funds for the construction of a hospital for the care of psychopathic children, estimated capacity, 50 to 60 beds.

Funds for laboratory facilities including laboratories and offices either in the adult psychopathic pavilion or in the proposed building for psychopathic children.

The accomplishment of this proposed program would give a complete coordinated unit.

A properly organized department in the University for the education of undergraduate medical students, nurses, social workers, legal students, and associated groups according to the needs of each.

Facilities for graduate study and advanced courses of various types in all of these fields. Opportunities to undertake experimental studies in Psychiatry, Psychopathology and Applied Psychology.

Clinical service to adults and children in the field of mental hygiene, also "follow up" of patients dismissed or paroled from institutions.

Institutional service for diagnosis and treatment of both adults and children.

The prosecution of a program of prevention in the field of mental hygiene, also through service to the schools, social agencies, courts and allied organizations.

It is our belief that the accomplishment of such a program would not only be of value in the work we are now doing and enhance the usefulness of the university, but would also bring great benefit to the citizens of our community and would interest many individuals who might thus be encouraged to assist in the further development of the work.

In each of the cities of Ohio where our medical colleges are located, there is a State Hospital. We would like to suggest the possibility of further development along the line of prevention and research, through a closer relationship between these hospitals and the Medical Colleges. We believe that these are strategic places for our first concerted effort toward a fully coordinated program. At present these facilities are not being used to their utmost for the general benefit of the State. Would it not be possible to use them for real training centers, where problems arising in the field of psychiatry, psychology and social service with the maladjusted could be studied and where definite treatment programs could be evolved through the association of people interested in these various fields.

Much valuable work is being done by the various state departments and institutions, the Bureau of Juvenile Research, the State Department of Education, particularly in its division on special education, and others. This work needs to be strengthened and extended to be of the

greatest value to all sections of the State. The activity of the State Mental Hygiene Society can be utilized not only in the general dissemination of mental hygiene information but also in bringing out the needs and interests of all localities and as a means of keeping the mental hygiene needs before the public.

This attempt to bring together the various pieces of mental hygiene work now being done as a basis for a future plan, has convinced the speaker, at least, of the difficulties which arise from our present policy and the urgent need for a long-time coordinated program to meet Ohio's Mental Hygiene Needs.

Some Phases of Poliomyelitis

E. G. HORTON, B.S., M.D., Columbus, Ohio

ANTERIOR poliomyelitis, or, as it is better called poliomyeloencephalitis, is endemic in the United States with occasional epidemic outbreaks in various localities during the latter half of the year. In 1927, there were reported in Ohio, 1205 cases, and special investigators added 145 cases unreported, with an additional 368 suspected cases. In the first six months of 1930, Ohio reported 31 cases, with 26 in July, 100 in August, 305 in September, 317 in October, 111 in November and 30 in December, making a total of 920 for the year.

The organism causing the disease is yet unknown but seems to be a filterable virus. It is present on the mucosa of the nose and throat, and later enters the nervous system, probably via the choroid plexus. The incubation period is one week more or less.

The disease should be considered a two phase affair, first as a general systemic infection followed by some remission in the symptomatology and then, secondly, as an invasion of the nervous system. It is possible for the two phases to occur coincidentally. In many cases, the symptoms are so mild in the systemic stage as not to be recognized, with the patient thereafter immune, which may explain why so many people do not seem to take the disease and why so many adult bloods are potent to check the disease in others. The best authorities now feel that in perhaps 80 per cent of the cases, the infection does not enter the nervous system, with the result that most of the cases show no paralysis.

Among the symptoms may be found anorexia, nausea, vomiting, temperature 102° more or less, flushed face resembling scarlet fever, prostration out of proportion to the fever, relatively high pulse, an infected throat often sore, various pains, and headache usually severe and continuous. Pain in the neck, with stiffness on the anterior-posterior motion, pain and stiffness in the spine, pain and stiffness in the shoulders, arms, hips and thighs as well as below the knees are frequent. The Amoss or tripod sign is quite significant. There are sweatings, tremors, nervous indications, drowsiness if alone and irritability if some one is present. Clear mentality is present if the lesion is not an upper neuron involvement. The reflexes are exaggerated in an upper neuron involvement, but likely to be diminished or absent in the more common type of cases. Constipation is frequent. Then later, when the nervous system is entered, a sudden flaccid paralysis without disturbed sensory findings.

The blood count may be near normal but usually shows a polymorphonuclear leucocytosis The spinal fluid is under pressure, of clear or ground glass appearance, cell count increased with a high poly count early changing to a high lymphocyte count.

For the laity, this disease holds mortal fear, leading to all kinds of panicky actions. Three factors enter into this. The first is the high mortality which has naturally been computed on the absurdly low reported cases. The mortalities in Ohio, for a period of 15 years, have varied from 14 to 74 per cent, based upon reported cases. The actual mortality is probably below 10 per cent. A second cause for fear is to be found in the sudden appearance of so marked a paralysis following such mild or unrecognized symptoms. The third fear factor is due to the ineffaceable picture on the mind of most non-medical minds by the sight of one deformed cripple. They do not realize that such a deplorable state is largely the outcome of neglect.

Of the 920 cases reported in Ohio for 1930, it has been my privilege to see 27 in the acute stage. In 20 cases, paralysis was present at the time the patient was first seen. In seven, the diagnosis was made in the preparalytic stage.

We are now presenting to you some of these cases in order to emphasize three things in the consideration of poliomyelitis. First, we wish to refute two statements, viz: "No definitely known exposure" and "Never more than one case in the same family."

Four illustrations:

(1) R. W., one of the cases who died in our series, was preceded by two unrecognized adult cases in the house, with milder symptoms, and both had fleeting paralysis.

*Read before the Section on Obstetrics and Pediatrics, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

From the Department of Pediatrics, and the Laboratory of University Hospital, College of Medicine, Ohio State University.

(2) Betty. Six days prior to her illness, her brother was taken ill, with frank symptoms, followed by extensive flaccid paralysis of both arms and legs, without loss of sensation and he now has regained the use of left arm flexors.

(3) Jean and Ruth. Jean played with a neighbor's child whose mother wept bitterly over his paralysis which later disappeared without being called poliomyelitis. However, a week later, Jean had anorexia and nausea without vomiting. The second day, she had fever and headache, with brief pains in her neck, shoulder and arm; the third and fourth days, she felt better. Strange as it may seem, after so indefinite an onset, she showed a definite flaccid paralysis on the morning of the fifth day when I was called to see her. The right deltoid and triceps were affected. The diagnosis of poliomyelitis was confirmed by a neurologist and, later, by an orthopedic surgeon. Six days after Jean's paralysis, the twin sister, Ruth, began with a much more definite onset of poliomyelitis symptoms.

(4) Joan. Joan has a father, mother, brother and two sisters, the family of six all living together. All of the family were affected with what they called "flu", in a period of about three weeks. A doctor was not called until the last one was taken ill. The father had a fleeting paralysis, with his legs not working for a few days; the brother was out of school for a few days because his legs would not carry him and he was falling down; the mother was affected likewise—weak in her legs and stumbling around. The two sisters were ill but there is no report of weakness or paralysis. Joan was the last to be ill and seemed a little sicker than the others. I was called to attend her on the third day of onset of illness. From her symptoms and the laboratory findings, I committed myself to a diagnosis of poliomyelitis and predicted a paralysis would appear in a day or two. The next day, a definite paralysis of the left leg appeared. Just at that time, we had no convalescent serum to give her, much to our regret. We have a very decided opinion that poliomyelitis is human borne and that, not infrequently, more than one case occurs in the same house, even though undiagnosed at the time.

A second point to be emphasized by these cases is the plea for an early diagnosis, viz: in the *preparalytic* stage. In the vast majority of cases, the diagnosis is not made and often not suspected until paralysis is present. On seven occasions, we have been willing to pronounce a case poliomyelitis in the preparalytic stage. With Joan and F. M., we had no convalescent serum to use and both developed characteristic paralysis. The others will be discussed under the next heading.

The third object in presenting these cases is to emphasize the use of convalescent human serum. Such serum has been used in eleven cases. In two cases, R. W. and C. C. it was used after paralysis was established and death was imminent but it was felt that the use of serum could not be denied. The use of convalescent human serum in the remaining nine cases is interesting. Betty's brother was paralyzed when first seen and did not then get the serum, as, with a limited supply, it was felt that the serum should be used only under more favorable conditions. A little later, he gave evidence of a progressing paralysis, at which time, he was given convalescent serum with no further spread of the paralysis.

In the remaining eight cases, the serum was used early and successfully. It was used in two cases (S. O. and B. B.) not considered poliomyelitis at the time, but that were suspicious and where certain conditions made it diplomatic to err on the right side. Later reports by the attending physicians indicate both of these had fleeting paralysis and were probably poliomyelitis.

Serum was furnished for use in one case not seen by us but diagnosed by a co-worker as preparalytic poliomyelitis with frank symptoms. The consultant reports the child recovered with no paralysis.

In Betty's case, her brother had a typical case with extensive paralyses. Six days after his attack, she showed vomiting, persistent fever, headache, pain in eyes and neck, nervousness, diplopia, tremors, etc. A diagnosis of preparalytic poliomyelitis had been made in which I concurred and advised the use of convalescent serum, which was used. Marked improvement was noted within a few hours but she did show a minor paralysis which is now no longer discernible.

Jack developed such characteristic signs as to establish a diagnosis of poliomyelitis in the preparalytic stage. I saw the patient in consultation and concurred in the diagnosis. Convalescent serum was given and marked improvement noted. He showed a flaccid paralysis in the left leg without loss of sensation, just enough paralysis to confirm the diagnosis. He soon fully recovered.

Bob, 13 years old, was one of the patients in the outbreak at Wilmington, Ohio. He had very frank symptoms, including the tripod sign. After diagnosis was made, no time was lost in sending the case to Columbus to the Isolation Hospital. He received convalescent human serum on the second day of his onset. Eighteen hours later, he said to me, "Doctor, that stuff you gave me certainly did me some good. I am feeling much better." And, he kept on feeling better. He showed just enough disturbance in the thighs to prove the diagnosis and in a few weeks was fully recovered.

Ruth is the twin sister (identical twins) of Jean, who with such mild and indefinite symptoms as to hardly attract attention, developed a definite deltoid and triceps paralysis of the flaccid type on the fifth day of onset. Six days after Jean's paralysis. Ruth started with a more definite picture of the systemic phase of poliomyelitis, including anorexia, nausea, vomiting, persistent fever, headache, various pains and stiffness and laboratory findings. Four physicians concurred in the diagnosis of poliomyelitis. She was given convalescent serum on the second day of invasion and completely recovered. Should any one desire further evidence to confirm the diagnosis in her case, we gladly reply we have none, except her serum has been successfully used.

J. L. showed the usual signs of poliomyelitis was given convalescent human serum on the third day—promptly improved, showing only a trace of paralysis which quickly cleared up.

Owing to the difficulty in obtained convalescent human serum, it was necessary to limit its use to the more definite cases and to use smaller doses (10 to 15 c.c.) than desired but the small dosage permitted enough paralytic evidence to clinch the preparalytic diagnosis. Our results have been consistent with those obtained previously by such

workers as (1) Aycock & Luther, (2) MacNamara in Australia, (3) McEachern and coworkers in Manitoba.

CONCLUSIONS

Convalescent human serum does have power to neutralize the virus of poliomyelo-encephalitis.

Its use in the *preparalytic* stage is essential to obtain the greatest efficiency.

The need of earlier diagnosis is evident for the best interest of the patient.

There is reason to believe its use early after the paralysis does improve the return of muscle power.

The use of such serum may be helpful in stopping a progressive paralysis.

With the difficulty in securing convalescent human serum, and a probability that many adults have had poliomyelitis in earlier life, it seems a rational procedure for the attending physician in suspected cases of poliomyelitis to withdraw 10 to 25 c c. of parent (not parrot) blood and immediately inject the same intramuscularly into the patient.

BIBLIOGRAPHY

Aycock, W. L. et al. J.A.M.A., 91:387, 1928. J.A.M.A., 92:385, 1929. J. Inf. Dis., 45:175, 1929.

MacNamara, Jean. (Med. Journal of Australia, 2:265, 1927. Med. J. of Australia, 2:838, 1929.

McEachern, J. W. et al. Canadian Pub. Health Journal, 20:235, May, 1929.

Flexner, S. International Clinics, 1:59. (March) 1929.

Editorial. J.A.M.A., 91:398, 1928.

DISCUSSION

STERLING H. ASHMUN, M.D., Dayton, Ohio: As usual, Doctor Horton has read a timely paper and has thoroughly covered the subject. There are a few points that I desire to stress that seem to me of importance.

It is necessary always to think of this disease in order to diagnose it.

The disease always presents some symptoms of meningitis, extreme irritability, stupor and disturbed reflexes—increased or decreased.

One test that has been of value to me is to have the patient sit up in bed and attempt to flex his trunk and head on the thighs. He cannot do it, nor can he flex his head on the chest, due to the soreness of the neck muscles and upper muscles of the spine.

I have treated many of these cases with the Rosenow serum, 22 or more. Nearly all of these had a minimal amount of paralysis. Two died of paralysis of the thoracic muscle in spite of the injection of serum. Those were seen late in paralytic stage.

You cannot say in any individual case what the involvement would have been if you had not used this serum, convalescent serum or whole blood. No two cases need run alike—you seldom see two in the same family. I had two in one family, and three in another family in which two others had so-called abortive types of the disease, responding to serum.

The whole blood treatment together with spinal puncture appeals to me as the most practical treatment for very young children, in sporadic cases or in small epidemics; because you have the treatment right in the house and you can give it without danger. Convalescent serum is not always readily available especially early in epidemics and does occasionally give severe reactions. I prefer it in older cases.

I believe rest in bed, spinal puncture, and whole blood injections are valuable.

C. W. BURHANS, M.D., Cleveland: The epidemic of poliomyelitis in Cleveland and suburbs in the Fall of 1930 was the largest and probably the mildest the city ever experienced. The mortality rate was 7 per cent. It started late and continued well into November. The epidemics for the past two years have occurred later in the year than usual.

As to the early diagnosis of poliomyelitis, I would agree with Dr. Ashmun in that usually the child shows some signs of meningitis. The child with an affliction of the central nervous system is likely to present a characteristic facies. This is hard to describe but they are generally a little more anxious or apprehensive than a child with a common upper respiratory disease. Or if drowsiness is present that too is different from the drowsiness of the common infection. The sore neck in infantile paralysis seems to be a little different in character than the stiff neck of a meningitis. In meningitis it is more of an involuntary rigidity while in poliomyelitis the child cries because of the pain.

It seems to me that the opportunities for the clinical study of the early symptoms are by no means exhausted. The physician who sees an early case or who sees children in the same family with a known case, who have symptoms which suggest poliomyelitis, should make careful observations and keep accurate records. It is possible that some day we may be able to recognize a definite clinical picture as that of the early stage of poliomyelitis.

As to the use of convalescent serum, I have had very little experience. I believe that it is the thing to do, because of the favorable reports and because there is so little else one can do. As to its value, it is very hard to determine because we never know how many of the patients would or would not have developed paralysis without it. Some recent statistics from a reliable source showed that there was very little difference in the percentage who developed paralysis with or without serum.

J. V. GREENEBAUM, M.D., Cincinnati: I thought you would like to know how Cincinnati met the problems brought about by the poliomyelitis epidemic last year.

Early in spring the Academy of Medicine voted $200 to be used in collecting convalescent blood from cases who had had the disease. This blood was prepared, 200 c.c. to a vial, and placed in the laboratory of the health department. When the epidemic occurred this convalescent serum was sold for $10 a dose, to those who were able to pay for it, and given free of charge to those who were not able to pay for it.

With the money that was secured from the sale of this serum more material was collected. In this way there was sufficient serum on hand to treat all the cases who applied for it. This included cases in the surrounding territory. The donors of the serum received a small payment for their blood.

Dr. William H. Peters, the health officer of Cincinnati will be glad to give any who inquire, further details about the collection and distribution of convalescent serum for acute poliomyelitis cases.

Clinical Laboratory Findings in Thyroid Diseases

A Brief Review of the Literature, and of Starling-Loving Hospital Records.

EDITH M. MILLER, B.S., Columbus, Ohio

In considering the important clinical pathological findings in thyroid diseases, the field is relatively limited. The basal metabolic rate, together with the pulse rate, is of most importance; glucose tolerance probably ranks next; certain blood constituents, chemically determined, may show changes, and the blood count usually shows changes, which, however, are only corroborative. The urine may yield positive findings, which are less constant.

I. BASAL METABOLIC RATE. (B.M.R.)

While the B.M.R. is not diagnostic of thyroid disease alone, it is considered, by clinicians, the most valuable link in the chain of evidence upon which diagnosis is based, as it is the quantitative element by which the severity of the condition may be established and from which the progress of the disease may be deduced; it is also of value in prognosis, for following the course of the case under treatment, and as a guide in selecting the optimum time for operative procedure.

Lahey and Jordan[1] as early as 1921, stated that in their experience it did not seem that active hyperthyroidism existed without an increase in the metabolic rate, and, although subject to errors in estimation and interpretation, it is probably more constantly reliable than many other laboratory measures, both as to qualitative and quantitative value.

By metabolism, in this connection, we refer only to those metabolic processes which involve the using up of oxygen and the formation of carbon dioxide and water, which, in turn, is a measure, by indirect calorimetry, of heat production. However, that our meaning of basal metabolic rate may be clearly understood, we will define basal metabolism as the maximum oxidative or heat producing metabolism of which the patient is capable, the influence of (1) digestive activity, (2) physical exercise, and (3) exposure to cold being eliminated. (Emotional disturbance and mental strain are said to influence basal conditions and must be eliminated, in so far as is possible.)

The thyroid gland is the most active structure of the body in the regulation of heat production, consequently hypo or hyper activity results in a change in the metabolic rate.

B.M.R. normals are expressed in calories per hour per square meter of body surface, and vary for age and sex; from these normals, B.M.R. values are calculated, and usually reported in percentage above or below zero.

The normal rate is usually conceded to be from —10% to +10%, although the rates in a small percentage of normal individuals have been found to be —15% to +15%; any values under or over these figures may be considered pathological. (Normals for Orientals are said to be 5% to 10% lower than those for the white race.)

There may also be variations in the same normal individuals from time to time.

According to Baer[2] the B.M.R. is elevated normally in late pregnancy up to +35%.

Osgood and Haskins[3] give the following grades of hyperthyroidism, together with the B.M.R.:

Mild	+15% to +30%
Moderate	+30% to +50%
Severe	+50% to +75%
Very severe	+75% to +100%

and B.M.R. (average) in diseases of the thyroid as follows:

(1) Adenoma and simple colloid	Normal
(2) Diffuse nodular or solitary adenomatous hyperplasia	+29%
(3) Diffuse parenchymatous hyperplasia (exophthalmic goiter)	+55%
(4) Myxedema—as low as	—50%
(5) Cretinism—(exact figures not available) may be	—40%
also:	
Hyperpituitarism as high as	+46%
Hypopituitarism	—27%

An analysis of a large series of cases from the Mayo Clinic by King[4] shows:

Toxic adenoma	+29%
Exophthalmic	+55%

Palmer[5] tabulates other diseases which show a marked increase in B.M.R., but which are easily differentiated from thyroid diseases:

Obesity (not endocrine)	+10% to —10%
Diabetes with severe acidosis	0 to +20%
Severe Pernicious Anemia	0 to +20%
Acromegaly	0 to +30%
Cancer, severe heart and kidney disease, high fever	+20% to +40%
Leukemia	+30% to +60%
Prolonged undernutrition	—10% to —30%
Diabetes, emaciated	—10% to —35%

II. PULSE RATE AND PULSE PRESSURE

Many references to the increased pulse rate associated with an increased B.M.R. and charts showing this parallelism have been published. Likewise many observers have recorded an increase in pulse pressure accompanying an elevated B.M.R.

Read,[6] inspecting tables of 300 determinations, showed that the average basal pulse rate and basal pulse pressure readings tend to increase as B.M.R. increases, and vice versa, and deduced a "Prediction formula":

B M.R. = 0.683 (P.R. + 0.9 P.P.) — 71.5.

This formula, he claimed, can be used clinically

From the Department of Pathology, Ohio State University.

as a guide to ascertain the direction and estimate roughly the amount of change in B.M.R. of patients under treatment for hypo or hyperthyroidism.

Doubtlessly this means of predicting should not replace the original B.M.R. of a patient, as mistakes in border-line cases will occur. Nor should it include individuals showing obvious pathological conditions in the cardio-vascular renal system, nor thyrotoxic patients with auricular fibrillation or heart block.

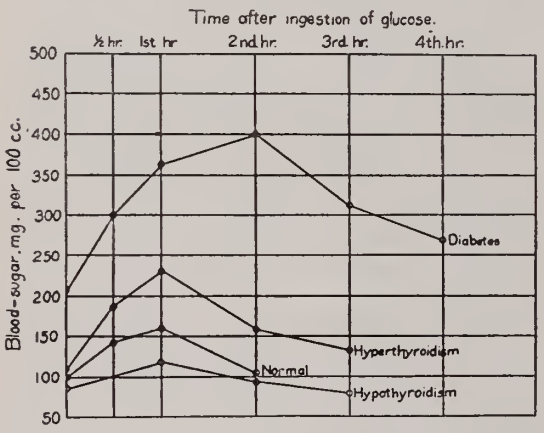
III. GLUCOSE TOLERANCE

It is known that thyrotoxic patients do not mobilize carbohydrates normally.

Cases of hyperthyroidism frequently show high blood sugars, though not often in the fasting state. (Experimentally, hypoglycemia regularly develops following thyroidectomy.) When given the usual glucose tolerance test, the blood sugar mounts quickly and remains above normal for a long period. This phenomenon, together with the study of the respiratory quotient, has been interpreted as indicating considerable utilization of carbohydrates, but little or no ability to store them in the liver.

In hypothyroidism the blood sugar is low (60-90 mgm. per 100 cc.) rises but little during the glucose tolerance test, and soon returns to its normal. Hoxie[7] noted that thyroid therapy in hypothyroid cases, resulting in a rise in B.M.R., gave higher blood sugars but the curve in the tolerance test was of the same type.

The following graph shows glucose tolerance curves.



Alimentary glycosuria in thyrotoxic conditions is thought by some to be the result of an elevated blood sugar, though others have considered it due to toxic damage to the renal epithelium. Whichever theory is correct, both transitory glycosuria and polyuria are apt to be present in thyrotoxic conditions, the urine otherwise being negative.

IV. BLOOD PICTURE

In non-toxic thyroid the blood count is normal. In both thyrotoxic and myxedematous conditions the blood picture is regarded as a recession to a fetal type due to degenerative changes in the hematopoietic organs.

Boyd[8] states that in exophthalmic goiter the blood shows a mild degree of secondary anemia and a decrease in the total number of leucocytes, with a lymphocytosis.

The blood picture in a severe myxedema may simulate a primary anemia: erythrocytes reduced, and may show some nucleation; hemoglobin somewhat reduced; a leucopenia (3000-6000) with a reduction of polymorphonuclears and an increase of lymphocytes. During thyroxin or thyroid therapy there is a return to normal of all elements. We may then summarize the blood picture as follows:

(1) Non-toxic—Normal
(2) Toxic—Relative and absolute lymphocytosis.
(3) Very toxic—Anemia; decrease in the number of leucocytes; lymphocytosis.
(4) Myxedema—Anemia with a normal color index; leucopenia; lymphocytosis.

V. COAGULATION OF THE BLOOD

Howard[9] quotes Crotti as to the coagulability of the blood. Exophthalmic goiter decreases, and myxedema increases the coagulation time. He further states that Kocher believes this contrast in coagulation time of hyper and hypothyroidism serves as an excellent differential diagnostic symptom in doubtful cases.

VI. PROTEIN AND NITROGEN METABOLISM

In toxic goiter there is an increased protein metabolism and the nitrogen metabolism is maintained with difficulty. Janney[10] noted a gain, and not a loss, of nitrogen as a result of the therapeutic action of thyroid extract, and concluded that the loss of nitrogen is due to the toxic action of the gland.

VII. CALCIUM AND PHOSPHORUS

Aub[11] and associates found that calcium and phosphorus are excreted in the urine and feces above normal in exophthalmic goiter and toxic adenoma, and calcium is decreased in myxedema.

Petersen and Levinson[14] give calcium of the blood serum in exophthalmic goiter as:

Preoperative (av.) 11.3 mgm. per 100 cc.
Postoperative 9 mgm. per 100 cc.

VIII. BLOOD SEDIMENTATION

An observation of sedimentation rates of erythrocytes was recently made by Mora and Gault[12]. A study of 30 cases of thyrotoxicosis was made before and after thyroidectomy with these conclusions:

(1) All cases showed an increased rate preoperative.

(2) Thyroidectomy resulted in an increased rate in about 50% and a like number decreased. There seems to be little parallelism between sedimentation velocity, B.M.R., and the clinical picture.

IX. ALKALI RESERVE

Regarding the alkali reserve, Cantilo[13] says that all cases of hyperthyroidism show a con-

siderable decrease, and Petersen[14] and associates, that the CO_2 Combining Power is lowered before thyroidectomy and returns to normal following operation.

X. CREATIN AND CREATININ

Creatin is not normally found in the urine, but is excreted in the majority of thyrotoxic patients in considerable amounts[15]. Associated with the appearance of creatin is a lowered creatinin excretion.

The creatinin—nitrogen normal is given as 7 to 11 mgm. per kilo; for exophthalmic goiter: 3 to 6 mgm. per kilo.

XI. GASTRIC ACIDITY

Brown[16], massing experimental evidence, states that hypothyroidism produces an increased gastric acidity, whereas hyperthyroidism causes a decreased acidity.

The following, which is self explanatory, is an observation of the average of 60 cases of thyroid diseases at Starling-Loving Hospital[17], Ohio State University:

Thyroid Diseases	B.M.R. %	R.B.C. Millions	% Hb.	Color Index	W.B.C. Thousands	P. N.	Lymphs.	Glycosuria.
Myxedema	—30.5	2.6	56	1.07	3.6	55	41	0
Hypothyroidism	—19.3	4.3	76	0.9	9.2	65	30	0
Adenoma nontoxic	+7.2	5.	82	0.82	10.1	66	31	0
Hyperplasia without exophthalmia	+32.2	4.1	80	0.9	7.6	62	31	1%
Adenoma—toxic	+42.5	3.9	79	1.0	7.5	62	34	1%
Hyperplasia with exophthalmia	+59.1	4.2	63	0.7	6.6	59	38	20%

To illustrate the effect of thyroxin and thyroid extract on the blood count in myxedema the following graphs are given. The patient, G.M., was admitted with a tentative diagnosis of "Pernicious Anemia".

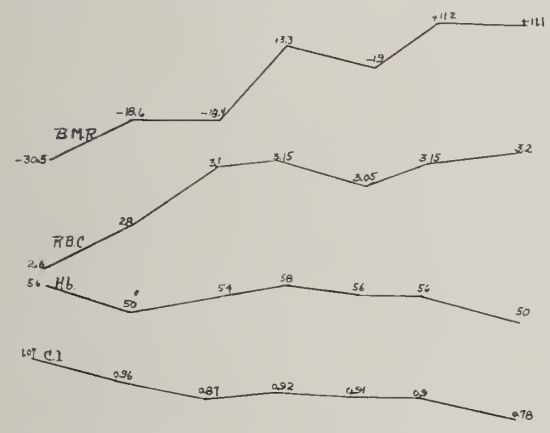


Figure 1

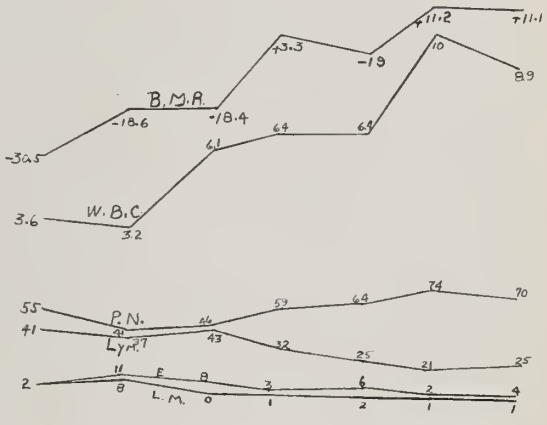


Figure 2

Figures 1 and 2 represent the response to thyroxin and subsequently thyroid extract during a month's hospitalization.

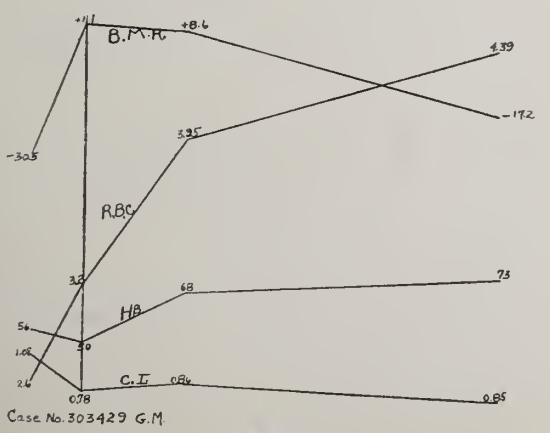


Figure 3

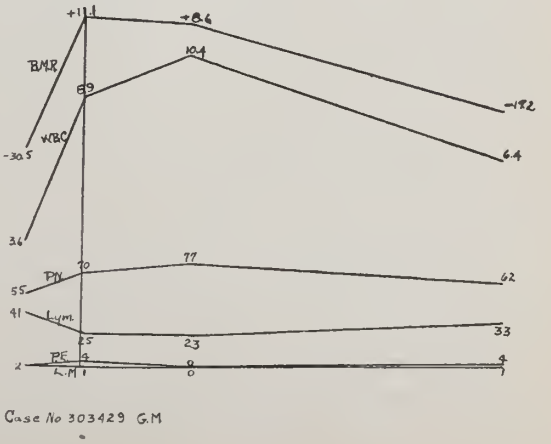


Figure 4

Figures 3 and 4, in addition to the above, show results obtained on return in two months, and again in six months.

Several weeks before the last return thyroid extract had been discontinued, and it is to be noted that, although the erythrocytes and hemoglobin, which had changed from one of anemia to a normal and remained so even on discontinuance of therapy, the leucocytes and polymorphonuclears, which had returned to normal, were apparently the first elements to be affected, showing a decrease and a returning lymphocytosis.

BIBLIOGRAPHY

1. Lahey, F. H. and Jordan, S.M.: Basal Metabolism as an Index of Treatment in Diseases of the Thyroid, Boston M. & S. J., 1921, clxxxiv, 348.

2. Baer, J. L.: Basal Metabolism in Pregnancy and Puerperim, Am. J. Ob. & Gyn., 1921, II, 249.

3. Osgood, E. E. and Haskins, H. D., Laboratory Diagnosis, 1931.

4. King, J. T.: Basal Metabolism, 1924.

5. Palmer, W. W.: "Metabolism", Nelson Loose Leaf Living Medicine, Vol. III, 19, Nov., 1926.

6. Read, J. M.: Correlation of Basal Metabolic Rate with Pulse Rate and Pulse Pressure, J.A.M.A., 1922, lxxviii, 1887.

7. Hoxie, G. H.: Basal Metabolism and Blood Sugar Tolerance, J. L. & C. Med., 1922, VIII, 112.

8. Boyd, William: Pathology of Internal Medicine, 522, 1931.

9. Howard, C. P.: Clinical Syndromes Due to Thyroid Diseases, Endocrinology and Metabolism, 1922, L. F. Barker.

10. Janney, N. W.: Hypothyroidism and Cretinic Degeneration, Endocrinology and Metabolism, 1922, L. F. Barker.

11. Aub, J. C., Bauer, W., Heath, C., Ropes, M.: Calcium and Phosphorus Metabolism, J. Clin. Invest., 7:97-137, April. 1929.

12. Mora, J. M. and Gault, J. T.: Sedimentation Velocity of Erythrocytes in Thyrotoxicosis, J. Lab. and Clin. Med., Vol. 15, 590-592, 1929-30.

13. Cantilo, E., Presse Med. 38:722-23, May 28, 1930.

14. Petersen, W. F., Levinson, S. A., and Seed, L.: The Patient with Exophthalmos and the Nervous Patient, Arch. Path. 9:267-281, Jan. (pt. 2), 1930.

15. Palmer, W. B.: The Significance of Abnormal Metabolic Features in the Management of Thyrotoxicosis, Ann. Int. Med., 3:651-657, Jan., 1930.

16. Brown, Alfred: The Influence of Hyperthyroidism upon the Secretion of Free Hydrochloric Acid, Ann. Surg. 92:321, Sept., 1930.

17. Starling-Loving Hospital Records, Ohio State University.

Study of Thyroid Enlargement

The result of a thyroid survey recently made by the U. S. Public Health Service in Tennessee, in which 9,073 white boys, 11,120 white girls, 1,739 colored boys and 3,196 colored girls, attending the senior and junior high schools and upper grades of the grammar schools in 40 localities, were examined, have been announced.

A total of 4,876 thyroid enlargements of all degrees, representing a percentage of 19.4, was noted among the 25,148 children.

Thyroid enlargements of all degrees prevailed among the white boys to the extent of 9.5 per cent and among the white girls to the extent of 23.5 per cent.

Among the 9,073 white boys examined, 90.5 per cent of the thyroids were classified as normal, 7.7 per cent as very slightly enlarged, 1.5 per cent as slightly enlarged, and 0.2 per cent as adenomatous. There were but 4 moderate enlargements, a percentage of 0.04.

Among the 11,120 white girls examined, 76.5 per cent were regarded as normal, 15.1 per cent as very slightly enlarged, 7.2 per cent as slightly enlarged, and 0.56 per cent as moderately enlarged.

Among the 1,759 colored boys examined, 84.6 per cent of the thyroids were normal, 12.2 per cent were very slightly enlarged, and 2.6 per cent were slightly enlarged. Only three moderately sized enlargements, a percentage of 0.17, were noted.

Higher percentages of thyroid enlargements were recorded among the 2,196 colored girls examined in 33 localities. In this group 64.5 per cent of the thyroids were normal, 19.5 per cent were very slightly enlarged, 13.7 per cent were slightly enlarged, 1.7 per cent were moderately enlarged, and 0.5 per cent were adenomatous in character. The existence of one marked thyroid enlargement was also recorded.

Endemic goiter is more frequently encountered among the colored than among the white children in Tennesese.

Nutritional and economic factors may be responsible for the greater incidence of endemic goiter among the colored children.

The incidence of endemic goiter is greater in eastern Tennessee than in either the central or western portions of the State.

In Tennessee, as in other States surveyed, thyroid enlargements decrease in number among the boys after 14 years of age. Among the white girls in Tennessee there is a slight decline in goiter incidence after the age of 15. However, among the colored girls there is a maintained increase of incidence up to the age of 18 years.

There appears to be no relationship between the amount of endemic goiter and the sources, treatment, and ultimate safety of public water supplies in Tennessee.

There is a slightly larger incidence of endemic goiter among the users of chlorinated drinking water in Tennessee than among the consumers of unchlorinated water.

In Oregon the incidence of endemic goiter is slightly greater among the users of unchlorinated water.

The order of goiter incidence, from the highest to the lowest, in six States and one city surveyed by similar methods is as follows: Minnesota, Cincinnati (colored) Cincinnati (white), Oregon, Tennessee, (colored), Tennessee (white), Massachusetts, and Connecticut.

There appears to be no relationship between geologic formations in Tennessee and the varying incidence of endemic goiter.

Toxic goiters prevail to a sufficient extent among school teachers to warrant preventive measures and skilled treatment.

The President's Page

A Personal Communication to the Membership from

D. C. Houser, M.D., Urbana, Ohio

The Journal each month touches on such a wide variety of important subjects that it is almost impossible to find a theme in Organized Medicine, which has not been mentioned or discussed. We are also kept right up to the minute on developments, through letters and bulletins from our executive headquarters, which are sent to the officers and committee chairmen of the component medical societies of the State.

If you will take the time to read the monthly news and editorial comments found in *The Journal,* and if the Secretary of each component medical society will not only carefully read the monthly letter and other communications, but also take the time to explain them to the members at the regular meetings following their receipt, you will be benefited greatly and will be well posted on the various phases of Organized Medicine.

As it is an established custom to have a President's Page each month, let me again urge each society not to be satisfied until every eligible member is enrolled. It may not be out of place for me to quote the last sentence of Chapter XII, Section 11 of the By-Laws, which reads as follows: "Systematic efforts shall be made by *each member*, and by the society as a whole, to increase the membership until it includes every eligible physician in the county." You will note that it is the constitutional duty of each member, as well as the society as a whole, to make a systematic effort to enroll every eligible physician as a member, bearing in mind that a physician who is not a member is a potential liability to the society.

"He shall send a copy of the program of each county meeting to his District Councilor and to the Executive Secretary." The above quotation is the last sentence in Section 13, Chapter XII of the By-Laws. If you, as Secretary of your society, have not been doing this, you should do so, as it will be a great help, especially to your District Councilor, and if you will also send me notice of your meetings, I can arrange to be at some of them during the year.

The physicians of the State of Ohio owe a debt of gratitude to the men who originated, planned and formulated the present system of Organized Medicine in the State. They were unselfish and untiring in the cause of Organized Medicine and expect us to go forward, always carrying high the torch which they flung to us, never allowing selfishness, unfaithfulness or disloyalty to weaken our ranks, and thus afford an opportunity for self-seeking organizations to foist their half-baked ideas on an unsuspecting public. It always has been an amazing revelation to me when I think of the devotion of the members of the various county societies and academies of medicine, and the present high standing of the State Association is largely due to the splendid work done by these component societies.

The State Medical Association belongs proportionately to each member and the dividends we receive from our investment are in proportion to the interest which we manifest in the work of the society. Small dividends, evidently, mean little work, and large dividends, much work. However, we must ever keep in mind that the primary purpose of Organized Medicine is the advancement of the Medical Profession, to the end that we may be better prepared to serve those who need us.

Drouth, Typhoid, and Factors of Local Health Work, From State Health Department Viewpoint

Need for more intensive health work, for the wise expenditure of money and for efficient public health administration to meet conditions following in the wake of the present economic depression is exemplified by a comparison of the typhoid fever record of the 28 counties in Ohio in the drought area with the typhoid fever figures for the entire state, the *Ohio Health News* pointed out in a recent article.

Commenting in detail on the subject and presenting data to show that great emphasis must be placed on good public health administration in this stricken area of the state, *The News* said:

"Topography, geology and geography of the hill counties of southern and southeastern Ohio, coupled with stripping of the forests and unprogressive farming methods through the generations have combined to make living hard and living conditions unsatisfactory, with the inevitable result of restricted financial powers. Public health administration, in consequence, has been generally neglected and, in some localities, absent. The infectious communicable diseases therefore have been more generally prevalent in the territory, as a rule, and as farm and village water supplies are largely dependent on shallow wells, sunk with difficulty through well-defined strata of limestone and shale, typhoid fever has been the dominantly prevalent disease of this classification.

"These counties, which now have almost exactly one-seventh of Ohio's population, and at no time during the last decade have had as much as a sixth, have had, for many years, an undue proportion of the State's typhoid cases, and as typhoid mortality remains substantially constant at one death to 10 or 12 cases, it is evident that they also have had an undue proportion of the State's typhoid deaths. The case record for the last four years follows:

	1927	*1928*	*1929*	*1930*	*Totals*
Entire State	1086	931	896	1306	4219
State exc. drought area	796	707	640	812	2955
Drought Area—					
County	265	203	210	450	1128
City	25	21	46	44	136
Totals	290	224	256	494	1264
Drought Area per cent of State Totals	26.8	24.1	26.6	38.0	30.0

"The figures and percentages in the first three columns represent normal conditions; in the fourth they reflect the drought conditions of last year. During the first three years the drought area counties reported 25.83 per cent of the State's typhoid cases; last year they reported 38 per cent. Although rainfall thus far this year has been considerably below normal, nevertheless it has been more plentiful, and better distributed, than during the corresponding period of 1930; but it is to be remembered that the early Fall months are apt to be more prolific of typhoid infection. Bearing this fact in mind, *no comfort is to be derived from the fact that thus far this year the drought area counties have reported 110 cases of typhoid, or 34.06 per cent of the 315 cases reported for the entire state.*

"So far as the actual decline shown by the figures is concerned, it probably is due to the fact that since the beginning of last year's sharp increase in typhoid incidence there has been unusual activity in vaccination against the disease; thus actually preventing a large number of cases, but affecting the ratio, as between the State and the drought area counties, little if at all.

"One more phase deserves brief consideration. The State has undertaken part of its own relief by providing for the drilling of approximately two wells for each of these counties, to be developed according to "Seal of Safety" standards. Eleven good wells already have been brought in, and others are in early prospect. Their product cannot be expected to have an appreciable effect on the present typhoid situation; but it undoubtedly will be effective in reducing future typhoid incidence, and already is doing an educational work of much value by encouraging farmers and small communities to sink and develop similar wells for their own use. Such wells, providing adequate water supplies of good quality, inevitably will result, in time, in material decreases in both typhoid incidence and mortality."

The Modern Hospital, one of the leading hospital journals, has initiated an additional service for its readers in the form of supplements presenting a detailed study of some of the newer hospital groups of the country. The first supplement of the series was published in conjunction with the September issue of that journal and deals with the University Hospital Group of Cleveland, which was recently completed and which is rated as one of the most complete and finest hospital centers in the world.

Examination of candidates for commission as assistant surgeon in the regular corps of the U. S. Public Health Service will be held at the following places on November 2: Washington, D. C., Chicago, New Orleans and San Francisco. Candidates must be 23 years and not over 32 years of age. They must have been graduates in medicine at a reputable medical college and have had one year's hospital experience or two years' professional practice. They must satisfactorily pass oral, written and clinical tests before a board of medical officers, and undergo a thorough physical examination. Requests for information or permission to take the examination should be addressed to the Surgeon General, U. S. Public Health Service, Washington, D. C.

Record Number of Medical Students With Benefits of Splendid Educational Facilities in Ohio's Three Class A Schools Shown at Start of Fall Term.

Nine hundred and nineteen students were enrolled in Ohio's three Class A medical schools—School of Medicine, Western Reserve University; College of Medicine, University of Cincinnati; and College of Medicine, Ohio State University—as they opened for the 1931-32 school year.

Data and statistics compiled by the executives of the three medical schools as the fall term opened, show that Ohio is continuing as a leader in medical education and that its Class A medical schools are better prepared than ever to meet the increasing demand for more well-trained physicians.

Although the last annual report of the Council on Medical Education and Hospitals of the American Medical Association, issued in August, indicates that the total enrollment in Class A medical schools in the United States for the school year 1931-32 may be slightly less than the total enrollment for the year 1930-31, such is not the case in Ohio.

The total enrollment (919) in the three Ohio schools for the current school year is an increase of 46 over the total enrollment of the schools at the beginning of the 1930-31 school term.

An analysis of enrollment figures on the opening day of the Cleveland, Cincinnati and Columbus medical schools during the past six years reveals that the total enrollment of the three schools for the year 1931-32 exceeds the total enrollment in every other of the six years and that the enrollment at each school for the 1931-32 year exceeds the enrollment of every other year during the six-year period. The total enrollment of the three schools from 1926 to 1931 inclusive has been:

1931—919
1930—873
1927—846
1928—841
1929—839
1926—825.

Information furnished by the executives of the three schools indicates that there need be no fear of a shortage of available materials for future physicians in Ohio.

As pointed out in this data, each of the three Ohio schools not only began the 1931-32 school year with student bodies exceeding in size those of the past six years, but each also was compelled to reject a record-breaking number of applicants for entrance into the medical course, despite unsettled economic conditions. These facts support the contention that medicine is one of the most popular of all the professions. They also show that the three Ohio schools are well thought of by students contemplating a medical career. Further evidence of the ability of the Ohio medical schools to meet satisfactorily the demand for recruits in the ranks of the medical profession is found in the graduation figures submitted by the executives of the schools. These reveal a steady increase in the number of students graduated each year, except in a few instances, and show a minimum of "mortality" among the upper-classmen in each of the schools.

Although the executives of the Ohio schools, judging from their comments, are not fearful now or in the immediate future of a shortage of physicians, they are mindful of the necessity for a more equitable distribution of physicians and are concerned over the charge that has been made of medical colleges generally that they are turning out too many specialists and not enough general practitioners.

Observations found in the data from these executives are in effect that the solution of the problem of distribution of physicians so that adequate medical service is provided all parts of the state, rests largely with each separate community and that it is largely an economic and social problem. It is pointed out that betterment of social and economic conditions in many communities; the development of better roads and other means of transportation; the erection of community hospitals, etc., are some of the important factors that will eventually bring about a more equitable distribution of physicians and have a tendency to influence young physicians in selecting a location for practice.

The executives of the Ohio schools agree that the question of alleged overspecialization is a serious one and that present efforts on a national scale to correct certain conditions along this line should be vigorously pushed. They were of the opinion, however, that in Ohio there has been during the past few years a change in sentiment on the part of medical graduates and that more of them each year are entering general practice and locating in smaller communities.

Substantial improvements in the physical plants of the Ohio schools have been made or are contemplated, and every effort has been put forth to improve upon the already high caliber of the teaching forces of the institutions.

Following are brief summaries of information and statistics on each of the three Ohio schools as the present school year got under way, as well as a short review of medical education data throughout the United States, compiled by the

Council on Medical Education and Hospitals of the A.M.A.:

WESTERN RESERVE, SCHOOL OF MEDICINE

Western Reserve University, School of Medicine, opened its 89th year with a student body of 258, three more than the opening day enrollment in 1930 and the largest in the history of the school.

The registration in the various classes was as follows: First year, 76; second year, 62; third year, 62, and fourth year, 58.

As in the past, the school has been successful in starting a new term with a balanced enrollment which has proved an important factor in producing efficiency and thoroughness in classroom and laboratory work.

The uniformity maintained at Western Reserve in the number of medical students and in the number who go on to graduation is shown in the following statistics, compiled by the registrar of the School of Medicine.

NUMBER OF STUDENTS

	1931	1930	1929	1928	1927	1926
Freshman	76	75	72	71	73	73
Sophomore	62	61	58	60	61	53
Junior	62	61	59	60	52	59
Senior	58	58	57	52	58	32
Total	258	255	246	243	244	221

GRADUATES

1931	1930	1929	1928	1927	1926
58	54	52	58	36	47

Analysis of the foregoing figures shows the steady expansion of the school, as well as a surprisingly small mortality among the student body, indicating that quality has not been sacrificed for quantity, and that excellent judgment has been used by those having the responsibility of selecting those qualified to enter the school.

Another fact which reveals the progress that has been made by the school and the high esteem in which it is held by premedical students is the gradual increase in the number of applications for entrance. The following figures on the number of applications received from 1927 to 1931 inclusive, are significant: 1925, 239; 1926, 250; 1927, 383; 1928, 503; 1929, 623; 1930, 657; 1931, 644.

The slight decrease in the number of applications in 1931 is believed by officials of the school to have been due to the economic depression and an increase in the tuition fees.

Officials of the school also are of the opinion that the economic depression will have a slight effect on the school's enrollment later in the school year, as it is anticipated that a few students will be forced to withdraw because of exhausted finances. It is pointed out that every effort will be made to keep in school all those at present enrolled by utilizing the loan funds provided by alumni. However, these funds are limited and will no doubt prove inadequate under present conditions, it is said.

There have been no additions to the teaching staff, above the rank of demonstrator or fellow, for the 1931-32 school year. The present faculty, recognized as one of the most competent and efficient medical teaching forces in the country, consists of 38 professors, 183 lecturers, assistants, etc., a total of 221. One member of the faculty, Dr. R. A. Moore, instructor in pathology, has been granted leave of absence from July 1, 1931, to June 30, 1932, to permit him to accept a medical fellowship from the National Research Council for study abroad.

No outstanding changes in the curriculum have been made and none is contemplated. Some minor changes in the course in public health are being made under the direction of Professor James A. Doull, who became head of the Department of Hygiene and Public Health last year, and who is planning a gradual reorganization of that department.

During the past year, the final units of the University medical center were completed, giving Cleveland and Ohio one of the largest and finest medical centers in the world.

The new Lakeside Hospital, on the campus, was formally opened, completing the University hospital group for the present. Special units are being contemplated and may be added as opportunity offers. The new Lakeside Hospital has 100 teaching beds in the medical department, which includes also dermatology and neurology; 120 teaching beds in surgery and related specialties, including otolaryngology and ophthalmology, and 20 beds for gynecology. The occupancy of the teaching beds since the opening has averaged 83 per cent, surpassing all expectations. The outpatient capacity of the hospital also has been enlarged, the daily visits at this department averaging 494 since the opening of the institution. The medical division of the new hospital also houses extensive laboratories for investigation, including the H. K. Cushing Laboratory of Experimental Medicine. The new Lakeside Hospital with its modern facilities offers far better mediums for clinical and laboratory instruction than the old hospital. The fact that it is located on the campus concentrates the work of the students and faculty, and simplifies scheduling.

In addition to the above physical expansion, Cleveland Charity Hospital and Cleveland City Hospital, both of which are used as teaching hospitals by Western Reserve, have made extensive improvements. Charity Hospital has completed a building program, including the remodeling of its operating floor and its outpatient department. City Hospital has contracted for a new building for tuberculars, to house 350 to 375 beds, and has taken over the East 35th Street Babies' Dispensary which remains under the professional control of the School of Medicine, and will be used in teaching, as before.

Western Reserve University, School of Medi-

cine, was organized in 1843 as the Cleveland Medical College. The first class was graduated in 1844 and it assumed the present title in 1881. In 1910 it absorbed the Cleveland College of Physicians and Surgeons and in 1919 was made co-educational. The curriculum embraces three years of eight and one-half months each and one year of eleven months. Graduation from an approved college or scientific school or equivalent, or completion of a course of at least three collegiate years is required for admission. The total fees for each of the four years are, respectively, $440, $425, $415 and $425. The dean of the school is Dr. Torald Sollmann.

UNIVERSITY OF CINCINNATI, COLLEGE OF MEDICINE

The steady growth of the College of Medicine, University of Cincinnati, is shown by the enrollment figures compiled as the 1931-32 school year got under way.

Total enrollment in the College of Medicine was 306, compared to 289 for the year 1930-31. The usual 90 first-year students were registered, along with 76 sophomores, 76 juniors, and 64 seniors.

Enrollment and graduation figures for the years, 1926 to 1931, inclusive follow:

NUMBER OF STUDENTS

	1931	1930	1929	1928	1927	1926
Freshman	90	90	91	78	73	72
Sophomore	76	73	73	64	66	64
Junior	76	65	61	61	66	65
Senior	64	61	58	67	69	67
Total	306	289	283	270	274	268

GRADUATES

	1931	1930	1929	1928	1927	1926
Doctor of Medicine	58	64	66	64	56	64
Bachelor of Medicine	60	57	65	65	64	

Of the 60 students graduated last June with the degree of Bachelor of Medicine, 75 per cent held an academic degree. These students are now serving internships in hospitals recognized for intern training by the Council on Medical Education and Hospitals of the American Medical Association, and approved by the executive committee of the medical college faculty. After completing sucessfully a year's internship, these students will be awarded a degree of Doctor of Medicine. Cincinnati is one of 11 medical schools in the country requiring a hospital intern year for the degree of M.D. The plan has been in operation since the beginning of the school year 1927.

The College of Medicine at the University of Cincinnati has one of the most efficient and rigorous methods of testing students for admission to the medical school now in use in the United States. All prospective applicants to the College of Medicine must submit credits after the first semester of their senior pre-medical year. During the spring months, the Committee on Admissions holds weekly meetings, studying grades and credits and eliminating students with inferior averages. The final selection of students is made before the end of the second semester of the college year, subject, of course, to the satisfactory completion of second-semester courses. A waiting list of 10 is drafted from which vacancies existing through unforeseen circumstances can be filled. During the past few years, more than 50 per cent of all students accepted have been under observation, so to speak, by the Committee on Admissions throughout all their pre-medical years. Forty-eight of the 90 students admitted to the freshman class this year received their academic and pre-medical training at the University of Cincinnati.

Despite the searching methods employed at the University of Cincinnati and the exhaustive examinations given each applicant, there has been a steady increase in the number of applications for admission. It is not a unique experience for the college to receive 700 to 800 applications. In selecting 90 students for the freshman class this year, the admission committee handled more than 450 applications which represented only a part of those seeking admission, since no applications are considered by the committee except where an average of 85 per cent or better has been recorded in pre-medical work.

The school opened the 1931-32 school year with its faculty intact. A number of promotions have been made in the teaching staff, chief among these being:

Dr. Henry Wald Bettmann, from associate to professor of medicine.

Dr. Clarence A. Mills, from associate to James T. Heady professor of experimental medicine.

Dr. H. B. Weiss, from assistant to associate professor of medicine.

Dr. Stanley E. Dorst, from assistant to associate professor of medicine.

Dr. John Skavlem, from instructor to assistant professor of medicine.

Dr. Leon Schiff, from instructor to assistant professor of medicine.

Dr. Russell N. Speckman, from instructor to assistant professor of medicine.

Dr. Harold G. Reineke, from instructor to assistant professor in radiology.

Dr. Max M. Zinninger, from assistant to associate professor of surgery.

Dr. Robert A. Kehoe, from assistant to associate professor of physiology.

Dr. B. N. Carter, from assistant to associate professor of surgery.

Dr. Emerson A. North, from assistant to associate professor of psychiatry and acting head of the department.

Dr. Howard D. McIntyre, from instructor in neuro-psychiatry to assistant professor of medicine.

Dr. Pearl M. Zeek, from instructor to assistant professor of pathology.

A number of additions and betterments to the

physical plant of the college were completed during the past year. Chief among these was the completion and opening of the Charles Franklin Kettering Laboratory for Applied Physiology. Funds for the $130,000 laboratory were contributed by industrial leaders throughout the country, with the General Motors Corporation and the Dupont interests taking the lead. In addition an endowment which provides $40,000 a year was established for the express purpose of financing research in industrial and occupational diseases. The laboratory is a part of the Department of Physiology, headed by Professor Martin H. Fischer, and is under the direction of Dr. Robert A. Kehoe, associate professor of physiology.

The new college dispensary, representing an investment of $250,000, exclusive of equipment, is nearing completion on the grounds of the Cincinnati General Hospital. It has a capacity which is expected to meet the needs of the community for many years. Dr. A. C. Bachmeyer, dean of the College of Medicine and head of the General Hospital, supervised the planning and construction of the dispensary.

The College of Medicine, University of Cincinnati, was organized in 1909 by the union of the Medical College of Ohio (founded in 1819) with the Miami Medical College (founded in 1852). The Medical College of Ohio became the medical department of the University of Cincinnati in 1896 and under similar agreement in 1909 the Miami Medical College was also merged into the university, the title of Ohio-Miami Medical College of the University of Cincinnati being taken. The present title was assumed in 1915. The college has been coeducational since its organization.

Two years of collegiate work are required for admission and the course covers four years of eight months each and one year of hospital internship. The faculty consists of 246 persons, 94 professors and 152 associates, assistants, etc. Total fees for the four years are, respectively, $360, $360, $360 and $380, and if not a legal resident of Cincinnati, $50 additional.

OHIO STATE UNIVERSITY, COLLEGE OF MEDICINE

From almost 1,000 applicants, a freshman medical class of 100 was selected and enrolled as the current school year began at Ohio State University.

The total enrollment in the College of Medicine was 355, compared to 329 in 1930, divided as follows: Freshmen, 100; sophomores, 87; juniors, 92, and seniors, 76. ,

Selection of candidates for admission to the medical college at the state university from the great number of students applying continues to be a difficult task for the entrance board of the university and executives of the College of Medicine. Two years of college work is required for entrance to the medical school and every possible effort is made to select the best possible prospects. The results from the method of selecting applicants during recent years has been very satisfactory, according to Dr. J. H. J. Upham, dean of the College of Medicine. High scholastic standing and fitness for the practice of medicine are the main considerations of the entrance board, according to Dr. Upham, who points out that not more than 10 per cent of the last two classes have failed to make good because of scholastic reasons.

Being a state institution, preference is shown Ohio students providing they have pre-medical records acceptable to the entrance examiners. The matter of geographical distribution within the state also must be considered. An effort is made to have as many communities as possible in the state represented in the new freshman class.

The comparative uniformity in the various classes from 1926 to 1931, inclusive, and the percentage of students who have gone onto graduation are shown in the following statistics, furnished by Dr. Upham's office:

NUMBER OF STUDENTS

	1931	1930	1929	1928	1927	1926
Freshman	100	100	100	100	100	100
Sophomore	87	80	70	92	70	78
Junior	92	70	80	60	73	88
Senior	76	79	60	76	85	70
Total	355	329	310	328	328	336

GRADUATES

1931	1930	1929	1928	1927	1926
77	58	74	82	58	77

Officials of the college are putting forth every possible effort to keep its annual production of well-trained and qualified physicians at a maximum, realizing that it and Ohio's other two medical schools have a grave responsibility when it comes to supplying the state with enough physicians to meet growing demands. That is one of the principal reasons why Ohio students are given preference in the selection of each year's freshman class, it being the opinion of the school authorities that native Ohioans are more likely to establish a practice in Ohio than in other states.

The question of distribution of physicians has also been the subject of considerable study by Dr. Upham and his associates. Recently a study of the number and distribution of physicians in Ohio who are graduates of the College of Medicine, Ohio State University, was made and some interesting conclusions drawn.

It was indicated by a survey of the period 1916 to 1929 inclusive that the increase in Ohio of physicians from all schools had not kept pace with the increase in population. On the other hand, the survey also showed that facilities for supplying adequate medical service had increased during that period, a factor that tended to offset any shortage in the actual number of physicians.

A careful analysis of data collected during the

survey led officials of the medical school to observe that the question of an equitable distribution of physicians in Ohio is much more serious than the question of increasing the annual output of physicians.

It was found that of the 572 graduates of the College of Medicine at Ohio State between the years 1916 and 1929, inclusive, who located in Ohio, 18.8 per cent settled in towns of less than 5,000 population; 5.9 per cent in town of 5,000 to 10,000; 7.6 per cent in towns of 10,000 to 25,000; 11.7 per cent in towns of 25,000 to 100,000, and 55.9 per cent in towns of more than 100,000.

Analyzing these data, it was found that while many communities have an oversupply of physicians in comparison to their actual needs, other communities, especially extremely rural districts, could use the services of more physicians.

The conclusions reached were that more emphasis should be placed on encouraging undergraduates to engage in general practice; campaigns for better hospital and nursing facilities in rural communities should be stimulated, and outlying districts should be urged to improve their economic and social environments which would have a tendency to influence young physicians to settle there instead of locating in overcrowded urban centers.

Little change was made in the personnel of the faculty of the college for the current year. Two new members of the teaching staff were appointed, namely: Dr. C. C. Sherburne, graduate of the Washington University, School of Medicine, in 1921, as instructor in medicine, and Dr. Carl J. Ochs, graduate of the University of Cincinnati, College of Medicine, in 1929, as assistant in medicine.

No additions or betterments to the physical plant of the medical college were undertaken during the past year, because of the limited funds of the university. An addition to the University Hospital has been contemplated for some time but this project will not be started until funds are available.

The College of Medicine, Ohio State University, was organized in 1907 as the Starling-Ohio Medical College by the union of Starling Medical College (organized in 1847) with the Ohio Medical University (organized in 1890). In 1914 it became an integral part of the Ohio State University with its present title. It has been coeducational since its organization. The faculty consists of 127 persons, 52 professors and assistant professors and 75 lecturers, instructors, demonstrators, etc. The course covers four years of 34 weeks each, two years of college work being required for entrance. Tuition fees are $196, $186, $186 and $196 each year, respectively, for residents of Ohio, and $105 more for non-residents.

MEDICAL EDUCATION IN NATION

Annual presentation of medical educational data for the school year 1930-31 by the Council on Medical Education and Hospitals of the American Medical Association gives a comprehensive picture of medical education facilities in the United States; the number and qualifications of the students enrolled in the 76 Class A medical schools of the country, and considerable data regarding premedical education and intern training. It also offers comparative data and statistics which reveal the high standing of the three Class A medical schools in Ohio.

A total of 6,456 students entered medical schools as freshmen in the fall of 1930, compared to 5,457 in the fall of 1929. Of the total number of freshmen, 5,830 were from 608 colleges and secondary schools approved for premedical training by the A.M.A. Council, indicating the care utilized by most of the medical schools in selecting students from approved colleges. Eleven medical schools did not admit any students from unapproved colleges. Of the 626 students from unapproved colleges admitted to all medical schools, 257 had earned baccalaureate or higher degrees which enabled them to submit credits in excess of those required. Ohio is liberally supplied with colleges and secondary schools on the approved list for premedical training, having 31 such institutions.

During the 1930-31 school year, there were 21,982 students enrolled in the 76 recognized medical colleges of the country, an increase of 385 over the previous year and the largest number of students enrolled since 1909 when 22,145 students were in attendance at 140 medical colleges then existing.

Data previously presented on Ohio's three medical schools shows that Ohio kept pace with the nation in its medical school enrollment, showing a total enrollment in 1930-31 of 873 compared to 839 in 1929-30.

New York State, with the largest number of medical schools, was first in the number of medical students in 1930, having a total of 2,687. Pennsylvania was second with 2,353, and Illinois third with 2,263.

Ohio, with a total enrollment of 873 in 1930 was seventh in the number of medical students.

The total number of medical college graduates in 1931 was 4,735, or 170 more than in 1930. The increase in the previous year had been 119. This was the largest number of graduates since 1906, when 5,364 were graduated from 162 medical colleges. New York, with 645 graduates, was first; Pennsylvania with 517, second, and Illinois with 501, third. Ohio ranked seventh with 195.

The uniformity of Ohio's ranking as to number of students enrolled and the number of graduates is significant, indicating that each one of Ohio's three medical schools has been extremely careful over a period of years in the selection of its student body and that a high percentage of students go on to graduation.

An increasing number of students with baccalaureate or higher degrees was noted in national enrollment figures for 1930-31. Of the freshman medical class of the country that year, 45.9 per cent held a bachelor or higher degree. Of the total number of graduates last June, 65.6 per cent held bachelor or higher degrees. The corresponding figures in 1910 were 13.2 per cent and 16.5 per cent, respectively.

Ohio exceeded the average for the nation in this respect, approximately 78 per cent of the graduates of all three Ohio medical schools last June holding A.B., B.S. or Ph.B. degrees.

During 1930-31, one new medical school began instruction (Duke University School of Medicine) and two of the schools which had formerly offered only the first two years of the medical course signified their intention of adding the clinical years this fall (University of Southern California and the University of Missouri).

One of the interesting developments in medical education during the past year was the enrollment of large numbers of American students in foreign medical schools. The total number reported enrolled in 1930 in 90 foreign medical schools was 663.

Tuition fees charged by the three Ohio schools are comparable to those charged by other medical schools in the country. Western Reserve and the University of Cincinnati are included in the 18.4 per cent group that charge fees ranging from $350 to $399, and Ohio State University is in the 13.2 per cent group which charge fees from $150 to $199, most of which are state institutions which have a higher tuition fee for students from outside the state.

Ohio is well supplied with hospitals approved by the A.M.A. Council for intern training, having 34 on the approved list.

The total number of hospitals on the approved list is 664, having a bed capacity of 211,299 and supplying 6,154 internships. Comparing these figures with the number of medical graduates in 1931 (4,735) it is noted that the supply of internships exceeds by a considerable degree the number of graduates, assuring every medical graduate an opportunity to obtain the benefits of a fifth-year course in an approved hospital.

Ohio's 34 hospitals for intern training offer 297 internships which exceed by approximately 100 the number of students graduated from Ohio's medical schools in 1931.

Privileged Communications, Public Documents, Medical Case Histories, Malpractice and Occupational Diseases Are Discussed in Legal and Court Opinions

Superintendents of state institutions may not make public the records of patients of such institutions unless authorized by the Department of Public Welfare or by order of a judge of a court of record, according to an opinion handed down by Attorney General Gilbert Bettman.

The opinion was rendered in answer to an inquiry from State Welfare Director John McSweeney concerning a question as to the right of superintendents of state hospitals for mental diseases or members of the medical staff of such hospitals to make public or give to friends or relatives, insurance companies, fraternal organizations or other individuals or agencies, information concerning patients or former patients of such institutions, particularly the diagnosis of a patient's mental or physical condition as made by the medical staff of the hospital.

Mr. Bettman in his opinion said in part:

"An examination of the statutes relating to the various state institutions of the character concerned in your inquiry does not disclose any requirement of the superintendent of such institution to make records concerning the physical or mental condition of patients.

"Under the provisions of Section 154-57, General Code, the authority of the Ohio Board of Administration is vested in the Department of Public Welfare. Section 1860, General Code, relative to the Ohio Board of Administration, contains the requirement that a record be kept concerning all inmates, patients or pupils in the several institutions governed by the board, with an express limitation as to the person to whom such records shall be accessible. Such sections read in part:

" 'The board shall keep in its office, accessible only to its members, secretary and proper clerks, except by the consent of the board or by order of the judge of a court of record, a record showing the name, residence, sex, age, nativity, occupation, condition and date of entrance or commitment of every inmate, patient or pupil in the several institutions governed by it, the date, cause and terms of discharge and the condition of such person at the time of leaving, and also all transfers from one institution to another, and, if dead, the date and cause. These and such other facts as the board may from time to time require shall be furnished by the managing officer of each institution within ten days after the commitment, entrance, death or discharge of an inmate, patient or pupil. * * *' ".

"It is to be noted that the foregoing section is the only statutory authority for superintendents

of state institutions to make records concerning those under their charge and that such records are made for the Board of Administration, which of course, now must be construed to mean the Department of Public Welfare. To allow the records of a state institution to be open to all who apply at the institution would render nugatory the legislative intent that such records, compiled for and maintained by the Department of Public Welfare, should be accessible only to those authorized by the enactment.

"By reason of the express provisions in Section 1860, General Code, as to the persons to whom such records shall be accessible, I am of the opinion that superintendents of state institutions may not make public the records of patients of such institutions unless authorized by the Department of Public Welfare or by order of a judge of a court of record."

The attorney general pointed out by way of explanation that it has been held in court decisions and in previous opinions of the attorney general that the records of a public hospital or institution are to be free for inspection by the public, unless there exists a legislative inhibition to the contrary. He referred specifically to the decision handed down in the case of Sprange vs. Doench, 24 O.L.R., 188, in which it was held that the files concerning patients of a municipal hospital are public records, and to Opinion No. 2296 of the Attorney General's Department, the syllabus of which opinion stated that records made by public officials are to be open to inspection at all reasonable hours, for persons interested, whether the interest is public or private, unless the legislature has seen fit to prohibit such inspection.

* * * *

In an opinion (No. 3083) handed down recently in answer to a request from Dr. H. G. Southard, State Director of Health, Attorney General Bettman ruled that a political subdivision is not authorized, under the provisions of Section 2293-7, General Code, to borrow money and issue notes for the purpose of paying the ordinary expenses of a board of health.

The letter of inquiry from Dr. Southard to Mr. Bettman, which was the basis for the rendering of the opinion, read in part as follows:

"After investigation we find that one of the newly created cities is unable to finance the work of the board of health as required by statute. A board of health has been organized, but they have not employed a health commissioner or other assistants. We are informed that not more than $500 can be made available to the board of health for its expense during the year 1931.

"We have been asked to submit to you the query as to whether or not the city council may under the provisions of paragraph A of Section 2293-7, with the consent of the Tax Commission of Ohio, borrow money or issue notes to cover the ordinary expenses of the board of health."

That part of the General Code referred to specifically in the inquiry, reads as follows:

"If it is determined by the Tax Commission of Ohio that funds are not otherwise available, the taxing authorities may borrow money and issue notes:

"(a) In case of epidemic or threatened epidemic, or during an unusual prevalence of a dangerous communicable disease, to defray those expenses which the local board of health deem necessary to prevent the spread of such disease."

Attorney General Bettman, following an analysis of the provisions of the statute designated, declared that he was "unable to read into the clear and express provisions of this section any authority for the borrowing of money to cover the ordinary expenses of the board of health and therefore advise that in my opinion such authority is not contained therein."

* * * *

Ruling on several questions asked him by the State Board of Optometry, Attorney General Bettman in an official opinion held that:

(1) The record of the proceedings of the State Board of Optometry, a register of persons registered as optometrists and a register of licenses revoked by such board, are required to be kept at the office of the board at Columbus where such records shall be open to public inspection. (2) In the event such records are so kept at the office of the Department of Education at Columbus, the requirements of law as to maintenance of an office at Columbus are complied with.

* * * * *

Carbon monoxide gas poisoning is not an occupational disease but is an accidental injury, and is, therefore, compensable under Section 1465-68 of the Ohio Workmen's Compensation Law, according to a decision handed down by the Court of Appeals of Carroll County, affirming the judgment of the Common Pleas court in the case of Tolson et al., vs. the Industrial Commission of Ohio.

Commenting on scientific data offered in the case which grew out of the death of Tolson after he had inhaled monoxide gas fumes in a mine shaft, the Court of Appeals said:

"It is difficult to believe that this odorless, invisible, deadly thing that causes death does not, by doing so, inflict an injury upon a human body, because it is no more a disease than when an intending suicide takes a deadly poison which attacks and degenerates certain tissues of the body, injuring the blood, depressing the heart action, increasing respiration, producing unconsciousness and death, which certainly has never been recognized as a disease. * * *

"The meaning of the word 'injury' as used in workmen's compensation acts or in a similar connection, has come before the courts for consideration on numerous occasions, and, while some have applied a limited and narrower meaning, many

more have applied the rule of liberal construction. * * * The spirit of the Ohio compensation law, its purposes, its intent, indicate and favor a reasonable liberal construction, and, if that be true, it would be difficult to imagine a more meritorious claim than that of Tolson's dependents."

* * * *

On the ground that no debatable constitutional question was involved, the Ohio Supreme Court in effect upheld the Ohio tuberculin testing law when it refused to grant a permanent injunction asked by four Butler County farmers seeking to refrain the State Department of Agriculture from applying the tuberculin test to their cattle. The plaintiffs had charged that the test for tuberculosis is unreliable and is dangerous to the health of cattle. They had obtained a temporary injunction in common pleas court.

* * * *

An offer by a physician to perform a second operation to remedy the effect of an allegedly unskilled or carelessly performed former operation or treatment, although competent, is not a defense to an action by a patient to recover damages suffered by the alleged malpractice of the physician in the first operation or treatment, the Ohio Supreme Court held recently in affirming the judgment of the Court of Appeals in reversing the judgment of the trial court in favor of the plaintiff. (Thackery, an infant, v. Helfrich). The Supreme Court did not review the evidence of the case since the cause was not permitted to be certified for that reason but solely for the purpose of obviating a repetition of an error of law announced by the Court of Appeals. The error referred to in the Court of Appeals decision was the paragraph in which the court announced that the refusal of the plaintiff to accept the offer of the defendant to perform a second operation, in an attempt to remedy the alleged damage done by the first, constituted a defense to the action. This, the Supreme Court held, is not the law and could not be interpreted as such.

Some Hints in Avoiding Erroneous News Reports of Medical Meetings

The recent experience of one of the county medical societies of Ohio illustrates clearly a few of the important angles concerning the education of the public on health and medical questions and the broad question of cooperative relationship between the medical profession and the press.

Not long ago, a prominent physician from another state appeared before the county medical society previously mentioned and delivered a paper concerning the treatment of carcinoma of the breast. On the day following the meeting, the newspapers quoted the speaker as having declared that the preliminary and subsequent use of radium should take the place of radical surgical removal of growths in the breast. This was directly contrary to the statements made by the speaker. At the request of officers of the county society, the newspapers later published articles correcting the report of the address, but, of course, the correction did not compensate for the inaccuracy of the original article.

Two important lessons are to be learned from this unfortunate experience.

In the first place, it is apparent some newspapers have failed as yet to realize that medicine and science are special topics and should be reported by men of special training, as well as men who are careful to place the correct interpretation on statements made by speakers on scientific subjects. Because of the lack of a scientific background or the lack of a general knowledge of the history of trends of development of medical practice and the relationship of medicine to the public on the part of some reporters, queer, incorrect, and sometimes ridiculous statements on health and medical questions are occasionally seen in the public print.

In the second place, physicians who are called upon to address gatherings at which representatives of the press are likely to be present should realize that their attitude toward the press and their willingness to cooperate with reporters are important factors in assurance of an accurate report of what is said or discussed.

Every physician in the event of his appearance on the program of a medical or scientific society, or at some public gathering, should be prepared to furnish, if requested, an abstract of his remarks to the newspaper representatives present. This would not only be of benefit to the reporter in writing his account of the meeting, but would also go far toward guaranteeing an accurate report on the discussion.

Furthermore, the program committee of the county medical society or the officers of any similar group might assume some responsibility in this question of cooperation with the press. They should endeavor insofar as possible to supply the newspapers upon the latter's request, with abstracts of the essays or talks presented at the various meetings.

As Dr. Morris Fishbein, editor of the *Journal* of the American Medical Association, accurately analyzed the question in a recent public address:

"The medical profession today is attempting to form some organized method for supplying newspapers with material and yet preventing injustice through over-advertisement of individual physicians, and through the furnishing of details concerning the personal lives of patients which the public should not have. If county medical societies and other medical organizations will arrange through proper committees, to supply newspapers with dependable material and to have on their publicity committees men who will make it their business to find out what constitutes medical news, so that they may cooperate properly with the newspaper men, the good that will accrue from proper education, both to the public and to the medical profession, will be immeasurable."

Problems in the Equitable and Adequate Distribution of Medical Service as Viewed in An Interesting Report on Kentucky Conditions.

Problems relative to the equitable distribution of medical service between rural and urban communities, including the services performed by physicians, nurses, hospitals, laboratories, etc., together with problems growing out of the costs of sickness, combine to form an economic and social question of far-reaching importance.

There is probably no phase of this many-sided question that deserves more careful study and thought than that concerning the alleged shortage of physicians in some districts and the apparent oversupply of doctors in others; the same for nurses, hospitals, laboratories, etc.

Those who are concerned about future medical practice see in this particular question many factors that may have an important effect on the medical service of the nation twenty-five years hence. Various remedies for so-called inequalities in the distribution of physicians, nurses and hospitals have been suggested, and numerous experiments are now under way in an effort to provide medical service for all the people, especially in isolated or typically rural districts.

One of the most recent, and undoubtedly one of the most comprehensive, surveys on this question of distribution of medical services is that made by Dr. J. S. Chambers, professor of hygiene and public health at the University of Kentucky.

The data collected by Dr. Chambers and the conclusions drawn by him after assembling his information and statistics were published in the August, 1931, issue of *The Bulletin* of the Federation of State Medical Boards of the United States.

The Kentucky study should prove valuable to those engaged in similar undertakings, state or national, since it is made of a state that is essentially a rural, an agricultural state; has only seven cities of over 20,000 population; has a number of typically isolated regions, and has but one medical school.

Some of the important and interesting data obtained by Dr. Chambers in his study, in abstracted form, follows:

1. Kentucky has one physician to every 879 people, compared to the 1 to 483 ratio of California, the best supplied state; the 1 to 1,430 ratio of South Carolina, the poorest supplied state, and the 1 to 753 ratio of the entire United States.

2. Kentucky's supply of physicians is not remaining constant. Since 1914 the population of the state has been increasing at the rate of about 20,000 a year, while the number of physicians has been decreasing at the rate of about 50 a year.

3. Well over half of the physicians are past 50 years of age, about 75 per cent being past 45 years of age. Comparatively few physicians in the state have been in practice less than 20 years.

4. The number of physicians in Kentucky's seven cities with 20,000 or more population has increased. In 109 of the state's 120 counties the number of physicians has decreased since 1904; in one the number has remained the same, and in 10 it has increased. In the rural counties, about 110 in number, the older physicians are passing out of service and their places are not being taken by younger men. In 94 counties there have been no recruits for five years; in 73 counties none in 10 years; in 51 counties none in 15 years; in 26 counties none in 20 years; in eight counties none in 25 years; in four counties none in 30 years and in one county none in 40 years. Thirty-one counties have physician-population ratios of 1 to 2,000 or less. These 31 counties in the aggregate have a population about one and one-half times the population of Louisville and have 202 physicians, compared to Louisville's 660, the age of 69 per cent of the 202 doctors being 50 years or over.

5. Most of the 31 counties under-supplied with physicians are found in clusters, one such group including 21 counties. In only eight of these 21 counties, or nine of the entire group of 31, are there found any hospital facilities whatever.

6. Although between 1914 and 1929 the number of hospitals in Kentucky increased from 78 to 119, a gain of 54 per cent, while the increase for the nation was but 34 per cent, the state in 1929 had a ratio of only one bed to every 475 people, a ratio considerably below the figure for the entire United States. Considerable progress has been made since 1914 in the form of wider distribution of hospital facilities but in only 50 of the state's 120 counties are found any hospitals available to their local communities.

7. Central Kentucky, which is the best supplied section so far as physicians are concerned, is also the section best supplied with hospital facilities. A large proportion of the newer privately owned institutions are small and serve at best only a limited class in the communities in which they are located.

8. Of Kentucky's 120 hospitals, 71 have laboratories and 75 have X-ray departments.

9. The supply of nurses in the state has increased from 963 in 1914 to 1,572 in 1929, the ratio being one nurse to every two physicians whereas in the United States the ratio is nearer three nurses to every two physicians.

Dr. Chambers, in stating what he believes are some of the causes for present conditions in Kentucky, in which there is an ever growing area in which adequate medical service is said to be lacking, touches on a number of factors that undoubtedly are of general significance in considering the question of distribution of medical service.

"The causes of the present urban congestion and rural depletion of physicians are many and varied; it is difficult, if not impossible, to assign to each a relative value," he declared.

"Certainly the need is not a determining factor; if such were the case a rural community would have a larger number of physicians for the same population than an urban community. Perhaps the economic factor is as powerful as any. In Kentucky there is a very close correlation between the assessed valuation of a county and the number of physicians which it contains, the coefficient being plus .88 (probable error .014). There is a lower degree of correlation between population and physician supply, the coefficient in this case being plus .77 (probable error .026). The wealth of a county, this comparison would suggest, is a more weighty factor in determining its supply of physicians than its population. Since much of the state's wealth is concentrated in the cities, there also have the physicians become concentrated. The cities offer better opportunity of pecuniary return than the county. It is only to be expected, then, that physicians, who, like everyone else are interested in receiving an adequate return for their services, should choose the city."

Good roads, Dr. Chambers agrees, have entered as a factor. They have worked to the advantage of the rural physician by enabling him to see more patients, render a greater service and receive a proportionately greater award than was formally possible, he points out. Admitting that in some instances, improved methods of transportation have been responsible for more rural residents patronizing city physicians, Dr. Chambers is of the opinion that the determining factor in that respect has been the comparative character of the medical service rendered locally and in the city.

"Undoubtedly a good medical service in a rural community would result in fewer people resorting to the city for treatment," he said. "Good roads in the long run, will tend to make rural practice more attractive and less confining to the physician."

Dr. Chambers believes, however, that there are still other factors influencing great numbers of physicians to select urban communities for their fields of practice.

"Yet, given equal pecuniary opportunities, many physicians would choose the city," Dr. Chambers stated.

"The general attractiveness of city life is a factor so apparent and potent at the present time that a detailed discussion would here be superfluous. Besides the general reasons for preferring the city, such as better schools, churches, theaters and social contacts, the physician has several special reasons.

"Here he may enjoy stimulating contacts with other members of his profession; here he will have at his command hospitals, laboratories and medical libraries. This all suggests a problem which sociologists and farm leaders are continuously facing.

"Mr. C. J. Gilpin, of the United States Department of Agriculture, made the following statement in an address delivered before the 1930 conference of the American Country Life Association:

"'Any big program of relief which does not include giving the country community the social privileges, education, religion and pleasures which prosperous farmers, their wives and children crave, will only impoverish the country the faster. More dollars per crop, or per acre, or per man, or per machine, will not alone automatically solve the farm problem, as many thinkers assume. A policy of building up the civilization of the farm community must go hand in hand with policies of financial return.'

"In this policy of building up the civilization of the farm community there must be a place for its medical service. Along with the school and the church must go the community hospital; the minister and the teacher must be accompanied by the doctor and the nurse. Only by providing him with a hospital can a rural community hope to induce a first-rate physician of modern training to locate there.

"This leads to an additional factor—perhaps the most fundamental of all—which will help to account for the congestion of physicians in cities. Within the past half century such remarkable progress has been made in medical knowledge and practice that all previous conceptions of a medical service have been radically altered. Medicine has advanced from a body of empirical knowledge to the status of a science; its practice has changed from a rough-and-ready application of traditional remedies to a process of laboratory checked diagnosis with refined methods of treatment.

"The student trained in modern medicine is made as dependent on such aids as the clinical laboratory, the X-ray department, and the hospital as the carpenter is made dependent upon his tools; modern medicine cannot be practiced without these aids. Few doctors can afford to provide them at their own expense. Neither can a young doctor hope to be able to purchase all the books and periodicals he needs if he is to keep abreast with the best in his profession. Such being the case, there is little wonder that the graduates of our medical schools choose the cities, where hospitals, laboratories and libraries are available. They are not prepared to practice in a community in which these are lacking. The fault is not

fundamentally with our system of medical education; it lies rather with the communities which fail to provide the facilities which the modern physician needs. Many medical schools have, indeed, conspired against the country by encouraging their students to enter narrowly circumscribed specialties; this is, from the rural point of view, a fault which needs to be corrected."

In conclusion, Dr. Chambers expresses the belief that the two basic needs of Kentucky's medical service—possibly the basic needs of medical service in many other states—are: (1) More general practitioners for rural counties; (2) more general hospitals for rural counties.

"By general practitioners I do not mean men who are unable to specialize—men with a minimum of training," he explained.

"I mean rather the specialist in doing well many of the commoner things. * * *.

"But even though this were corrected, and highly trained men were provided for general practice, would they go to the rural counties? I believe the determining factor here to be the hospital—a place where the physician will find trained hands and ready tools to help him in his work. Physicians all now receive a major part of their training in hospitals. The hospital is as essential to modern medicine as the church is to religion. * * *

"How can a well rounded service be made reasonably available to every part of the state at a cost that can be borne largely by the local communities with possibly some assistance from the state or elsewhere?

"The physician alone, without assistance and facilities, and with the training now being given in medicine, cannot supply a satisfactory medical service. We might, instead of adding to the large units in the large centers, consider the possibilities of the small center for the small community—decentralization. The public health service should be an integrated part of the medical service. The assistance and facilities of a medical service (hospitals), rather than the doctor, should be subsidized."

Legal Points on Who May or Should Be Held Responsible for the Payment of Medical Bills.

A recent opinion of Attorney General Gilbert Bettman, holding that boards of education are without authority to recognize and pay damages or doctor or hospital bills for pupils injured in the playing of high school football games as either legal or moral obligations, raises again and re-emphasizes the confusing situation in which a physician occasionally finds himself when legal questions are raised relative to the liability of a third party for the payment for a physician's service.

Not infrequently, a physician who has been called to render emergency treatment to the victim of an accident or summoned by a relative or friend of a sick person to furnish medical service, finds himself cast in the role of the man who holds the bag, the situation having been created through the repudiation of all parties involved of any liability for payment of the physician.

In cases where a duty is imposed by law on one person to provide the necessary medical expenses of another, there is in general little misunderstanding or disagreement since the law has been held to imply a promise on the part of such person to pay for services furnished at his request, and the liability has been held to exist even in the absence of any request by him for medical services.

However, where a third person is not under any legal obligation to furnish any medical services, calls upon a physician to attend another, the physician often encounters considerable difficulty in collecting his fee and occasionally is compelled to charge the services rendered to profit and loss.

Attorney General Bettman's opinion, rendered to the prosecutor of a Southern Ohio county, emphasizes certain legal questions with which the practicing physician should be familiar.

The facts, in brief, of the case presented to Mr. Bettman are:

A high school student playing upon a regular high school football team is injured while playing in a game arranged for and played by the team. During the game, the boy suffered an injury which called for medical, surgical and hospital treatment. The school board having jurisdiction over the school represented by the team was asked to pay the boy's medical and hospital bills. Also the High School Athletic Association was asked to pay the bills. The question involved was whether either was legally liable for payment of the bills or whether the board of education could pay the bills if it was disposed to do so irrespective of its legal responsibility.

Mr. Bettman in his opinion, holding that the board of education is without authority to recognize or pay the bills and declaring that the question of whether the athletic association might pay the claim even if strict liability did not exist is a question involving private rights as between the participants of the game and the athletic association, said:

"High school football and similar activities are usually conducted and supervised by associations commonly called athletic associations. Sometimes,

they are not supervised by anyone other than the participants who have a leader or someone recognized as manager, who arranges dates, solicits and collects funds, purchases supplies and otherwise looks after the affairs of the team. These associations and managers act independently of the regularly constituted school authorities. Such games and athletic contests are not conducted as a part of the regular school activities and are not financed from public funds. In fact, there is no authority for the expenditure of public funds for such purposes except perhaps in a limited way, as a part of courses in physical education.

"The limited authority to expend school funds for such needs as football, etc., which might be charged to the needs of courses in physical education would not extend to the financing and conducting of a football, basketball or baseball team for the purpose of engaging in contests and conducting a regular series of contests as is done by high school football teams and similar athletic activities.

"There is really no relation between the public school as such, or the board of education as such, and football games played by the students among themselves or with teams from other schools. There could not possibly be any legal liability on the board of education for injuries received by pupils while playing these games. Even if the playing of such games as football and the like were to be considered a part of the regular school activities, the board of education could not be held liable in damages for injuries received while the pupils are engaged in these activities. It is well settled that boards of education in the absence of statute are not liable for damages for injuries received for pupils attending school, even though circumstances may be such that the board if acting in a proprietory capacity would be said to be guilty of neglect. (Board of Education v. McHenry, 106 O. S., 357; Conrad, a minor, v. Board of Education of Ridgeville Township, 29 O. A., 317).

"In some instances, a board of education may recognize and pay a claim which is not strictly a legal claim upon which recovery could be had but which may be said to be a moral claim. This question has been discussed in a number of former opinions to which your attention is herewith directed. * * * It is well settled, however, that a claim may not be paid as a moral obligation unless it really is a moral obligation. It is difficult in all cases to determine just when a moral obligation exists. The rule from which this determination may be made and which is deduced from a consideration of the authorities digested in the opinions referred to above, and the Ohio cases where the subject is discussed, is stated in Opinion 3467, rendered under date of July 31, 1931, as follows:

"'A claim against a political subdivision, whether sounding in tort or contract, even though it may not be enforceable in a court of law, may be assumed and paid from the public funds of the subdivision as a moral obligation, if it be shown that the claim is the outgrowth of circumstances or transactions whereby the public received some benefit, or the claimant suffered some loss or injury, which benefit or injury or loss, as the case may be, would constitute the basis of a strictly legal and enforceable claim against the subdivision, were it not that because of technical rules of law no recovery may be had.'

"Applying this rule to a claim growing out of injuries received by a football player while participating in a high school football game, we must conclude that such a claim can not be made the basis of a moral obligation on the part of the school district for the reason that no direct relation exists between the board of education, or the school district, and the player who might have received an injury. There would be no legal claim existing against the board even if the board were not protected by the rule that it is not liable in tort in any case for the reason that it exercises its functions in a governmental capacity as distinguished from a proprietary capacity. Even if the school were a private school and were not protected by this rule of non-liability in tort, the relationship between the player and the school authorities would not be such as to merit the imposing of a legal liability on the school for injuries received by the player during the conduct of the game, the game being played entirely independent of the school's supervision.

"Whether or not a legal claim exists against the athletic association conducting the games or whether the athletic association might pay such claim even if strict liability for the injury did not exist, is a question involving private rights as between the participants of the game and the athletic association, and is not such a question as should properly be passed upon by the attorney general.

"In specific answer to your question, I am of the opinion that boards of education are without authority to recognize and pay damages or doctor or hospital bills for pupils injured in the playing of high school football games as either legal or moral obligations."

* * * *

A recent decision handed down by the Supreme Court of the State of Wisconsin has to do with the liability for the payment of physicians for services rendered and contains additional information of considerable value to members of the medical profession.

In the Wisconsin case, the defendants were a father and his adult daughter and the plaintiff was a physician and surgeon. The defendant daughter, who was a single woman over the age of twenty-one years, lived with her father and occasionally found employment from which she earned small sums which, however, were not sufficient for her support, nor did she pay anything to her father for her maintenance.

The defendant daughter called upon the physician at his office for an examination which disclosed that she was suffering from appendicitis and that immediate operation was necessary. The defendant daughter then told the physician to call her father and advise him of the situation. Upon the physician's doing so, the father asked the physician if he could not give the daughter some medicine for the pain. The physician said that he could give her something for the pain, but that he would not take the responsibility for that. The physician then gave her some medicine and the daughter left the office. During the afternoon of the same day the father called the physician on the telephone and told him to call at the house, take the daughter to the hospital and take care of her. The physician called, removed the daughter to the hospital and performed an appendectomy. During the course of the operation the surgeon discovered an ovarian cyst which he removed. The physician and surgeon made a charge of $151.00 for the operation, which he entered on his books as a charge against the daughter, and to whom he sent numerous bills addressed to her at her father's house.

This action was then brought against both the father and daughter to recover the amount of the physician's and surgeon's charge.

The Wisconsin Supreme Court, in finding the father liable for the services, wrote the following statement:

"We have, then, a situation where the father called the plaintiff, told him to take the daughter to the hospital, and take care of her, and the plaintiff responding to the request, followed the directions of the father. There was nothing to indicate to the plaintiff that the father was acting merely as the daughter's agent. All of the facts and circumstances in the case show that although the daughter had arrived at her majority, she was still under the care and protection of her father, from whom she derived her support in a considerable measure at least. She would not consent to the operation until the plaintiff communicated with her father. Upon the first communication, her father vetoed the operation. This was suggested by the authority which the father exercised in reference to the daughter's care. When the father called the plaintiff and told him to come and get the daughter and take her to the hospital, there was nothing to indicate to the plaintiff that the father was acting merely as the agent of his daughter. The prior experience on the same day warranted the plaintiff in believing that the father was acting upon his own responsibility and in the pursuance of parental authority. The father was entitled to credit while the daughter was not financially responsible. * * *

"A review of the evidence supports the finding of the Court that the father called upon plaintiff to perform the operation on his daughter, that in doing so the plaintiff extended credit to the father, and that the father assumed responsibility for the services rendered by the plaintiff. It is a general proposition supported by many authorities that he who orders a physician to come to his home to treat a member of his family becomes responsible for the payment of the physician's services, unless he makes it known to the physician that he disavows responsibility."

Analysis of the opinion of Attorney General Bettman, the decision of the Wisconsin court, previous decisions by Ohio courts, and opinions by competent legal authorities, emphasizes how important it is from the standpoint of the physician that there be a definite understanding between the physician and the patient, or a responsible or interested third party, concerning the payment for medical services rendered.

It has been well established, according to legal authorities, that where a third person not under legal obligations to furnish any medical services calls upon a physician to attend another, the law does not imply any promise to pay for the services of the physician and that the physician, to hold such person liable, must show an express promise and agreement to pay for the services.

In cases similar to that reviewed by Mr. Bettman, where there is no legal or moral obligation on the part of a private or public agency to reimburse the physician, the doctor should be certain that it is definitely understood by the patient, his parents or guardian, that the physician will look to him or them for settlement of the bill incurred.

Possible Economies In Hospital Costs

One question now being given more study and emphasis by hospital administrators and hospitals boards throughout the country than all others is that of how the hospital can economize on operating expenses and still render as efficient service to the community as it has been doing with a greater expenditure of funds.

Some hospitals have been successful in reducing costs of operation without lowering the caliber of the services rendered. In all cases where economy has been achieved, there has been active cooperation between the hospital administrators and the professional staffs of the institution.

A number of ways members of the medical and surgical staffs of hospitals can assist these institutions in their effort to economize were presented at the recent meeting of the Ohio Hospital Association in Cleveland by Dr. Geo. Edw. Follansbee, chairman of the Judicial Council of the American Medical Association and a former president of the Ohio State Medical Association.

"There are savings that can be made in the professional care without harm to the patient," Dr. Follansbee told members of the association.

"They may not be large and they may not be impressive when the percentage of the professional care to the total per capita cost is considered, but every little helps and the total for a year may be considerable. Without giving offense I should like to call the objects of my criticism, extravagances. The first may be called extravagances of the visiting doctors.

"There are times when all the diagnostic facilities of a hospital and the acumen of its staff are insufficient to make a diagnosis. But there are other times when the diagnosis is so evident that expensive diagnostic procedure can merely be confirmative of what is already known. It is therefore an extravagance, an unnecessary cost.

* * * The actual expense in each separate unnecessary examination is not large and the hyperconscientious attendant may justify himself by saying that one cannot be too sure, but to me that same degree of conscientiousness would require the personal observation of the patient by the attendant much more frequently than he seems to find necessary. Perhaps he distrusts his own art in the practice of medicine and depends only on science.

"Interns are to be taught. They come to the hospital and give their services, in return for which they have a right to be taught all a hospital can teach. That excuse is valid if the intern learns, but it is questionable whether he would not learn more and be more self-reliant if the scientific accuracy of the laboratory were displaced in the cases mentioned by the more time consuming teaching of the art of history taking and physical examining and the conclusions to be reached thereby.

"The precepts of the American College of Surgeons in respect to hospital records have had much to do with the particular extravagance of which I am speaking. I am a thorough believer in records in the proper conduct of a hospital. But I believe in records for the sake of good care of the patient, not for the sake of records themselves. I would rather choose my hospital on the honesty and ability of its personnel than on the number of laboratory examinations made or *X*-rays taken per patient.

"Scientific enthusiasm is a laudable quality in any member of a hospital staff but it is not conducive to economy. The 'interesting case' is an invitation to use all known tests applicable to it as a check against the reported findings of others. Their repetition during the hospital stay and their agreement with expected results are sources of intense satisfaction which find their greatest justification in raising the morale of all those connected with them. Perhaps the expense is thus justified but it could be justified on other grounds. * * *

"Research activities add to laboratory costs but if they are carried out in a teaching hospital or conducted by a qualified investigator and the lesson learned is given publicity to the extent of its value, the temporary increase in the per capita cost is creditable to the hospital, for knowledge must be gained and made available to others."

Several other "extravagances" also were listed by Dr. Follansbee along with suggestions as to how they might be eliminated, namely:

1. Use of cheaper but equally effective remedies instead of costly proprietary remedies, which can be accomplished "if the doctor knows his pharmacology".

2. Elimination of special diets when the nature of the ailment or the condition of the patient does not demand them.

3. Education of the visiting and house staffs as to economy in the use of gauze, bandages and adhesive plaster.

4. Curtailment of routine prescribing, especially of costly hypnotics and sedatives in numerous cases where their use is unnecessary.

In conclusion, Dr. Follansbee admits that it is easier to point out defects than to correct them but that "defects can be corrected if the determination to correct them is present".

"It is a matter of organization and personnel," he pointed out.

"Organization alone will not do it, nor will personnel. The best paper plan of organization is useless without proper personnel. Between the two I would choose personnel. But when a practical efficient organization works together with the proper personnel the problem must be difficult indeed that cannot be solved. What is called teamwork in football will correct many defects that otherwise could not be reached."



Elmore E. Adel, M.D., Columbus; Ohio Medical University, Columbus, 1896; aged 68; died August 18 of acute nephritis. Dr. Adel had practiced in Columbus for more than thirty years, and was a veteran of the Spanish-American and World Wars. He is survived by his widow.

John J. Beekman, M.D., Columbus; Columbus Medical College, 1878; aged 79; died August 23 following a six-months' illness. He had practiced in Columbus for 55 years. Two daughters survive him.

Frank H. Bierbaum, M.D., Norwood; Cincinnati College of Medicine and Surgery, 1894; aged 66; died August 20. Dr. Bierbaum, a native of Germany, had practiced in Cincinnati since his graduation, and was formerly a district physician for the Cincinnati Health Department. He retired five years ago because of ill health. His widow survives him.

Edwin B. Barlow, M.D., Toledo; Starling Medical College, Columbus, 1897; aged 57; former member of the Ohio State Medical Association; died August 8 of heart disease. Dr. Barlow had practiced in Toledo for 36 years, and was on the staff of Robinwood Hospital. Surviving him are his widow, one son, and two sisters.

Paul F. Davidson, M.D., Cleveland; Western Reserve University School of Medicine, 1916; aged 40; member of the Ohio State Medical Association and Fellow of the American Medical Association; died July 31 after several months'

illness with tuberculous meningitis. Dr. Davidson served his internship in the Toronto General Hospital, and during the World War, served with the Fifth Balloon Squadron. He is survived by his widow, two children, his mother, one sister, and one brother, Dr. Harold R. Davidson, of Cleveland.

Samuel S. Dick, M.D., Wyoming; University of Cincinnati, College of Medicine, 1928; aged 37; died August 27. Following his internship, Dr. Dick began practice in Wyoming, Ohio. His widow, two daughters and one son survive him.

Charles A. Files, M.D., Van Wert; Ohio Medical University, 1894; aged 74; died August 25. Dr. Files had practiced in Van Wert since 1892, with the exception of eight years spent in Lima, as superintendent of the district tuberculosis hospital. He taught school for a number of years in Van Wert, before becoming a physician. He is survived by two daughters.

John K. Gamble, M.D., Cleveland; Western Reserve University School of Medicine, 1907; aged 50; died August 21. Dr. Gamble had practiced in Cleveland for many years, and was superintendent of Carnegie Avenue Hospital which he founded twelve years ago. Surviving him are his widow, a daughter and a son.

John Carter Hanna, M.D., Akron; Kentucky School of Medicine, Louisville, 1893; aged 67; member of the Ohio State Medical Association and Fellow of the American Medical Association; died August 12 at Cleveland Clinic. Dr. Hanna practiced at Big Prairie and Kenmore before locating in Akron twelve years ago. He is survived by his widow, two sisters and two brothers.

Louis Kahn, M.D., Columbus; Starling Medical College, Columbus, 1888; aged 67; member of the Ohio State Medical Association and Fellow of the American Medical Association; died September 6 at Mt. Carmel Hospital. Dr. Kahn had practiced in Columbus since his graduation. He served as city health officer for twelve years, and for ten years was professor of anatomy at Starling Medical College, and also served as physician for the Ohio State School for the Blind. He is survived by his widow, two daughters, a brother and two sisters.

Joseph H. Kneisley, M.D., Milford; Eclectic Medical College, Cincinnati, 1922; aged 40; died July 31 of heart disease. He served his internship at Bethesda Hospital, Cincinnati, and later opened offices in Milford where he continued in practice until his death. His widow and three daughters survive him.

Thomas E. Reed, M.D., Middletown; Hahnemann Medical College and Hospital of Philadelphia, 1872; aged 87; died August 14. Dr. Reed practiced for three years in Vincennes, Indiana, before locating in Middletown in 1875. He retired several years ago because of ill health. His widow survives him.

John James Thomas, M.D., Youngstown; Jefferson Medical College of Philadelphia, 1881; aged 71; former member of the Ohio State Medical Association; died September 1, following an illness of more than two years. Dr. Thomas had practiced in Youngstown for fifty years, and for more than forty years served as police surgeon. Besides being active as a physician, he found time to devote to various community interests, having served as vice-president of the local Y.M.C.A. for a number of years, and as trustee for Plymouth Congregational Church. Besides his widow, he is survived by three daughters and one son, Dr. Arthur W. Thomas, of Youngstown.

Charles S. Walker, M.D., Plymouth; University of Pennsylvania, School of Medicine, Philadelphia, 1896; aged 65; member of the Ohio State Medical Association and Fellow of the American Medical Association; died August 21. Dr. Walker began practice in Cleveland, and in 1908 located at Plymouth where he continued in practice until his death. He was a member of the Medical Reserve Corps during the World War. Surviving him are his widow, one sister and two brothers.

John S. Wiseman, M.D., Beaver; Miami Medical College, Cincinnati; 1893; aged 66; member of the Ohio State Medical Association and the American Medical Association; died August 22, of chronic nephritis, while visiting a daughter in Atlanta, Georgia. Dr. Wiseman practiced in Beaver from 1898 to 1901, when he moved to Ironton and continued his practice. In 1925, following the death of his wife, he returned to Beaver. Surviving him are three daughters.

William S. Williams, M.D., Orient; Kentucky School of Medicine, Louisville, 1893; aged 68; member of the Ohio State Medical Association and the American Medical Association; died August 20 at Grant Hospital, Columbus, of acute heart disease. Dr. Williams had practiced for several years at Lower Salem, and at Caldwell. For the past five years he had been physician at the Orient State Institution for the Feeble Minded. He is survived by one son, Dr. George Williams, Washington University, St. Louis, Mo.; one sister and one brother.

Mohammed A. Yahya, M.D., Cleveland; University of Illinois, College of Medicine, Chicago, 1924; aged 38; former member of the Ohio State Medical Association and Fellow of the American Medical Association; died August 3, following a blood infection contracted from a patient. Dr. Yahya was born in Syria, and received his early education in the American University of Beirut, Syria. He had practiced in Cleveland for eight years. Surviving him are his widow, one son and two daughters.

KNOWN IN OHIO

Albert Judson Cook, M.D., Glendale, California; Western Reserve University, School of Medicine, 1872; aged 81; former member of the Ohio State Medical Association; died July 29. Dr. Cook, before his retirement in 1924, practiced in Cleveland, and for six years was a member of the Cleveland Board of Health. He formerly was consulting surgeon at St. Alexis Hospital, Cleveland, and during the World War was assistant surgeon of the Fifth Regiment, Ohio National Guard. He is survived by his widow and one son.

Michael S. Creamer, M.D., Los Angeles, California; Kentucky School of Medicine, Louisville, Kentucky, 1906; aged 54; Fellow of the American Medical Association; died August 13. Dr. Creamer was a native of Fayette County, and began the study of medicine in the office of his uncle, the late Dr. W. E. Ireland, of Washington C. H. Surviving him are his widow, one daughter and one son.

John S. Fulton, M.D., Baltimore, Maryland; University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore; aged 72; died August 12. Dr. Fulton was a member of the Maryland State Department of Health from 1896 to 1928, and at one time was secretary-general of the International Congress on Tuberculosis. Dr. Fulton formerly resided at Fremont, Ohio. His widow, two sons and three daughters survive him.

NEWS NOTES of OHIO

Cleveland—Dr. Henry J. Gerstenberger, professor of pediatrics in the School of Medicine, Western Reserve University, is in Europe. Dr. Gerstenberger addressed the German Pediatric Society in Dresden in September.

Cleveland—Seventy-six took part in the annual golf tournament of the Cleveland Academy of Medicine at the Manakiki Country Club. Low gross honors went to Dr. R. P. Bell and Dr. F. T. Gallagher with scores of 84 and 86 respectively, and low net honors were taken by Dr. E. A. Peterson with 72 and Dr. J. J. Marek with 73.

Toledo—Uses of the X-ray were outlined by Dr. John T. Murphy at a recent meeting of the Toledo Lions' Club.

Zanesville—Dr. George C. Tedrow, formerly of Crooksville, has leased offices here and will specialize in pediatrics.

Akron—Dr. J. C. Root has been appointed medical examiner for pilots seeking flying licenses from the Department of Commerce.

Arlington—Announcement has been made of the marriage of Mrs. Cora Mills, Findlay, and Dr. J. W. H. Beach of Arlington.

Canton—The Canton Rotary Club was addressed recently by Dr. Charles A. Lamont.

Akron—Dr. E. W. Grubb has returned from Rochester, N. Y., where he attended a series of lectures and demonstrations on diseases of the eye at the University of Rochester.

Cleveland—Dr. L. W. Weller, formerly of Youngstown, and Miss Florence M. Needham, a graduate nurse, were married here and will reside in Cleveland.

Lancaster—Dr. C. D. McKenzie is convalescing from a serious illness.

Bowling Green—Dr. J. W. Rae is taking post-graduate work at the Mayo Clinic, Rochester, Minnesota.

Columbus—Dr. T. A. Evans, general medical examiner at the U. S. Veterans Bureau here for the past 10 years, has been transferred to the Cincinnati regional office. Dr. R. R. Harris is filling the vacancy as part-time examiner.

Sandusky—A unique collection of antiquated surgical instruments and textbooks assembled by Dr. Paul N. Squires, coroner of Erie County, has been on display in the window of the Citizens' Banking and Trust Company.

Lorain—Dr. W. S. Baldwin spoke before the local Kiwanis Club on "The Health of Our School Children."

Orrville—Dr. R. F. Hecker, formerly of Cleveland, has opened offices here for the practice of pediatrics.

Fairport—Dr. Leslie J. Dutch has returned from Vienna where he took post-graduate work in gastro-enterology and cardiology.

McArthur—Dr. H. S. James was bruised about the head and back in an automobile accident here.

Massillon—Dr. Rutledge F. Smith, formerly of Merion, Pa., has been appointed to the medical staff of the Massillon State Hospital.

Painesville—The local Kiwanis Club was addressed recently by Dr. Maxwell Harbin, professor of orthopedic surgery at the School of Medicine, Western Reserve University.

Elyria—Dr. M. Melvin Clark, orthopedic surgeon at the Gates Hospital for Crippled Children, has resigned to enter private practice at Richmond, Va.

Piqua—Dr. L. D. Trowbridge, his family and a party of guests are on a trip through Michigan in Dr. Trowbridge's 11-passenger auto-home, which is equipped with everything from a shower-bath to a radio.

Ottawa—Members of the Ottawa Kiwanis Club were addressed by Dr. J. R. Tillotson, Lima, on the work being done for handicapped children.

RADIUM THERAPY
DEEP X-RAY THERAPY
ELECTRO COAGULATION

BEN RENICK KIRKENDALL, M.D.
EDWARD TAYLOR KIRKENDALL, M.D.

137 E. State Street, Columbus, Ohio
Or Mt. Carmel Hospital

Office Phone Adams 7656 **Res. Phone** Gahana, Ohio 44 F. 14

W. H. MILLER, M. D.

X-Ray

328 East State Street **Columbus, Ohio**

Complete Diagnosis and Therapy

Diseases of Chest
Gastro-Intestinal Tract
Genito-Urinary Tract
Gall Bladder
High Voltage X-Ray Therapy
Portable X-Ray
Electro-Coagulation
Fractures and Dislocations

PROMPT AND FULL REPORT

This laboratory is approved by the Council on Medical Education and Hospitals of the American Medical Association

Langdon-Meyer Laboratories

OFFER A COMPLETE 24 HOUR SERVICE ON WASSERMANNS— INCLUDING, WATER-BATH; ICE-BOX; AND KAHN TEST.

Fee—$5.00

Send for our Fee Table

519 Main Street **CINCINNATI, OHIO**

Gallipolis—Dr. C. F. Holzer recently underwent a minor throat operation at the Johns Hopkins Hospital, Baltimore.

Lancaster—The Lancaster Gazette recently published a feature story regarding the eight Biddle brothers, natives of Athens County, seven of whom chose medicine as a career. One of the brothers, Dr. J. S. Biddle, Gallipolis, is dead. The others are: Dr. B. H. Biddle, Sugar Grove; Dr. T. R. Biddle, Athens; Dr. David H. Biddle, Athens; Dr. A. C. Biddle, Mansfield; Dr. James K. Biddle, Mansfield; Dr. Victor Biddle, Steubenville, and Frank Biddle, who became a farmer and lives on the family homestead near Fisher's Station, Athens County.

Columbus—Dr. Albert M. Bleile, honorary member of the Columbus Academy of Medicine and professor of anatomy and physiology at Ohio State University for the past 40 years, has been retired from active service with the rank of professor emeritus. Dr. Bleile's service with the University dates back 52 years.

Chillicothe—Dr. G. A. Rowland, for the past six years chief medical officer of Veterans Hospital No. 97, located at Chillicothe, has been transferred to Washington, D. C., where he will become head of the neuro-psychiatric division of the U. S. Veterans' Bureau. He has been succeeded here by Dr. Frederick K. Sims, formerly of Washington.

Barberton—Five local physicians have leased suites of rooms for offices in a new four-story building located at Tuscarawas Avenue, W. and Fourth Street, N.W. They are: Drs. Elmer R. Stumpf, Everett A. Irish, H. B. Harper, Howard L. Smallman and R. H. Cather.

Ashland—Dr. Paul E. Kellogg, formerly an intern at St. Luke's Hospital, Cleveland, has opened offices here as an associate of Dr. L. G. Sheets.

Cincinnati—Dr. J. N. Patterson, pathologist assistant to Dr. M. Scott Kearns, coroner of Hamilton County, has returned from New York where he investigated the "medical examiner" system, used in that state instead of the county coroner system. Dr. Patterson was quoted in the press as being enthused over the New York system and in favor of setting up such a system in Ohio.

Washington, C. H.—Many members of the medical profession of Fayette County called at the home of Dr. and Mrs. G. W. Blakley on the evening of September 15, when they held open house in commemoration of 51 years of married life and to celebrate the closing by Dr. Blakley of 40 years of active medical practice in Washington, C.H. Dr. Blakley praticed for 14 years in Athens County before moving here. Recently he closed his downtown office and opened one at his residence. In the near future Dr. and Mrs. Blakely expect to leave for an extended visit in California.

Cleveland—Dr. William Evans Bruner, professor of ophthalmalology in the School of Medicine, Western Reserve University, gave a course on "The Relation of the Gastro-Intestinal Tract and Disease of the Eye" at the meeting of the American Academy of Ophthalmology and Otolaryngology, at French Lick Springs, September 17 and 18.

Cleveland—Dr. Arthur H. Bill, professor of obstetrics in the School of Medicine, Western Reserve University, presided at the meeting of the American Association of Obstetrical and Gynecological Surgeons of which he is president, at White Sulphur Springs, September 14, 15, and 16.

Cincinnati—Seven Cincinnati physicians took part in the program at the annual meeting of the American Academy of Ophthalmology and Otolaryngology at French Lick, Ind., September 13-19. They were: Drs. William Mithoefer, Edward King, H. H. Vail, Samuel Iglauer, Clarence King, Donald J. Lyle and Albert L. Brown.

Uhrichsville—Dr. F. A. Bower and Dr. G. T. Haverfield announced their candidacies for members of the local board of education.

—At the recent meeting of the American Society of Clinical Pathologists, in Philadelphia, Doctor Walter M. Simpson, of Dayton, Ohio, was chosen as President-Elect of the Society.

RADON

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Gold Radon implants for interstitial use. The scientific means of applying radiation intratumorally. Certificate of guarantee furnished with each preparation assuring accurate dosage.

RADON COMPANY, Inc.
1 East 42nd St., New York
Telephones: Vanderbilt 3-2811; 3-2812

RADIUM RENTAL SERVICE
BY
THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to Physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

CAREFUL CONSIDERATION WILL BE GIVEN INQUIRIES CONCERNING CASES IN WHICH THE USE OF RADIUM IS INDICATED.

The Physicians Radium Association
1307 Pittsfield Bldg., 55 E. Washington St.,
CHICAGO, ILL.
Telephones Central 2268-2269
Wm L. Brown, M.D., Director.

BOARD OF ADVISORS
William L. Baum, M.D. Bennett R. Parker, M.D.
Frederick Menge, M.D. Walter S. Barnes, M.D
Louis E. Schmidt, M.D. S. C. Plummer, M.D.

X-Ray Film Consultation



A service for Physicians who do their own X-Ray work and are in doubt as to the interpretation. Detailed reports will be made.

A brief case history sent with the films will assist in the diagnosis.

Correspondence solicited.

HUGH J. MEANS, M.D.
683 East Broad St.,
Columbus, Ohio

X-RAY DIAGNOSIS AND THERAPY

LABORATORY
Service and Consultation

James A. Beer, B.Sc., A.M., M.D.

21 East State Street Columbus, Ohio
Telephone, ADams 3847

OHIO PHYSICIANS ON PROGRAM

A number of Ohio physicians are scheduled for addresses or demonstrations before the International Assembly of the Inter-state Post Graduate Medical Association of North America, to be held at Milwaukee, Wisconsin, October 19, 20, 21, 22 and 23.

Those from Ohio who are scheduled to take part in the program and the subject of their presentation follow:

Dr. Robert S. Dinsmore, Cleveland, "The Safeguards in the Technic of Operations of the Thyroid Gland".

Dr. William V. Mullin, Cleveland, "Diagnosis and Treatment of Carcinoma of the Larynx".

Dr. William E. Lower, Cleveland, diagnostic surgical clinic, and address "Further Research Studies of the Factors Which are Conducive to the Production of Prostatic Hypertrophy".

Dr. Bernard H. Nichols, Cleveland, "The Value and Limitations of Intravenous Pyelography in the Diagnosis of Renal and Ureteral Diseases".

Dr. Charles C. Higgins, Cleveland, "Diagnosis and Treatment of Tumors of the Testicle".

Dr. Louis J. Karnosh, Cleveland, "Symptomatology, Prognosis and Treatment of Minor Neuroses and Psychoses".

Dr. Russell L. Hayden, Cleveland, diagnostic medical clinic, and address, "Purpura and Pathological Hemorrhage".

Dr. George W. Crile, Cleveland, diagnostic surgical clinic and address, "Indications for and Clinical Results in Denervation of the Adrenal Gland".

Dr. M. A. Blankenhorn, Cleveland, "Acute Yellow Atrophy of the Liver—Incidence, Pathogensis, End-Stages".

Dr. E. P. McCullagh, Cleveland, co-author of essay to be presented by Dr. Crile.

News Notes From County Societies and Academies

First District

Adams County Medical Society held its regular meeting at Blue Creek, on Wednesday, August 19, with eighteen physicians and their wives, from adjoining county societies and a good attendance of members and their wives present, as guests of Dr. and Mrs. O. E. McHenry and daughter, who served a sumptuous dinner. Dr. D. C. Coleman, Lucasville, presented a paper on "Some Common Skin Diseases of Late Summer", at the morning session, and Dr. Kelley Hale, Wilmington, spoke of "Affections of the Gall Bladder", at the afternoon session. The next meeting of the Society will be held at Peebles on October 21.—News Clipping.

CHAS. F. BOWEN, M.D.

SPECIALIZES

in

Superficial Malignancies

Removal of Foreign Bodies

Radium and X-Ray

Diagnosis and Therapy

332 E. State Street
COLUMBUS, OHIO

Columbus Radium Laboratory

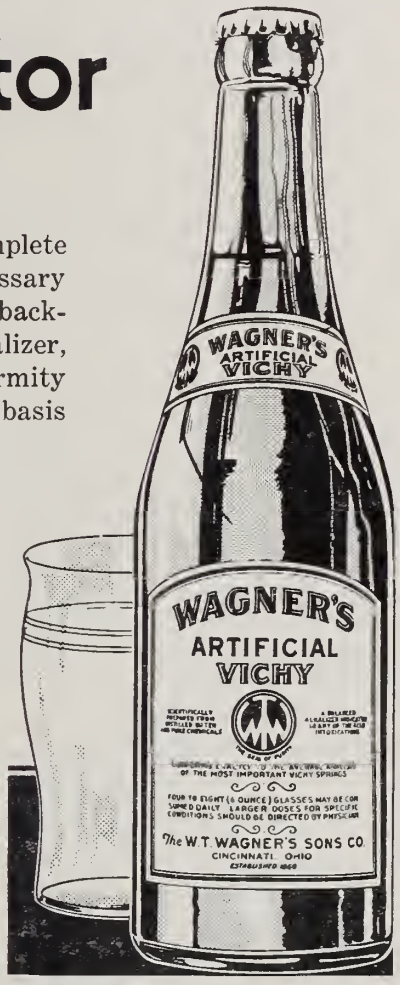
Radium and Deep X-Ray Therapy

EDW. REINERT, Ph.G., M.D.
350 E. State St., Columbus, O.
Bell, Main 1537

There's a good reason, Doctor

More than sixty years' experience plus complete laboratory equipment for making all necessary experiments . . . that is the impressive background of Wagner's Vichy, the balanced alkalizer, outstanding in palatability, accurate uniformity and chemical purity—the only dependable basis for "Vichy Results."

In the treatment of Acidosis, thousands of physicians have found that the principle of Wagner's Vichy is sound. Its pleasant taste is a delightful inducement to sufficient fluid intake. You discourage substitution when you write "Wagner's Vichy" and underscore "Wagner's." The W. T. Wagner's Sons Co., Cincinnati, Ohio. Since 1868.



WAGNER'S
VICHY
(artificial)

Clinton County Medical Society has continued regular monthly meetings during the Summer, with good attendance and sustained interest.

At the meeting on July 7 motion picture films on surgical subjects were shown by courtesy of the Petrolagar Company. Dr. T. E. Craig of Sabina read a paper on "Post Partum Hemorrhage," and Dr. Clifford Straehley of Cincinnati spoke interestingly and entertainingly on the subject of "Heart Disease".

August 11, Dr. G. K. Dennis read a paper on "Acute Infections of the Middle Ear," and Dr. Robert Conard presented the subject of "Nephritis", from the standpoint of clinical pathology.

September 8, Dr. Kelley Hale read a paper on "Causes of Cancer", emphasizing causes already known. Dr. Robert Conard discussed the Hemoglobin Index and demonstrated methods of determining hemoglobin quantitatively. Dr. C. E. Kinzel discussed therapy of angina pectoris, and Dr. Elizabeth Shrieves, anesthesia in obstetrics. —Robert Conard, Correspondent.

Fayette County Medical Society resumed monthly meetings Thursday, September 3, 1931, after a suspension for the summer. There was a good attendance, and much interest in the excellent paper on "Brain Tumor" by Dr. E. J. Emerick, of Columbus.—James F. Wilson, Secretary.

Warren County Medical Society met on Tuesday afternoon, September 1, for its regular monthly meeting. Dr. D. F. Gerber, Middletown, spoke on research work in medicine now being done in Europe, and particularly at Vienna and Budapest.—News Clipping.

Second District

Darke County Medical Society opened its Fall and Winter series of meetings, with a dinner at the Greenville Country Club, Friday evening, September 11, with wives of members as guests. Dr. Ben R. McClellan, Xenia, spoke on "Things Old and New in Medicine and Surgery".—Bulletin.

Greene County Medical Society met at the Court House, Xenia, on Thursday morning, September 3, with Dr. Kenneth Schloss, Osborn, as speaker.—News Clipping.

Miami County Medical Society held its first Fall meeting on Friday afternoon, September 4, at Stouder Memorial Hospital, Troy. Dr. J. C. Walker, Dayton, presented a paper on "Some Causes of Lumbar-Sacral Backache", illustrated by X-Ray pictures and lantern slides.—Bulletin.

Third District

Academy of Medicine of Lima and Allen County

A Post-Graduate series of Lectures were delivered in Lima, Ohio, before the Academy of Medicine, September 8, 9, 10, 11 and 12, by Thomas McCrae, M.D., F.R.C.P., Professor of Medicine, Jefferson Medical College, Philadelphia. There were in regular attendance

URINE
BLOOD
SPUTUM
REFUSIONS
STOMACH CONTENTS
WASSERMAN & KAHN
PRECIPITIN TESTS
GONORRHEAL COMPLEMENT FIXATION TEST
BLOOD CHEMISTRY
PROTEIN SENSITIZATION TESTS
BASAL METABOLISM
AUTOGENOUS VACCINES
FAECES
GENITO-URINARY SURGICAL and GYNECOLOGICAL PATHOLOGY
DARK FIELD ILLUMINATING FOR SPIROCHETA PALLIDA
MEDICO-LEGAL POST-MORTEMS
X-RAY

LABORATORY
Clinical and Pathological
Approved by the American Medical Association
Columbus, Ohio 370 E. Town Street

DIRECTOR
J. J. Coons, B. Sc., M. D., D. Sc.
Dorris Coss, B. Sc., M. Sc.
Frances Coup, A. B.
Flora Moone

PROMPT SERVICE
Immediate Report on Frozen Sections of all Tumors.
ESTABLISHED 1904

86 physicians. A banquet was held in his honor, Thursday evening, September 10 at the Norval Hotel, at which time he delivered a masterful address on "The Life of Sir William Osler," with whom he was associated for years and collaborated with him in his writings. Honored guests were: Dr. C. D. Houser, President of the Ohio State Medical Association; Dr. H. M. Platter, President-elect of the Ohio State Medical Association; Dr. J. H. J. Upham, Dean and Professor of Medicine, Ohio State University, College of Medicine; Dr. Carl D. Camp, Professor of Neurology, University of Michigan, the latter two physicians being acquainted with Sir William Osler. There were 150 present, some coming from the surrounding states, it being the greatest medical event in the history of this locality. The course of lectures were well attended, highly instructive, and the physicians were greatly pleased by Dr. McCrae's common sense teachings.—E. B. Pedlow, Secretary.

Fourth District

Putnam County Medical Society met Tuesday evening, August 4, at the high school building, Pandora, with 21 members present. Following a dinner Dr. Fred Maurer, Lima, presented a paper on "Diabetes".—News Clipping.

Sixth District

Stark County Medical Society held its regular monthly meeting in the Medical Library Room,

THE NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)

THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

GASTRO-ENTEROLOGY, PROCTOLOGY and ALLIED SUBJECTS

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street NEW YORK CITY

INTERNATIONAL MEDICAL ASSEMBLY

INTER-STATE POSTGRADUATE MEDICAL ASSOCIATION OF NORTH AMERICA

MILWAUKEE AUDITORIUM
Milwaukee, Wisconsin

OCTOBER 19-20-21-22-23, 1931

OFFICERS OF THE ASSOCIATION
President, DR. HENRY A. CHRISTIAN, Boston, Mass.
President-Elect,
DR. ARTHUR DEAN BEVAN, Chicago, Ill.
Presidents of Clinics DR. WILLIAM J. MAYO, Rochester, Minn.
DR. CHARLES H. MAYO, Rochester, Minn.
Managing-Director,
DR. WILLIAM B. PECK, Freeport, Illinois.
Executive Secretary and Director of Exhibits,
DR. EDWIN HENES, JR., 759 N. Milwaukee St., Milwaukee, Wis.
Treasurer and Director of Foundation Fund,
DR. HENRY G. LANGWORTHY, Dubuque, Iowa.
Speaker of the Assembly,
DR. GEORGE V. I. BROWN, Milwaukee, Wis.
Chairman, Program Committee,
DR. GEORGE W. CRILE, Cleveland, Ohio.

ALL MEDICAL MEN AND WOMEN IN GOOD STANDING CORDIALLY INVITED

Intensive Clinical and Didactic Program by World Authorities from CANADA, ENGLAND, FRANCE, IRELAND AND UNITED STATES

A. Lawrence Abel, London, Eng.
Irvin Abell, Louisville, Ky.
Isaac A. Abt, Chicago, Ill.
H. Berglund, Minneapolis, Minn.
A. D. Bevan, Chicago, Ill.
P. B. Bland, Philadelphia, Pa.
M. A. Blankenhorn, Cleveland, O.
F. K. Boland, Atlanta, Ga.
Harlow Brooks, New York, N. Y.
A. G. Brown, Toronto, Ont., Can.
C. S. Burwell, Nashville, Tenn.
R. LaF. Cecil, New York, N. Y.
Henry A. Christian, Boston, Mass.
Wm. Thomas Coughlin, St. Louis, Mo.
Geo. W. Crile, Cleveland, O.
S. J. Crowe, Baltimore, Md.
Hugh S. Cumming, Washington, D.C.
J. B. Deaver, Philadelphia, Pa.
Robt. S. Dinsmore, Cleveland, O.
C. F. Dixon, Rochestor, Minn.
E. M. Eberts, Montreal, Quebec, Can.
C. A. Elliott, Chicago, Ill.
John F. Erdmann, New York, N. Y.
J. M. T. Finney, Baltimore, Md.
Chas. H. Frazier, Philadelphia, Pa.
R. L. Haden, Cleveland, O.
Wm. D. Haggard, Nashville, Tenn.
S. F. Haines, Rochester, Minn.
Louis Hamman, Baltimore, Md.
S. W. Harrington, Rochester, Minn.
C. A. Hedblom, Chicago, Ill.
H. F. Helmholz, Rochester, Minn.
M. S. Henderson, Rochester, Minn.
Chas. C. Higgins, Cleveland, O.
Sir Thos. J. Horder, Bt., London, Eng.
C. P. Howard, Montreal, Que., Can.
H. O. Jones, Chicago, Ill.
E. P. Joslin, Boston, Mass.
E. Starr Judd, Rochester, Minn.
L. J. Karnosh, Cleveland, O.
B. R. Kirklin, Rochester, Minn.
H. L. Kretschmer, Chicago, Ill.
F. H. Lahey, Boston, Mass.
B. J. Lee, New York, N. Y.
D. D. Lewis, Baltimore, Md.
F. O. Lewis, Philadelphia, Pa.
Wm. E. Lower, Cleveland, O.
J. S. Lundy, Rochester, Minn.
W. F. Manges, Philadelphia, Pa.
W. M. Marriott, St. Louis, Mo.
Thierry de Martel, Paris, France
J. M. Martin, Dallas, Texas
C. H. Mayo, Rochester, Minn.
W. J. Mayo, Rochester, Minn.
W. S. McCann, Rochester, N. Y.
J. F. McCarthy, New York, N. Y.
E. P. McCullagh, Cleveland, O.
A. A. McConnell, Dublin, Ireland
J. S. McLester, Birmingham, Ala.
J. H. Means, Boston, Mass.
W. S. Middleton, Madison, Wis.
W. G. Morgan, Washington, D. C.
W. V. Mullin, Cleveland, O.
J. H. Musser, New Orleans, La.
G. B. New, Rochester, Minn.
B. H. Nichols, Cleveland, O.
P. A. O'Leary, Rochester, Minn.
E. W. A. Ochsner, New Orleans, La.
T. G. Orr, Kansas City, Mo.
R. B. Osgood, Boston, Mass.
J. E. Paullin, Jr., Atlanta, Ga.
D. B. Phemister, Chicago, Ill.
F. W. Rankin, Rochester, Minn.
L. G. Rowntree, Rochester, Minn.
R. D. Rudolf, Toronto, Ont., Can.
E. W. Ryerson, Chicago, Ill.
O. H. Schwarz, St. Louis, Mo.
E. S. Smith, St. Louis, Mo.
F. N. G. Starr, Toronto, Ont., Can.
Arthur Steindler, Iowa City, Iowa
C. C. Sturgis, Ann Arbor, Mich.
C. G. Toland, Los Angeles, Calif.
W. T. Vaughan, Richmond, Va.
W. Walters, Rochester, Minn.
J. M. Wheeler, New York, N. Y.
S. Marx White, Minneapolis, Minn.
W. A. White, Washington, D. C.

HOTEL HEADQUARTERS HOTEL SCHROEDER — HOTEL RESERVATIONS — HOTEL COMMITTEE, DR. ROLAND S. CRON, CHAIRMAN, 740 NO. SECOND ST., MILWAUKEE, WIS.

FINAL PROGRAM TO BE MAILED TO ALL MEMBERS OF AMERICAN AND CANADIAN MEDICAL ASSOCIATIONS (Look for It).

Comprehensive Scientific and Technical Exhibit. Special Entertainment for the ladies.

REDUCED RAILROAD RATES FROM ALL PARTS OF THE UNITED STATES AND CANADA

30 CLINICS

ALL SPECIALTIES INCLUDED IN PROGRAM
Dermatology—Medicine—Regional Anesthesia—Oto-Rhino-Laryngology—Obstetrics and Gynecology — Urology — Radiology and Roentgenology—Therapeutics — Neurology and Psychiatry—Ophthalmology—Pediatrics—Surgery—Orthopedic Surgery.

80 ADDRESSES

Canton, on Tuesday evening, September 8. The following program was presented: "Recent Advances in Urology", by Dr. F. C. Hendrickson; discussion opened by Dr. R. L. Thompson; "Some Advantages of Periodic Health Examination", by Dr. I. B. Hamilton; "A Brief Regime of Anterior Poliomyelitis", by Dr. Pauline Zinninger.—Bulletin.

Summit County Medical Society met at the Akron City Club on Tuesday evening, September 8, for its regular meeting. "The Athletic Heart" was the subject of an address by Dr. J. W. Wilce, Columbus, Professor of Physical Education, Ohio State University.—Bulletin.

Eighth District

Athens County Medical Society held its September meeting in Nelsonville, at the American Legion Building, on Monday, September 7. After a very fine luncheon served by the ladies, an excellent and exhaustive paper on "Burns and Their Treatment" was read by Dr. H. T. Sutton, of Zanesville, and was very ably discussed by Dr. Joseph Price, of Columbus. The membership attendance was very good, and the widely known reputation of the speakers brought visitors from Hocking, Perry, and Muskingum County Societies.—J. L. Henry, Correspondent.

Guernsey County Medical Society met for a noon luncheon at the Romance Restaurant, Cambridge, on Thursday, August 20. Rev. Lester S. Evans, pastor of the First Presybterion Church, Cambridge, discussed the ethics of the ministerial profession, the ethics of the medical profession, and their inter-relations.—News Clipping.

Muskingum County Academy of Medicine met at the Zane Hotel, Zanesville, on Wednesday evening, September 2. Following a dinner, Dr. James R. Tillotson, Lima, spoke on "Some Orthopedic Problems".—Bulletin.

Tenth District

Madison County Medical Society held a luncheon meeting and business session at the London Country Club on Wednesday, August 19. A new constitution and by-laws were adopted, to meet the requirements of the Committee on Constitutional Conformity of the State Association.—News Clipping.

Ross County Medical Society met at the Warner Hotel, Thursday evening, September 3, for its first meeting of the fiscal year. The Hospital Committee reports were read by Dr. L. E. Hoyt and were accepted. Dr. R. E. Bower gave a short talk relative to the present status of typhoid, diphtheria and smallpox. The Government has appropriated money for a new nurse, with whom Dr. Bower and the Board of Health are to carry on the work of vaccination and inoculation inasmuch as most of it is needed to be done in the rural communities. The Constitution and By-Laws were discussed, and accepted by the society. The speaker of the evening was Dr. Joseph Price, of Columbus, who gave a very interesting discussion on "Anesthetics".—W. C. Breth, Secretary.

"MESCO" Laboratories

The "MESCO" Laboratories manufacture the largest line of Ointments in the world. Sixty different kinds. We are originators of the Professional Package. Specify "MESCO" when prescribing Ointments. Send for lists.

MANHATTAN EYE SALVE CO.
Louisville, Kentucky

CLASSIFIED ADVERTISEMENTS

Rates for advertisements under this heading are 50 cents per line, payable in advance. Minimum charge of $1.00 for each insertion. Price covers the cost of remailing answers. Forms close 16th of the month preceding publication.

Situation Wanted—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member of Chicago Association of Commerce.

Speeches, special articles, papers on special subjects, prepared from the latest data and authorities, for busy physicians. Prompt service extended at reasonable rates in an expert manner to your requirements. Authors' Research Bureau, 516 Fifth Ave., New York.

For Sale—Country practice. Opportunity for young doctor. No high rental or living costs. Modern hospital near. Rich country, good roads, collections, conveniences, and early income assured. Nothing to buy; office furniture if desired. Address W. J., care *Ohio State Medical Journal.*

For Sale—General practice, equipment, in Ohio city of 35,000. Address L. S., care *Ohio State Medical Journal.*

Wanted—Ethical physician, gentile, experienced hospital executive; good business training; qualified and efficient; wishes the management of a hospital. W. A., care *Ohio State Medical Journal.*

Wanted—Young physician desires connection or general practice. Address R. G., care *Ohio State Medical Journal.*

—Plans are now being completed for the twelfth annual meeting of the Ohio Society of Sanitarians in conjunction with the annual conference of Ohio health commissioners with the State Department of Health, to be held November 17, 18, 19 and 20 at the Deshler-Wallick Hotel, Columbus. A program for the four-days meeting is being arranged under the direction of Dr. H. G. Southard, state director of health, Dr. E. R. Shaffer, secretary of the Ohio Society of Sanitarians, and the board of directors of the society, and will be announced at an early date.

—Sister M. Ursula, for nearly four years superintendent of St. Joseph's Hospital, Lorain, will give up that position soon, having been recently named Mother General of the Sisters of the Holy Humility of Mary at Villa Marie, Pennsylvania.

Physicians' Service

We are exclusive manufacturers of Pharmaceuticals, U. S. P. and N. F. Preparations, Specialties, Tablets, Ointments, Ampoules, Suppositories, Effervescents, etc., for Physicians Dispensing and Prescribing.

NOTHING SOLD AT RETAIL EXCEPT ON ORDER OF PHYSICIAN

Offices and Laboratories
330-336 OAK STREET, EAST
One-half Square North of Grant Hospital and Carnegie Library.

THE
COLUMBUS PHARMACAL CO.
COLUMBUS, OHIO

The Wendt-Bristol Company

Two complete ethical stores in Columbus

51 E. State St. 721 No. High St.

for the convenience of the Physicians and Surgeons—and the many people they serve

Two Prescription Departments

maintained in a high class manner with eight registered Pharmacists

Other Complete Departments

OFFICE EQUIPMENT
PHYSIO THERAPY APPARATUS
HOSPITAL SUPPLIES
HEALTH FOODS

W-B Pharmaceutical Supplies
JOBBING STOCKS ALL LEADING MANUFACTURERS
Antitoxins and Vaccines in Special Refrigeration Plants

Prompt Service on Phone Orders



. . . whenever milk is an important part of the diet

Cocomalt not only renders it more palatable but increases its food value over 70%

COCOMALT is a delicious, high-caloric food—ideal for convalescents, expectant and nursing mothers and undernourished children.

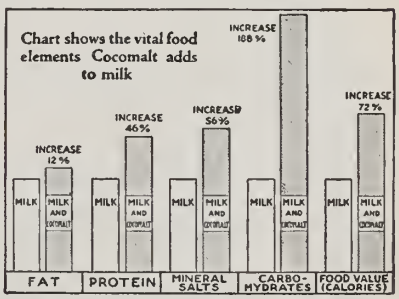
Not only does Cocomalt make milk a tempting chocolate flavor drink; *it actually increases its food value 70%*—adding 46% more protein, 56% more mineral salts (Lime and Phosphorus), 188% more carbohydrates.

Because Cocomalt contains Vitamin D in sufficient quantity to make a definite contribution to the anti-rachitic potency of the child's diet, it is especially beneficial to growing youngsters.

Cocomalt is available at grocery and drug stores in ½ lb., 1 lb. and 5 lb. hospital can.

FREE
to Physicians

Use the coupon below. It will bring you a trial can of Cocomalt without cost.



Cocomalt

DELICIOUS HOT OR COLD



ADDS 70% MORE NOURISHMENT TO MILK

R. B. DAVIS CO., Dept. AT 10, Hoboken, N. J.
Please send me, without charge, a trial can of Cocomalt.

Name .....

Address .....

City ..... *State* .....

HOSPITAL NOTES

—St. Luke's, Maternity and Mt. Sinai hospitals, Cleveland, have announced an installment payment plan for maternity patients. On a six-months basis the first payment is $2.00, followed by the weekly payment of $2.00. The maximum rate for needy persons is $55.00 for pre-natal care, delivery and two-weeks hospitalization.

—Establishment of a Frank E. Chapman award has been approved by the trustees of Mt. Sinai Hospital in recognition of the late Frank E. Chapman, for many years director of Mt. Sinai Hospital and at the time of his death director of the University Hospitals group. The award to be accumulated from contributions will be given annually to the member of the Mt. Sinai organization who makes outstanding contributions in medicine and the hospital field.

—The new building of the Cleveland Clinic Foundation has been opened.

—Board of directors of the Miami Valley Hospital, Dayton, has authorized the addition to the hospital of the tuberculosis clinic which has been operated for the past ten years by the Montgomery County Public Health League.

—Establishment of an extension course in mental hygiene for the school of nursing has been authorized by the board of trustees of the Springfield City Hospital. The course will be conducted in conjunction with Wittenberg College.

—Among those who took part in the laying of the cornerstone of the new Springfield Municipal Hospital was Dr. Bruce W. Caldwell, executive secretary of the American Hospital Association.

—Sister Mary Cyril has been appointed superintendent of Good Samaritan Hospital, Cincinnati, succeeding Sister Mary who has been transferred to St. Joseph's Hospital, Albuquerque, New Mexico.

—Miss Mary H. Cutler, for the past ten years a member of the faculty of Presbyterian Hospital, Chicago, has been appointed director of the School of Nursing of the Cincinnati Jewish Hospital.

—A three-year course in training for nurses has been started at St. Francis Hospital, Columbus, with 20 pupil nurses enrolled. The nurse training school, founded two years ago when an elementary course was inaugurated, recently was approved by the State Medical Board.

—A campaign for $75,000 for White Cross Hospital, Columbus, was approved at the recent annual meeting of the Ohio Conference of the Methodist Episcopal Church, held in Columbus.

—Miss Mary Z. Neaman, appointed superintendent of the Fort Hamilton Hospital, Hamilton, last June, assumed her new duties September 1.

Any one can make belts, but belts which give compression without uplift may do serious injury

"STORM" The New "Type N" STORM Supporter



Pleases doctors and patients. Long laced back. Soft extension, low on hips. Hose supporters attached.

Adapted for ptosis, hernia, pregnancy, obesity, relaxed sacro-iliac articulations, kidney conditions, high and low operations.

Ask for Literature

KATHERINE L. STORM. M.D.

Originator, Owner, and Maker

1701 Diamond Street Philadelphia



You know the qualities of unsweetened evaporated milk that have caused so many physicians to include this form of milk in their baby feeding formulas. You can prescribe Wilson's Evaporated Milk with the assurance that it is as pure and safe as any milk can possibly be. Clinical samples, also information and literature sent to physicians upon request.

WILSON'S MILK COMPANY

728 Chamber of Commerce Bldg., Indianapolis

This fact will always remain.....

Amaizo

GOLDEN SYRUP

(Corn Syrup and Refiner's Syrup)

was the

FIRST CORN SYRUP

to be accepted by the

American Medical Association

for

INFANT FEEDING

For further information, physicians are invited to write American Maize-Products Co., 100 E. 42nd St., New York City



PUBLIC HEALTH NOTES

Four of the diseases most dreaded by parents caused the death of 649 children in Ohio during 1930 (scarlet fever, 173; diphtheria, 160; whooping cough, 204, and infantile paralysis, 112), but during the same year 1074 infants under two years of age died of diarrhea and enteritis, according to a recent report prepared by the State Department of Health and published in the *Ohio Health News*.

The report also points out that of the 99,915 children under two years of age that have died in Ohio from all causes during the past 10 years, 13,254 or 13.2 per cent died of diarrhea and enteritis.

Concerning the toll taken annually in Ohio by these causes, the *Ohio Health News* stated:

In by-gone days heat was considered the important factor in causing this always serious and often fatal condition, although in a way the influence of food was recognized as sad experience had taught mothers not to wean their babies between the months of May and October.

Hot weather undoubtedly had much more bearing on infant morbidity and mortality rates when mothers lowered the vitality of their babies by habitually over-clothing them, but the important factors, however, in causing diarrhea and enteritis in infants have always been (1) *improper food*—food unsuitable for the infant's undeveloped digestive organs, and (2) *contaminated food*, usually a milk supply that has reached the home contaminated or has become so by improper care after reaching its destination.

The warm months of summer supplying the proper temperature for bacterial growth, and milk being an almost perfect culture medium and also being the proper and almost universally used food for infants of this age, there is provided a combination which, when united with uncleanliness, ignorance or carelessness, account for most of the data shown by the following table:

Deaths from Diarrhea and Enteritis Under 2 Years of Age

Year	*Jan.*	*Feb.*	*Mar.*	*Apr.*	*May*	*June*	*July*	*Aug.*	*Sept.*	*Oct.*	*Nov.*	*Dec.*
1921	71	63	80	69	71	146	411	505	398	224	99	70
1922	77	78	93	64	70	72	120	185	220	181	78	66
1923	68	56	75	46	61	95	154	360	391	211	93	71
1924	59	62	62	48	57	60	66	194	187	146	76	64
1925	56	55	55	34	44	78	214	385	432	241	73	60
1926	65	44	59	51	67	55	104	259	351	282	69	67
1927	41	49	51	44	37	47	99	133	151	138	71	55
1928	41	38	29	41	34	24	59	165	237	168	66	43
1929	39	33	48	34	37	36	82	178	179	116	38	26
1930	32	39	34	30	43	32	101	205	271	205	52	30

That an impure water supply also has an effect



A Maternity Garment
Proportioned to the Figure Type

Model No. 3061, with a higher top line and suitable groin and cupped buttock length, is built for the long-bodied woman. Low abdominal lift to remove bladder pressure and hold the organs firmly yet comfortably to place. The Camp Patented Adjustment provides dependable and adjustable sacro-iliac support. Extra abdominal lacings provide for body development.

There is a Camp Support proportioned to every figure type—suiting body outlines and stature as well as the special maternity condition.

CAMP TRADE MARK
Supporting Garments

Sold at Department Stores, Surgical Section, and Corset Specialty Shops. Write for Physician's Manual.

S. H. CAMP *and* COMPANY
Manufacturers, JACKSON, MICHIGAN

CHICAGO 1056 Merchandise Mart
NEW YORK 330 Fifth Avenue
LONDON 252 Regent Street, West



For Reducing Nasal Congestion

EPHEDRINE PRODUCTS

LILLY

INHALANT No. 20 • EPHEDRINE COMPOUND

For physicians who prefer ephedrine in combination with cooling, aromatic principles—in ounce and pint bottles

INHALANT No. 21 • EPHEDRINE PLAIN

in ounce and pint bottles

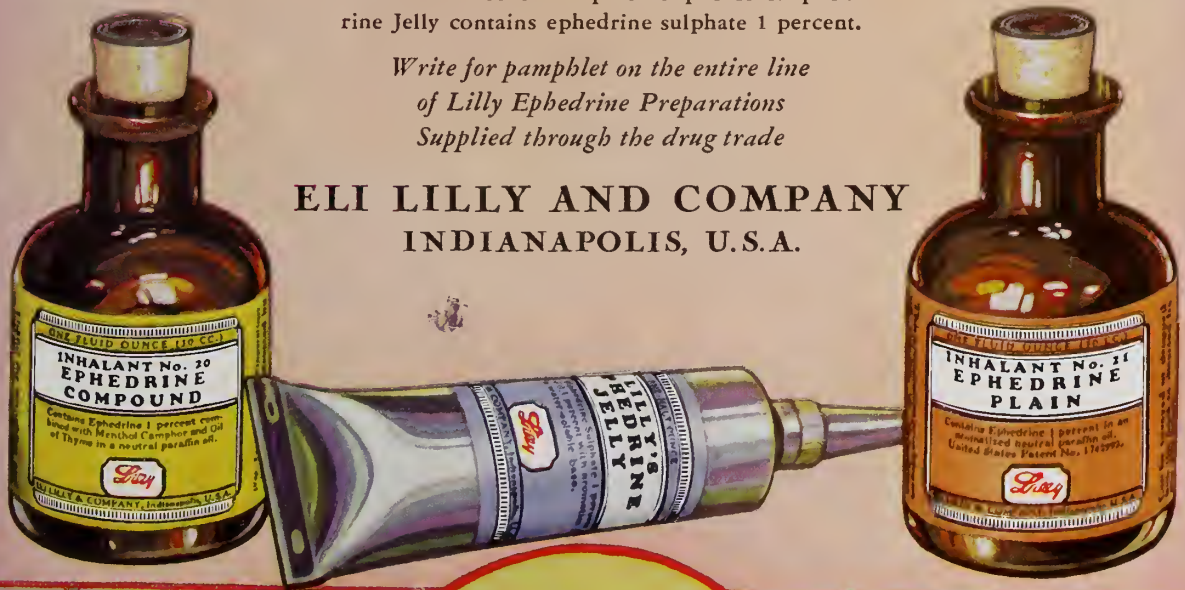
EPHEDRINE JELLY

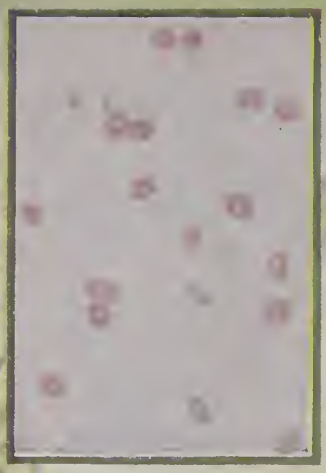
Convenient, bland, water-soluble, in nasal-tip tubes

Each Inhalant contains 1 percent ephedrine. Ephedrine Jelly contains ephedrine sulphate 1 percent.

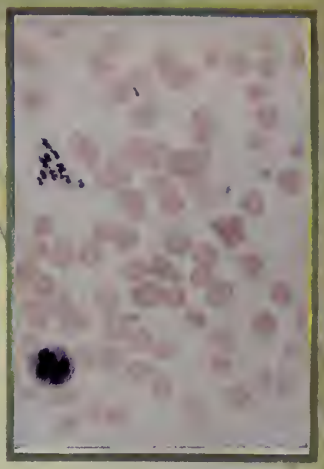
Write for pamphlet on the entire line of Lilly Ephedrine Preparations Supplied through the drug trade

ELI LILLY AND COMPANY
INDIANAPOLIS, U.S.A.





Before Treatment



After One Month

LIVER EXTRACT No. 343

Lilly

A Specific in Pernicious Anemia · Potent · Uniform

Each lot clinically tested on a case of pernicious anemia in relapse . . . Liver Extract No. 343 is available through the drug trade in boxes containing twenty-four hermetically sealed vials.

Send for pamphlet

ELI LILLY AND COMPANY

INDIANAPOLIS, U. S. A.

Each vial represents active material from 100 grams (3½ ounces) of fresh, raw liver



Tempting the Appetite of the Convalescent!

Tempt the eye—and the winning of the appetite is well begun. The many appealing and nourishing dishes that can be prepared when Knox Sparkling Gelatine is combined with items in the convalescent diet are often found invaluable where the desire for food lags behind the body's need of it.

KNOX Gelatine dishes are often specified. This is because Knox contains no ready-prepared flavoring, coloring, or sweetening. It is pure granulated gelatine. An analysis shows 85-86% protein content. Knox is therefore usually preferred to ready-prepared gelatine desserts which actually contain only about 12% gelatine. Pure granulated gelatine is regarded as readily digestible and quickly absorbed.

Knox has had an accredited dietitian prepare a number of recipes for gelatine dishes suitable to convalescent diets. We shall be glad to send you a quantity of these if you wish them.

WESTVILLE CREAM

(Six Servings)

	Grams	Prot.	Fat	CHO.	Cal.
1½ tablespoonfuls Knox Sparkling Gelatine	10	9	..	..	..
¼ cup cold water	..	..	..	..	..
1 square chocolate, grated	30	4	15	9	..
¾ cup hot water	..	..	..	..	..
¾ cup milk	180	5	7	9	..
2 eggs	100	13	10.5	..	..
¼ cup cream, whipped	60	2	18	2	..
5 tablespoonfuls sugar	40	..	..	40	..
1 teaspoonful vanilla	..	..	..	..	..
Few grains salt	..	..	..	..	..
Total		33	50.5	60	826.5

Soak gelatine in cold water. Heat chocolate, water, milk and salt over hot water, then add gelatine and stir until dissolved. Separate eggs and beat egg yolks until lemon colored. Stir hot mixture slowly into egg yolks. Return to stove and heat over hot water until mixture thickens slightly. Remove from stove, add vanilla and chill until nearly set. Beat egg whites until stiff, fold into jelly, also whipped cream. Mold and chill until firm.

LEMON MIST

(Six Servings)

	Grams	Prot.	Fat	CHO.	Cal.
1 tablespoonful Knox Sparkling Gelatine	7	6	..	..	..
¼ cup cold water	..	..	..	..	..
1½ cups hot water	..	..	..	..	..
Grated rind 1 lemon	..	..	..	..	..
¼ cup lemon juice	40	..	..	4	..
2 eggs	100	13	10.5	..	..
2 tablespoonfuls sugar	16	..	..	16	..
Total		19	10.5	20	250.5

Soak gelatine in cold water. Boil rind of lemon in water used for dissolving gelatine; add sugar; pour on soaked gelatine—stir until dissolved. Pour this into well beaten egg yolks. Return to stove and cook over hot water until mixture thickens slightly, stirring constantly—add lemon juice and pinch of salt. When nearly set fold into egg whites which have been beaten stiff. Mold and chill.

KNOX *is the real* GELATINE

IF you agree that recipes like the ones on this page will be helpful, write for our complete Recipe Book—it contains dozens of valuable recommendations for the convalescent diet. We shall be glad to mail you as many copies as you desire. Knox Gelatine Laboratories, 434 Knox Ave., Johnstown, N. Y.

ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods

Name .....

Address .....

City .....

State .....

on the mortality rate of diarrhea and enteritis of infants is shown by the following data:

Twenty-eight counties in the southern and southeastern sections of the state were sorely stricken by the unprecedented drought of 1930. In this area the rural water supplies are as a rule from shallow open wells, and where this supply was not completely exhausted, it was almost invariably heavily polluted.

As shown by the table above there were 1,074 deaths from diarrhea and enteritis in infants under two years of age in Ohio in 1930; July, August, September and October supplied 72.8 per cent of these deaths. The 28 counties in the drought area, with but 14.7 per cent of Ohio's population, supplied 37.9 per cent of the diarrhea and enteritis deaths during these four months, and 31.7 per cent of the total deaths in the state for the year.

The increase in deaths for this area is shown by the following data:

Diarrhea and Enteritis (under 2 years) in Drought Area			
1927	1928	1929	1930
212	216	213	342

The following table shows the number of deaths from diarrhea and enteritis in the state as a whole, and in the drought area for July, August, September and October, 1930.

	July	*August*	*September*	*October*
State (as a whole)	101	205	271	205
Drought area	40	87	97	63

When a pure milk supply is available and where mothers follow the advice of a competent physician as to the baby's care and the manner of feeding, there should be slight reason for any increase in infant mortality rate from diarrhea and enteritis during the summer months; in fact, there should be very few cases in any season. The mother who is proud that her baby eats gravy, potatoes, etc., is hopeless, and very few physicians are enthused when called to one of these cases. Why? Look at this picture of a typical case:

In a typical case, vomiting and purging, either accompanying or preceded by a rapid rise in temperature, lead to an early and very marked prostration. In a very few hours a baby rosy with health may sink to the verge of death.

Vomiting may cease as the child weakens, only to be renewed when food or drink is taken into the stomach. The flesh rapidly melts away, the eyes become sunken, the angles of the mouth drawn, and the pulse, irregular and rapid, becomes imperceptible as the end approaches.

Naturally, all cases do not end fatally, and children sometimes recover under proper treatment after an illness of one to three weeks. But they must be under constant supervision, and

HYCLORITE

HYCLORITE SOLUTION SODIUM HYPOCHLORITE

Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

To Prevent Infection of Ringworm

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed.

For Hand and Skin Sterilization.

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity.

NON-POISONOUS
NON-IRRITATING

Write for Literature

BETHLEHEM LABORATORIES
INCORPORATED
300 Century Building,
PITTSBURGH, PENNA.

LABORATORY APPARATUS

Coors Porcelain — Pyrex Glassware
R. & B. Calibrated Ware
Chemical Thermometers
Hydrometers — Sphygmomanometers

J. T. Baker & Co.'s C. P. Chemicals

Stains and Reagents
Standard Solutions

BIOLOGICALS

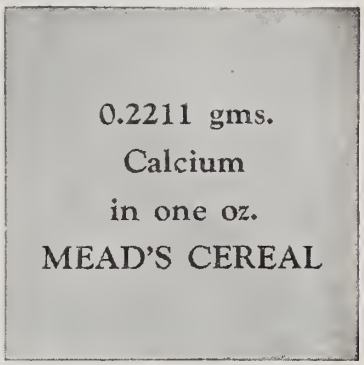
Serums — Bacterins — Media
Antitoxins — Vaccines — Pollens

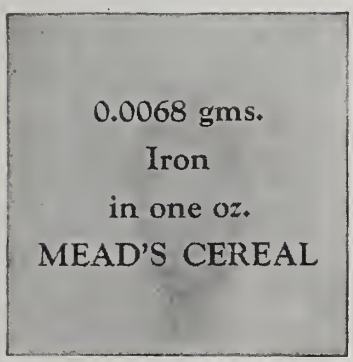
We are completely equipped, and solicit your inquiry for these lines as well as for Pharmaceuticals, Chemicals and Supplies, Surgical Instruments and Dressings.

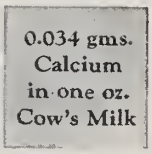
The Rupp & Bowman Co.
319 Superior St. Toledo, Ohio

The liberal use of cow's milk in the child's diet is desirable for its calcium and phosphorus content **when its well-known deficiencies in iron and vitamin B (F) are made good with Mead's Cereal**

THE Journal of the American Medical Association[1] based on recent research by Sherman and Booher[2], raises the question as to whether the relatively large consumption of milk (up to a quart a day) should be routinely recommended, on account of the deficiency of milk in iron and the resultant relation to anemia. On the other hand, if the milk ration is decreased and ordinary cereals substituted, not only is the iron deficiency far from being made good, but there remains the well-known fact that most cereals are seriously deficient in calcium and vitamin G. Fortunately, the recent development by the Pediatric Research Foundation of a new cereal, which when used with milk not only makes good its iron and vitamin B deficiencies, but also supplies what no other cereal supplies in such outstandingly abundant measure—calcium, phosphorus, copper and vitamins A, E and G. This new cereal was devised in the Research Laboratories of the Hospital for Sick Children and the Department of Pediatrics, University of Toronto, and is exclusively licensed for production by us. It is called Mead's Cereal, is advertised only to physicians, and is supplied in 1- and 4-lb. packages through drug stores.







MEAD'S CEREAL IS RICH IN CALCIUM

Figures show gms. calcium per ounce of cow's milk, farina, rolled oats and Mead's Cereal.

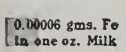


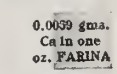


MEAD'S CEREAL IS RICH IN IRON

Figures show gms. iron per ounce of cow's milk, farina, rolled oats and Mead's Cereal.







[1] Editorial, Storage of Calcium, J.A.M.A. *96*:197 (1931). [2] Sherman, H. C. and Booher, L. E., The Calcium Content of the Body in Relation to that of the Food, Proc. Soc. Exper. Biol. & Med. *28*:91 (1930).

PRINCIPAL FUNCTIONS OF CALCIUM

(1) Calcification of bones and teeth (2) Regulation of sympathetic nervous system (and through the vagus, cardiac muscle tone) (3) Maintenance of calcium-phosphorus ratio in rickets and tetany (4) Control of normal salt balance in blood and body fluids (5) Maintenance of acid-base equilibrium (6) Formation of calcium caseinate compounds in food digestion (7) Coagulation of blood (8) Antagonism to toxic effects of potassium and magnesium ions.

Refs: F. R. Fraser, J. C. Hoyle, etc., etc.

MEAD JOHNSON & CO.
Pioneers in Vitamin Research
Evansville, Ind., U.S.A.

The Ohio State Nurses' Association

Official Registries for Nurses

District No. 1—42 Hawthorne Ave., Akron, Ohio. Phone: Lincoln 0600
District No. 3—601 Mahoning Bank Bldg., Youngstown; Phone 44581; 44582
District No. 4—2157 Euclid Ave., Cleveland, Ohio. Phone: Prospect 1951
District No. 8—Room 1112 Chamber of Commerce Bldg., Cincinnati, Ohio Phone: Main 7142
District No. 9—1930 Robinwood Ave., Apartment 40, "The Scotwood," Toledo, Ohio. Phone: Main 7962
District No. 12—The Normandie Hotel, Room 610, Columbus, Ohio. Phone Adams 1569
District No. 15—Portsmouth General Hospital, Portsmouth, Ohio. Phone: 559

DIABETICS ARE SATISFIED WHEN YOU PRESCRIBE CUURDOLAC FOODS

Curdolac Breakfast Cereal
Curdolac Casein Bran Improved Flour.
Curdolac Casein Compound.
Curdolac Soya-Bran Breakfast Food.
Curdolac Soya-Bran Flour.
Curdolac Soya Cereal Johnny Cake Flour.
Curdolac Soya Flour.
Curdolac Wheat-Soya Flour.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Samples and literature on request.

CURDOLAC FOOD COMPANY Box 299 Waukesha, Wis.

relapses are very easily brought on by errors in diet, especially by overfeeding.

It may be noticed that nothing has been said as to the number of diarrhea and enteritis cases; the following table will show the reason:

Diarrhea and Enteritis Reports—10 Years

	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930
Cases reported	263	88	141	81	238	256	273	336	431	530
Deaths reported	2207	1294	1681	1981	1737	1473	916	945	846	1074

Diarrhea and enteritis (under 2 years) is a reportable disease under Regulations 2 and 8, Ohio Sanitary Code. No. 8 follows:

Regulation 8. (Reports from death certificates). Each health commissioner shall ascertain from the reports of death from contagious or communicable diseases submitted by local registrars of vital statistics *and from the examination of all death certificates submitted to him, any unreported cases of notifiable diseases, and shall fill in standard report blanks for such unreported cases and forward such reports to the state department of health in the same manner as other reports of cases of notifiable diseases except that the health commissioner shall record on such reports "First report by death notice."*

CONCLUSIONS

The cause of diarrhea and enteritis is undoubtedly dietetic and therefore preventable.

Improper feeding or contaminated food causes the condition.

Weaning a child during the first six months of life is a serious matter and should never be resorted to without proper justification, sanctioned by competent medical advice.

Experimental feeding or hap-hazard modification of milk is dangerous to the newly weaned or bottle-fed baby; consult your physician.

The intelligent mother is the most important factor in the preservation of her infant's life, and the best sign of her intelligence is that she consult her physician rather than her neighbor or her grandmother in regard to the preparation of her baby's food.

Diarrhea and enteritis (under two years) is of sufficient importance to justify accurate case reports from physicians and health commissioners.

—The Cleveland Health Council has created a committee to study the relation of deafness to school children.

—Ohio has been allotted $33,025 by the Surgeon General of the U. S. Public Health Service to be used in public health work in the drought counties in the southern part of the state. The fund will be administered by State Director of Health H. G. Southard.

—Dr. W. B. Lacock, formerly connected with the Division of Communicable Diseases, State Department of Health, has been appointed health commissioner of Hocking County, filling the vacancy created by the death of Dr. Morton W. Bland. Dr. Lacock practiced at Bainbridge previous to his association with the State Department of Health.

—State Director of Health H. G. Southard has notified the Franklin County Commissioners that steps must be taken immediately to improve sanitary conditions at the county tuberculosis sanatorium through the laying of drains to carry off storm water in the basement of the institution.

—A summation of the carbon monoxide mishaps associated with gas-fired heating appliances,



VENTRICULIN

(Desiccated, Defatted Hog Stomach)

Now available in
100-gram bottles

This new "Economy Package" still further reduces the cost of Ventriculin treatment to the pernicious anemia patient.

We shall continue to supply Ventriculin in packages of 10 and 25.10-gram vials for those who prefer to obtain the product in this form.

Specific in pernicious anemia . . . Developed by the Parke-Davis research staff in co-operation with the Simpson Memorial Institute, University of Michigan . . . Accepted by the Council on Pharmacy and Chemistry of the A.M.A.

PARKE, DAVIS & CO.

The world's largest makers of pharmaceutical and biological products

DETROIT NEW YORK CHICAGO KANSAS CITY ST. LOUIS BALTIMORE NEW ORLEANS
MINNEAPOLIS SEATTLE *In Canada:* WALKERVILLE MONTREAL WINNIPEG

reported to the Division of Industrial Hygiene, State Department of Health, for the year July 1, 1930, to June 30, 1931, shows that there was a considerable reduction in the number of fatalities from those of preceding years. In the year 1929-30 there were 52 deaths. The average for the last five years is 44. This year there are 29 deaths, including three from unburned gas, two of which were suicides. In addition, there are newspaper clippings (only) of nine additional cases with three deaths, not included in the above figures.

As to location and type of appliance involved, these cases were pretty well scattered. Space-heaters were associated with 12 deaths, water heaters with five, gas ranges with six, and hot-plates with three deaths. Twenty-six cases with six deaths occurred in bedrooms, 14 cases with eight deaths in living rooms, 16 cases with five deaths in bathrooms, and 21 cases with five deaths in kitchens. Heaters in bedrooms and water heaters in bathrooms continue to be among the leading offenders.

—Well drilling in the 28 counties of the Ohio drought area—mainly the southern and south-eastern tier of counties—is progressing rapidly under supervision of engineers of the State Department of Health. Work already has been done on four regional contracts and is being put under way in a fifth. A considerable number of "dusters" and salt water wells, replacement of which has been made or is under way, has operated to delay completion of some of the earlier contracts.

In all, 24 of the original wells were drilled, but nine were either salt water or no water at all. Five of the nine were drilled at sites where local interests had sites selected in advance and insisted on their being used. These five have been replaced, in every instance with a good well on a site selected by the experts of the Department, and in every case with the choice of site confirmed by the experienced well driller who had the contract, before his drill had entered the ground.

One of the other four was a good well at 40 feet, but the contractor, in opening a pocket in which to hold a pumping reserve, made the mistake of drilling too far, and struck salt water. This well will be salvaged by cutting off the saline flow with a plug at 10 feet from the bottom.

When the survey for the selection of sites was begun, the drillers told the Department that if two-thirds of the selected sites brought in good wells, it would be all that could be expected. Including the five sites accepted because of local insistence, the percentage is 62.5. Reclamation of the well which was drilled too deep raises it to exactly two-thirds; but as the five replacements were at sites which the departmental engineers selected at first instance, their inclusion raises the batting average of the engineers to 83.

Mercurochrome 220 Soluble

(Dibrom-oxymercuri-fluorescein)

The Stain Provides for Penetration

—and—

Fixes the Germicide in the Tissues

Mercurochrome is bacteriostatic in exceedingly high dilutions and as long as the stain is visible bacteriostasis is present. Reinfection or contamination are prevented and natural body defenses are permitted to hasten prompt and clean healing, as Mercurochrome does not interfere with immunological processes. This germicide is non-irritating and non-injurious when applied to wounds.

Hynson, Westcott & Dunning

Inc.

BALTIMORE, MD.



MEN ARE NOT IMMUNE

EXCESSIVE perspiration does not search out its victims by sex. Men just as often suffer from its discomforts as women. This is especially true of hyperidrosis of the axillae, hands and feet.

The physical discomfort and social implication of excessive perspiration are equally distressing to men and women.

NONSPI

(AN ANTISEPTIC LIQUID)

checks the perspiration and prevents the odor, too. It needs to be applied only once or twice a week to those parts of the body not exposed to adequate ventilation. Trial supply gladly sent to physicians on request.

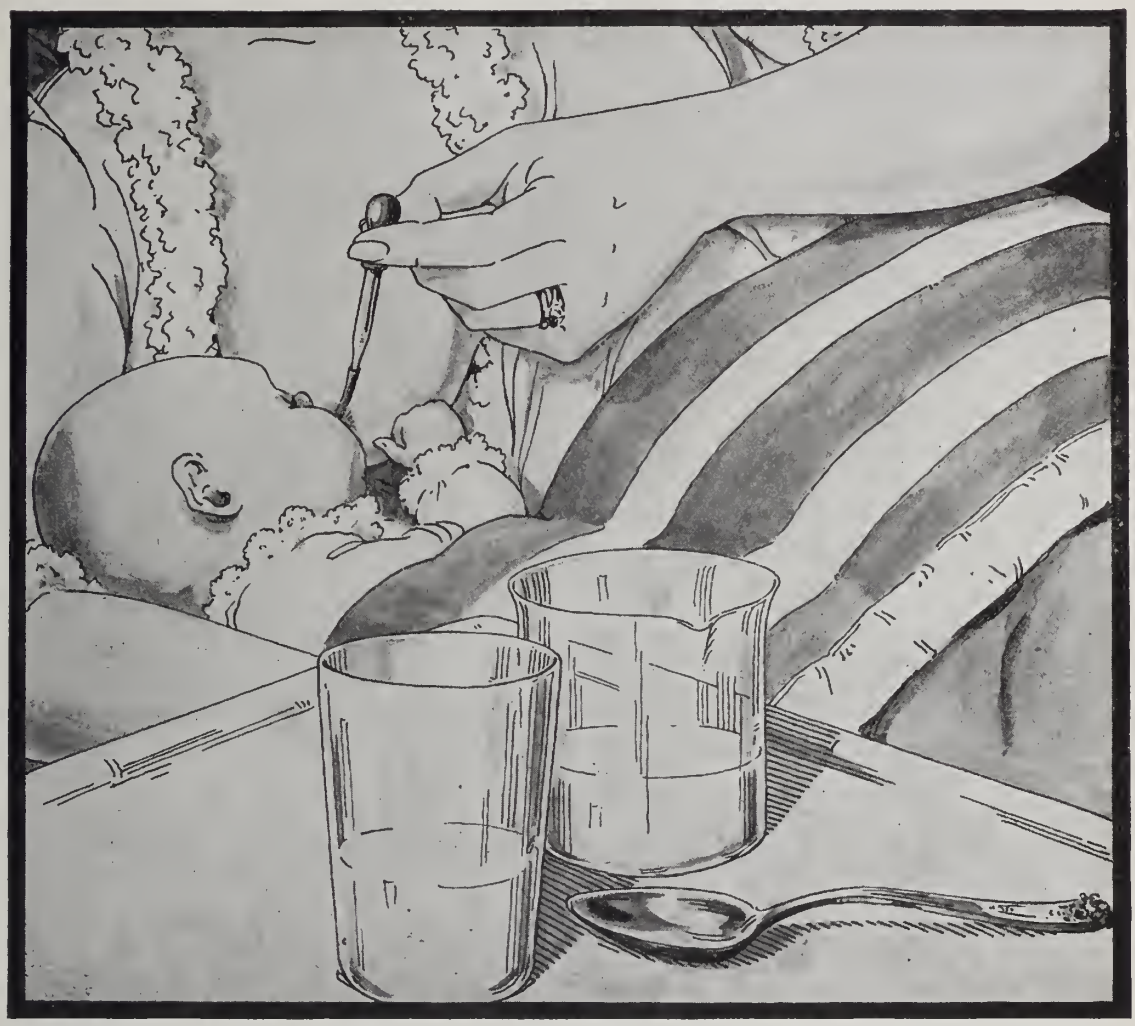
YES, I'd like to try NONSPI. Please send me a free trial supply.

Name.....

Address.....

City.....*State*.....

THE NONSPI COMPANY, 117 West 18th Street, N.Y. City



MEDICINE-DROPPER METHOD

OF FEEDING THE NEWLY-BORN



SIMILAC fed with a medicine dropper, simultaneously with the breast, during the newly-born period, reduces the initial loss in weight and prevents inanition fever, according to the results reported by a number of physicians.

The use of the medicine dropper instead of the rubber nipple nursing bottle, at this time, teaches the newly-born a very important lesson—that of nursing at its mother's breast.

Ask for Index Card, "Feeding the Newly-Born."

M & R DIETETIC LABORATORIES, INC.,
COLUMBUS, OHIO

OHIO STATE MEDICAL ASSOCIATION

STANDING COMMITTEES
(Constitutional)

PUBLIC POLICY

John B. Alcorn, Chairman, (1933) Columbus
C. W. Stone, (1932) Cleveland
J. H. J. Upham, (1934) Columbus
D. C. Houser, (ex-officio) Urbana
H. M. Platter, (ex-officio) Columbus

PUBLICATION

Andrews Rogers, Chairman, (1934) Columbus
Gilbert Micklethwaite, (1932) Portsmouth
A. B. Denison, (1933) Cleveland

MEDICAL DEFENSE

J. E. Tuckerman, Chairman, (1934) Cleveland
F. P. Anzinger, (1932) Springfield
W. H. Snyder, (1933) Toledo

MEDICAL EDUCATION AND HOSPITALS

Ben R. McClellan, Chairman, (1934) Xenia
R. H. Birge, (1932) Cleveland
John F. Wright, (1933) Toledo

MEDICAL ECONOMICS

J. Craig Bowman, Chairman, (1933) Upper Sandusky
E. O. Smith, (1932) Cincinnati
A. B. Brower, (1934) Dayton

SPECIAL COMMITTEE
Periodic Health Examinations

V. C. Rowland, Chairman Cleveland
Jonathan Forman Columbus
Beatrice T. Hagen Zanesville
R. R. Hendershott Tiffin
J. I. Stephens Ansonia

MENTAL HYGIENE

E. J. Emerick Columbus
O. O. Fordyce Toledo
L. J. Karnosh Cleveland
Wm. H. Pritchard Columbus
T. A. Ratliff Cincinnati

Military Committee

Harry D. Jackson, Chairman Circleville
Louis H. Feid, Jr. Cincinnati
David H. Moore Urbana

COUNCIL COMMITTEES

AUDITING AND APPROPRIATIONS

S. J. Goodman, Chairman Columbus
C. L. Cummer Cleveland
E. M. Huston Dayton

ARRANGEMENTS 1932 ANNUAL MEETING

E. M. Huston, Chairman Dayton
H. S. Davidson Akron
I. P. Seiler Piketon

PROGRAM 1932 ANNUAL MEETING

H. M. Platter, Chairman Columbus
John A. Caldwell Cincinnati
S. J. Goodman, Secretary Columbus

Delegates and Alternates to American Medical Association

DELEGATES

Wells Teachnor, Sr., (1932) Columbus
Ben R. McClellan, (1932) Xenia
E. R. Brush, (1932) Zanesville
C. W. Stone, (1932) Cleveland
J. P. DeWitt, (1933) Canton
C. E. Kiely, (1933) Cincinnati
C. W. Waggoner, (1933) Toledo

ALTERNATES

D. H. Morgan, (1932) Akron
A. C. Messenger, (1932) Xenia

C. L. Cummer, (1932) Cleveland
G. F. Zinninger, (1933) Canton
L. H. Schriver, (1933) Cincinnati
John Sprague, (1933) Athens

SECTION OFFICERS FOR 1931-1932

MEDICINE

Leo C. Bean, Chairman
Gallipolis
C. S. Mundy, Secretary
125 15th Street, Toledo

SURGERY

M. E. Blahd, Chairman
1420 Medical Arts Bldg., Cleveland
C. R. Steinke, Secretary
1027 Second National Bldg., Akron

OBSTETRICS AND PEDIATRICS

E. G. Horton, Chairman
350 E. State Street, Columbus
B. H. Carroll, Secretary
240 Michigan Street, Toledo

EYE, EAR, NOSE AND THROAT

Albert L. Brown, Chairman
2700 Union Central Bldg., Cincinnati
Ivor G. Clark, Secretary
188 E. State St., Columbus

NERVOUS AND MENTAL DISEASES

John D. O'Brien, Chairman
332 Market Ave. N., Canton
J. Fremont Bateman, Secretary
Box 36, Elmwood Place

PUBLIC HEALTH AND INDUSTRIAL MEDICINE

R. C. Engel, Chairman
3102 Independence Rd., Cleveland
R. H. Markwith, Secretary
Court House Annex, Akron

Eighty-Sixth Annual Meeting, Dayton, May, 1932.

Ideals

The Medical Protective Company holds an abiding admiration for the high ideals of your profession,—its humanitarian motives, its unselfish service, and its standard of ethics.

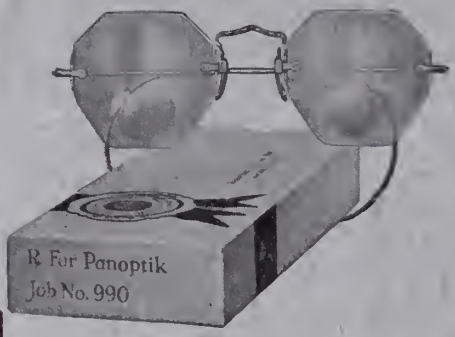
Thirty-two years of experience in the field of Professional Protection *exclusively* have but increased our zeal to keep Medical Protective Service worthy of the trust and good will accorded it, by maintaining sound practices and proven standards—refraining from exploitation by commercial experiments.



The Medical Protective Company
of Fort Wayne, Ind.
360 North Michigan Avenue : Chicago, Illinois

MEDICAL PROTECTIVE CO. 360 North Michigan Ave. Chicago, Ill.	*Name*_____
	*Address*_____
Kindly send details on your plan of Complete Professional Protection	*City*_____

9-31



PANOPTIK
BIFOCAL

via

BLUE RIBBON
℞ SERVICE

70% of the average optical income, doctor, is from bifocal patients. Choosing the right type of bifocals for these patients is as essential as accuracy is to the prescription. Therefore, may we suggest that you check "PANOPTIK" on bifocal prescriptions to make sure your patients derive the greatest possible benefit from your examination. PANOPTIK Bifocals — the latest development of Optical Science—provide your patient with single vision comfort. If you haven't a price list, write us!

The **WHITE-HAINES OPTICAL COMPANY**

"There's a W-H house near you"

Columbus Cleveland Cincinnati Dayton
Lima Zanesville Springfield
Marion Youngstown

ROCKY GLEN SANATORIUM

Mc CONNELSVILLE OHIO

FOR THE TREATMENT OF TUBERCULOSIS

"Rocky Glen Gets Results"

LOUIS MARK, M.D., Medical Director, 677 N. High St., Columbus, Ohio
D. G. RALSTON, M.D., Resident Medical Director
H. A. PHILLIPS, Superintendent Established 1911
A. A. TOMBAUGH, M.D., Resident Physician
In The Picturesque Highlands of Ohio

STONEMAN PRESS, COLS., O

PRINTED IN U.S.A.

The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY BY
THE OHIO STATE MEDICAL ASSOCIATION
AS A MEDIUM OF SERVICE TO ITS MEMBERS

NOVEMBER 1, 1931

VOLUME XXVII
Number - - 11

THE NATIONAL ... OF MEDICINE
NOV - 3 1931
LIBRARY

Constitutional Action Required by a Number of Component County Societies . . . Page 889

Summary of Contents

ORIGINAL ARTICLES

Advances In Our Knowledge of the Etiology and Treatment of Chronic Arthritis and Rheumatic Manifestations. Willard C. Stoner, M.D., Cleveland, Ohio ... 861
Hysterectomy. Robert Blee Drury, M.D., F.A.C.S., Columbus, Ohio ... 863
Maternal Mortality and Morbidity In Ohio. B. H. Carroll, M.D., Toledo, Ohio ... 865
Some Suggestions for Better Cooperation Between Psychiatrists and Lawyers. Charles E. Kiely, M.D., Cincinnati, Ohio ... 869
The Bacteriology of One Hundred Consecutive Tonsils. Carl L. Spohr, M.D., Columbus, Ohio ... 872
The Practical Professional Problems of Rural Health Administration. E. R. Hiatt, M.D., Troy, Ohio ... 877
Cardiac Pain: A Clinical Consideration. Franklin Jukes, M.D., Akron, Ohio ... 879
President's Page. D. C. Houser, M.D., Urbana, Ohio ... 883

EDITORIAL

United Thought and Effort Necessary ... 857
Getting Back to Fundamentals ... 857
This Is No Time to Rock the Boat ... 858
The Vital Place of the General Practitioner ... 858
Obstetrical Service Here and Abroad ... 859
Proportion of Medical Charity ... 860

STATE NEWS

Annual Meeting Plans, Constitutional Questions, Workmen's Compensation Procedure, Medical Economic Problems, and other Important Matters Considered by Council at October Meeting ... 885
Prompt Action by Component County Societies on Constitutional Revision Is Urged by the Council; Where Does Your Society Stand? ... 889
Interesting Program for Annual Conference of Ohio Health Commissioners Will be Held in Columbus, November 18 to 20 ... 890
Medical Alumni Meeting, November 7 ... 892
Successful District Meetings, With Attractive Programs Held Recently in Ohio ... 893
Problem of Unemployment of Registered Nurses in Times of Depression ... 895
A Timely Warning Against Unknown Solicitors and Agents, and Against Various Types of Gyp Games Aimed at Physicians ... 897
Deaths in Ohio ... 899
News Notes of Ohio ... 900
Public Health Notes ... 901
News Notes from County Societies and Academies ... 903
Classified Advertisements ... 904
Hospital Notes ... 916

Palatable during pregnancy

Because of the effect on their appearance as well as their health, mothers fear tooth decay during pregnancy. Tooth decay leaves such obvious, such permanent results!

Spare your patients this worry with Viosterol in Oil-250 D! It is a safe, dependable way to help protect them against the damaging drain of the infant on their bones and teeth.

Viosterol in Oil-250 D, given regularly during pregnancy, also helps to prevent rickets in the infant. It is such a highly potent source of the anti-rachitic factor!

Biologic tests show that Viosterol contains *250 times* as much Vitamin D as standard cod-liver oil.

Three features in particular favor the use of Viosterol in Oil-250 D for pregnant and nursing mothers:

(1) *It is pleasant to take*—No digestive upsets follow the use of Viosterol in Oil-250 D. It is odorless and tasteless. This makes it extremely palatable to mothers.

(2) *It is convenient to give*—Viosterol is administered in drop dosage. Just a few drops every day are sufficient. A standard dropper in every package accurately regulates the amount.

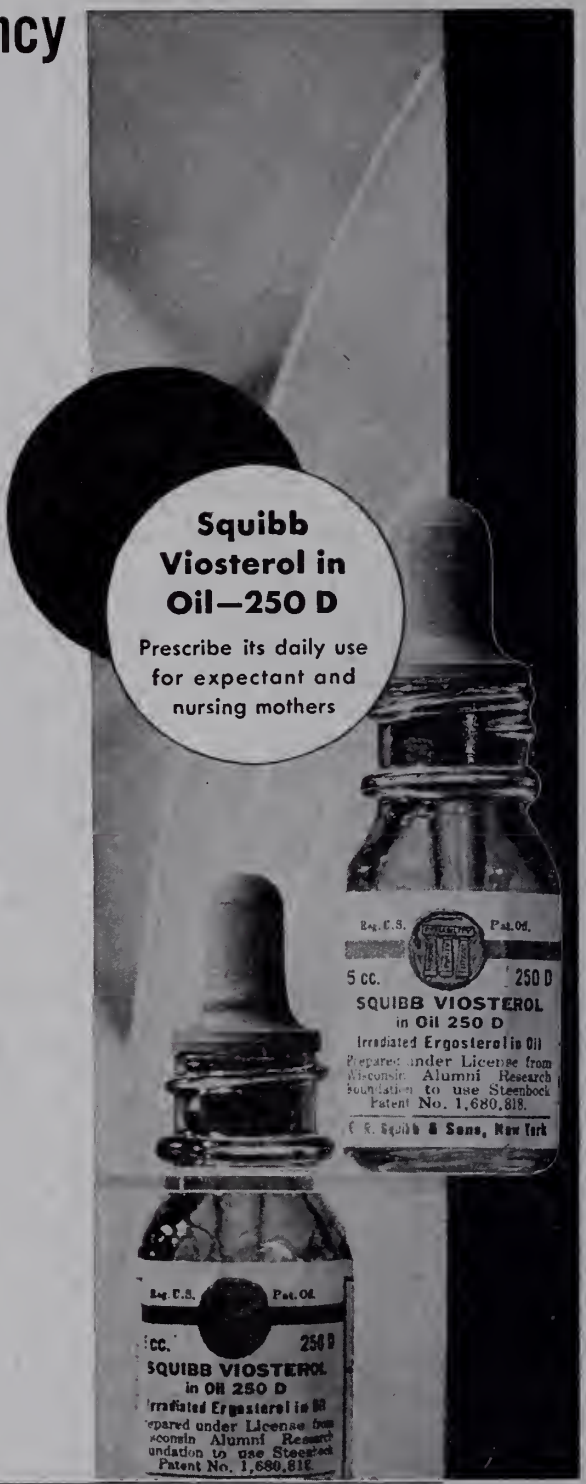
(3) *It is always reliable*—The potency of Viosterol makes it highly protective. Rapid results are assured with it.

Mothers will find *Squibb* Viosterol in Oil-250 D especially convenient to handle. The standard dropper in every package serves as a stopper for the bottle. This does away with a soiled dropper and prevents waste.

Squibb also use a special method designed to keep their oil stable and to prevent the destruction of Vitamin D. You can depend on results with Squibb's.

Don't leave the choice of a Viosterol to the judgment of your patients! Tell them always to ask for Squibb's. (They will recognize it by the blue bottle.)

The Squibb 10 D Oil for Babies—Squibb Cod-Liver Oil with Viosterol-10 D contains more of the anti-rachitic factor than the regular cod-liver oil. It gives babies special help in building their bones and teeth! Squibb 10 D Oil also provides an abundance of Vitamin A which recent research indicates to be an *anti-infective* factor. Babies need Vitamin A to build up their resistance and to help them grow. For babies, try the Squibb *10 D* Oil. Plain and Mint-Flavored.



SQUIBB VIOSTEROL

IN OIL 250 D

MANUFACTURED UNDER LICENSE FROM THE WISCONSIN ALUMNI RESEARCH FOUNDATION AND ACCEPTED BY THE COUNCIL ON PHARMACY AND CHEMISTRY, A. M. A.

THE SAWYER SANATORIUM

White Oaks Farm, Marion, Ohio

TREATS NERVOUS AND MENTAL DISEASES



THE PATIO

Provides Thorough Diagnosis, Scientific Treatment, Homelike Surroundings, Complete Equipment, Individual and Personal Professional Attention, Splendid Cuisine, all the modern conveniences of the best private homes. Located on an 130-acre farm. Presided over by men and women devoting all their time to the work.

Send for Booklet, Address

SAWYER SANATORIUM WHITE OAKS FARM MARION, OHIO

The Ohio State Medical Association

Ohio State Medical Journal

Entered as second class matter July 5, 1905, at the Postoffice at Columbus, Ohio, under act of Congress of March 3, 1879: Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Oct. 3, 1917. Authorized July 10, 1918.

Published monthly by
THE OHIO STATE MEDICAL ASSOCIATION
131 East State Street, Columbus, Ohio
Telephone: ADams 7045

This journal is published for and by the members of the Ohio State Medical Association. The Publication Committee does not assume responsibility for opinions expressed by individual essayists. It endeavors to maintain a high standard of advertising. Its advertising policy is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

Subscription $3.00 per year; single copies 30 cents.
Issued under the direction of the Publication Committee.

PUBLICATION COMMITTEE

Andrews Rogers, M.D., Chairman (1934) ..... Columbus
Gilbert Micklethwaite, M.D. (1932) ..... Portsmouth
A. B. Denison, M.D. (1933) ..... Cleveland

EXECUTIVE STAFF

Don K. Martin ..... Editor-Manager
Alice B. Haney ..... Advertising Manager

Officers 1931-1932

PRESIDENT
D. C. Houser, M.D. ..... Urbana

PRESIDENT-ELECT
H. M. Platter, M.D. ..... Columbus

TREASURER
James A. Beer, M.D. ..... Columbus

EXECUTIVE SECRETARY
Don K. Martin ..... Columbus

State Council

First District
John A. Caldwell, M.D. ..... Cincinnati

Second District
E. M. Huston, M.D. ..... Dayton

Third District
O. P. Klotz, M.D. ..... Findlay

Fourth District
B. J. Hein, M.D. ..... Toledo

Fifth District
C. L. Cummer, M.D. ..... Cleveland

Sixth District
H. S. Davidson, M.D. ..... Akron

Seventh District
E. B. Shanley, M.D. ..... New Philadelphia

Eighth District
E. R. Brush, M.D. ..... Zanesville

Ninth District
I. P. Seiler, M.D. ..... Piketon

Tenth District
S. J. Goodman, M.D. ..... Columbus

Ex-Officio, The Ex-President
C. W. Waggoner, M.D. ..... Toledo

CORRECTED ROLL OF DISTRICT AND COUNTY SOCIETIES

Societies	President	Secretary	
First District			
Adams	Ray Vaughn, West Union	O. T. Sproull, West Union	3d Wednesday in April, June, Aug., Oct.
Brown	R. B. Hannah, Georgetown	Geo. P. Tyler, Jr., Ripley	4th Wednesday in Feb., May and Nov.
Butler	P. E. Decatur, Hamilton	H. N. Ward, Hamilton	2d Wednesday, monthly.
Clermont	H. E. Cover, Bantam	Allan B. Rapp, Owensville	3d Wednesday, monthly.
Clinton	Kelley Hale, Wilmington	Robert Conard, Wilmington	1st Tuesday, monthly.
Fayette	E. H. McDonald, Bloomingburg	J. F. Wilson, Washington C. H.	1st Thursday, monthly.
Hamilton	Wm. M. Doughty, Cincinnati	H. H. Shook, Cincinnati	Monday evening of each week.
Highland	J. D. McBride, Hillsboro	W. B. Roads, Hillsboro	1st Wednesday in Jan., April, July and Oct.
Warren	S. S. Stahl, Franklin	James Arnold, Lebanon	1st Tuesday in May, June, July, Sept., Oct. and Nov.
Second District	Cyril Hussey, Sidney	H. R. Huston, Dayton	
Champaign	E. W. Ludlow, Urbana	L. A. Woodhurn, Urbana	2d Thursday, monthly.
Clarke	D. W. Hogue, Springfield	Wm. M. Runyan, Springfield	2d and 4th Wednesday noon.
Darke	E. A. Fisher, Yorkshire	W. D. Bishop, Greenville	Friday each month.
Greene	W. C. Marshall, Yellow Springs	Marshall M. Best, Xenia	1st Thursday, monthly.
Miami	M. I. Miller, Troy	G. A. Woodhouse, Pleasant Hill	1st Friday, monthly, except July and August.
Montgomery	F. K. Kislig, Dayton	Miss M. E. Jeffrey, Dayton	1st and 3d Friday each month.
Preble	J. I. Nishet, Eaton	C. M. Treffinger, Eaton	3d Thursday, monthly.
Shelby	M. F. Hussey, Sidney	B. S. Stephenson, Sidney	1st Friday, monthly.
Third District	V. H. Hay, Lima	C. E. Hufford, Toledo	Lima, 1932.
Allen	W. W. Beauchamp, Lima	E. B. Pedlow, Lima	3d Tuesday, monthly.
Auglaize	F. F. Fledderjohann, New Bremen	C. C. Berlin, Wapakoneta	2nd Thursday, bi-monthly.
Hancock	E. E. Rakestraw, Findlay	J. H. Marshall, Findlay	1st Wednesday, monthly.
Hardin	R. C. McNeill, Kenton	W. N. Mundy, Forest	1st Thursday, monthly.
Logan	Ben S. Leonard, West Liberty	O. C. Amstutz, Bellefontaine	1st Friday, monthly.
Marion	F. E. Mahla, Marion	Kenneth D. Smith, Marion	1st Tuesday, monthly.
Mercer	M. L. Downing, Rockford	F. E. Ayers, Celina	2d Tuesday, monthly.
Seneca	R. E. Hershberger, Tiffin	Robert Benner, Tiffin	3rd Thursday, monthly.
Van Wert	S. A. Edwards, Van Wert	R. H. Good, Van Wert	3d Tuesday, monthly.
Wyandot	B. A. Moloney, Upper Sandusky	J. Craig Bowman, Up. Sandusky	1st Thursday, monthly.
Fourth District	(With Third District in Northwestern Ohio District)		
Defiance	Geo. DeMuth, Sherwood	D. J. Slosser, Defiance	3d Thursday, monthly.
Fulton	L. C. Cosgrove, Swanton	Harold Heffron, Metamora	Semi-monthly.
Henry	T. P. Delventhal, Napoleon	F. M. Harrison, Napoleon	3d Wednesday, monthly.
Lucas	B. G. Chollett, Toledo	A. P. Hancuff, Toledo	Friday, each week.
Ottawa	Geo. Boon, Oak Harbor	Gordon S. Sloan, Elmore	2d Thursday, monthly.
Paulding	L. R. Fast, Paulding	Gaile L. Doster, Paulding	3d Wednesday, monthly.
Putnam	H. H. Sinks, Columbus Grove	Oscar J. Fatum, Ottoville	1st Tuesday, monthly.
Sandusky	J. L. Curtin, Fremont	L. N. Bates, Fremont	Last Thursday, monthly.
Williams	H. W. Wertz, Montpelier	H. J. Luxan, Montpelier	3d Thursday, monthly.
Wood	O. S. Canright, Haskins	F. V. Boyle, Bowling Green	3d Thursday, monthly.
Fifth District	C. L. Cummer, Councilor	Chrm. Com. on Arrangements	Cleveland.
Ashtabula	P. J. Collander, Ashtabula	E. H. Merrell, Geneva	1st Tuesday, monthly.
Cuyahoga	S. C. Lind, Cleveland	Clarence H. Heyman, Cleveland	3d Fri. March, May, Sept., Nov., Dec.
Erie	H. W. Lehrer, Sandusky	G. A. Stimson, Sandusky	Last Thursday, monthly.
Geauga	Clara J. Swan, Chardon	Isa Teed-Cramton, Burton	Last Wednesday, Apr. to Dec.
Huron	John A. Sipher, Norwalk	B. C. Pilkey, Norwalk	2d Thursday, monthly.
Lake	W. R. Carle, Perry	F. J. Dineen, Painesville	4th Tuesday, monthly.
Lorain	J. P. Rankin, Elyria	W. E. Hart, Elyria	2d Tuesday, monthly.
Medina	R. L. Mansell, Medina	J. K. Durling, Wadsworth	3d Thursday.
Trumbull	H. J. Meister, Warren	R. H. McCaughtry, Warren	3d Thursday, monthly, except June, July, August.

Societies	President	Secretary	
Sixth District	J. G. Blower, Akron	J. H. Seiler, Akron	2d Wed., Jan., April & Oct.
Ashland	G. B. Fuller, Loudonville	H. M. Gunn, Ashland	1st Friday, bi-monthly.
Holmes	L. E. Anderson, Mt. Hope	C. T. Bahler, Walnut Creek	1st Tuesday, quarterly, Jan., April, July, October.
Mahoning	A. W. Thomas, Youngstown	J. P. Harvey, Youngstown	3d Tuesday, monthly.
Portage	A. O. DeWeese, Kent	E. J. Widdecombe, Kent	1st Thursday, monthly.
Richland	D. C. Lavender, Mansfield	C. H. Bell, Mansfield	3d Thursday, monthly.
Stark	H. M. Schuffell, Canton	F. S. VanDyke, Canton	2d Tuesday monthly except July and August.
Summit	C. C. Pinkerton, Akron	A. S. McCormick, Akron	1st Tuesday, monthly.
Wayne	W. B. Turner, Wooster	R. C. Paul, Wooster	2d Tuesday, monthly.
Seventh District			
Belmont	A. T. Hopwood, Holloway	C. W. Kirkland, Bellaire	2d Wednesday, monthly at 1:45 p.m.
Carroll	(With Stark Co. Society)		
Columbiana	E. W. Miskall, East Liverpool	T. T. Church, Salem	2d Tuesday, monthly.
Coshocton	J. G. Smailes, Coshocton	J. D. Lower, Coshocton	4th Thursday, April, June, Sept., Decemher.
Harrison	J. M. Scott, Scio	R. P. Rusk, Cadiz	3d Wednesday, monthly.
Jefferson	M. H. Rosenblum, Steubenville	John Y. Bevan, Steubenville	Last Friday, monthly.
Monroe	G. W. Steward, Woodsfield	A. R. Burkhart, Woodsfield	2d Wednesday, monthly.
Tuscarawas	Jay W. Calhoon, Uhrichsville	R. E. Wolf, Uhrichsville	1st Thursday, monthly.
Eighth District			
Athens	H. T. Phillips, Athens	T. A. Copeland, Athens	1st Monday, monthly.
Fairfield	J. W. Whittus, Baltimore	C. W. Brown, Lancaster	2d Tuesday, monthly.
Guernsey	O. R. Jones, Cambridge	W. L. Denny, Cambridge	1st and 3rd Tuesday each month.
Licking	C. J. Dillon, Newark	D. A. Skinner, Newark	Last Friday, monthly.
Morgan	D. G. Ralston, McConnelsville	C. E. Northrup, McConnelsville	3d Wednesday, monthly.
Muskingum	O. I. Dusthimer, Zanesville	Beatrice Hagen, Zanesville	1st Wednesday, monthly.
Noble			
Perry	W. D. Porterfield, Junction City	F. J. Crosbie, New Lexington	3d Monday, monthly.
Washington	C. A. S. Williams, Marietta	E. W. Hill, Jr., Marietta	2d Wednesday, monthly.
Ninth District			
Gallia	O. A. Vornholt, Gallipolis	Milo Wilson, Gallipolis	1st Thursday, monthly.
Hocking	H. M. Boocks, Logan	M. H. Cherrington, Logan	Quarterly.
Jackson	Gomer E. Jones, Oak Hill	W. R. Riddell, Jackson	1st Tuesday, monthly.
Lawrence	F. R. Stewart, Ironton	Chas. H. Gallagher, Ironton	1st Thursday, monthly.
Meigs	P. A. Jividen, Rutland	Byron Bing, Pomeroy	1st Thursday, April, July and Oct.
Pike	Paul Jones, Stockdale	L. E. Wills, Waverly	1st Monday, monthly.
Scioto	Geo. Martin, Portsmouth	C. M. Fitch, Portsmouth	2d Monday, monthly.
Vinton	O. S. Cox, McArthur	H. S. James, McArthur	3d Wednesday, monthly
Tenth District			
Crawford	K. H. Barth, New Washington	A. E. Loyer, New Washington	1st Monday, monthly.
Delaware	D. S. James, Delaware	F. M. Stratton, Delaware	1st Tuesday, monthly.
Franklin	Joseph Price, Columbus	James A. Beer, Columbus	1st four Mondays.
Knox	W. H. Eastman, Fredericktown	J. Shamansky, Mt. Vernon	Last Thursday, monthly.
Madison	R. H. Trimble, Mt. Sterling	H. P. Sparling, London	4th Wednesday.
Morrow	C. E. Neal, Cardington	Todd Caris, Mt. Gilead	1st Wednesday, monthly.
Pickaway	Glenn D. Sheets, Williamsport	E. S. Shane, Circleville	1st Friday, monthly.
Ross	John Franklin, Chillicothe	W. C. Breth, Chillicothe	1st Thursday, monthly.
Union	E. J. Marsh, Broadway	Angus MacIvor, Marysville	2d Tuesday, monthly.

A PRIVATE SANATORIUM WITH HOSPITAL FACILITIES

A quarter century of efficient operation



RATES: $25.00 PER WEEK AND UP

ALCOHOLIC treatment destroys the craving for alcohol, restores the appetite and sleep, and builds the patient up physically and mentally. Whiskey withdrawn gradually. Not limited to one pint of whiskey in ten days.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

DRUG treatment is one of GRADUAL REDUCTION. It relieves the constipation, restores the appetite and sleep. Withdrawal pains absent. No Hyoscine or rapid withdrawal methods used unless the patient desires same.

MILD mental cases have every comfort that their own home affords.

FEMALE PATIENTS: Mild mental separated from mild nervous. Female attendants only; absolute privacy; comfortable, well-appointed ladies' lounge.

Cherokee Road (Long Distance Phone East 1488)

DR. STOKES' SANATORIUM LOUISVILLE, KENTUCKY

Situated in the choice highland section of Louisville, just 20 minutes' ride from all railroad stations

BACKWARD and PROBLEM CHILDREN

Require Intensive Scientific Training in a Suitable Environment

The Bancroft School

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. Winter quarters in New Jersey, summer camp on the coast of Maine. An incorporated educational foundation, operated not for profit, controlled by a Board of Trustees, offering the highest type of education attainable at rates within the reach of all. Organized to give the fullest possible cooperation to physicians.

Illustrated Catalog on Request

The Bancroft School Haddonfield, N. J.

"MESCO" Laboratories

The "MESCO" Laboratories manufacture the largest line of Ointments in the world. Sixty different kinds. We are originators of the Professional Package. Specify "MESCO" when prescribing Ointments. Send for lists.

MANHATTAN EYE SALVE CO.
Louisville, Kentucky

Windsor Hospital

THE Windsor Hospital and Sanitarium is completely equipped with all the best apparatus for giving Hydrotherapy, Occupational Therapy, and other treatment for all types of Nervous diseases, acute and chronic.

Herbert Sihler
Director

Phone RAndolph 2744

4415 Chester Ave., N.E.
(Formerly 4415 Windsor Ave., N.E.)

CLEVELAND, OHIO
ESTABLISHED 30 YEARS

Any one can make belts, but belts which give compression without uplift may do serious injury

"STORM" The New "Type N" STORM Supporter



Pleases doctors and patients. Long laced back. Soft extension, low on hips. Hose supporters attached.

Adapted for ptosis, hernia, pregnancy, obesity, relaxed sacro-iliac articulations, kidney conditions, high and low operations.

Ask for Literature

KATHERINE L. STORM. M.D.

Originator, Owner, and Maker

1701 Diamond Street Philadelphia

THE COLUMBUS RURAL REST HOME

AT WORTHINGTON, OHIO—JUST NORTH OF COLUMBUS



One of The Cottages—Forty-five Acres of Woods and Lawn

NERVOUS AND MILD AFFECTIVE DISORDERS

A Secluded Spot for Rest and Treatment. Good Accommodations—Kind and Efficient Nursing. Medical—Physical—Psychotherapeutic Measures.

Medical Director
G. T. Harding, Jr., M.D.

Laboratory
Geo. T. Harding III, M.D.

Resident Physicians
Fred'k H. Weber, M.D.
Mary J. Weber, M.D.

Grandview Hospital

MENTAL AND NERVOUS DISEASES

2700 GLENWAY AVENUE, PRICE HILL
TELEPHONE, WARSAW 1784
CINCINNATI, OHIO

T. A. RATLIFF, M. D., Resident Medical Director

Especial feature of treatment

INDIVIDUAL CARE

with Modern Hospital Service

Equipment—modern; **Location**—accessible.
Grounds—a park of 25 acres, well wooded and retired.
Descriptive Circular on request.

THE ORCHARD SPRINGS SANITARIUM
near DAYTON, OHIO

A Private Hospital For Mental and Nervous Diseases — Established in 1911

This institution, with its modern facilities, its delightful and restful suburban location, and its well-trained efficient organization, has for 15 years been in a splendid position to render skilled beneficial service at reasonable rates.

GEORGE V. SHERIDAN
President

For detailed information, address
CHARLES B. ROGERS, M. D.
Resident Medical Director
R. F. D. No. 13, Dayton, Ohio
Telephone: Lincoln 213, Dayton City Exchange

HILLSVIEW FARMS

A sanitarium equipped for diagnosis and follow-up in convalescent cases.

Physical therapy department equipped and staffed by trained technicians for treatment of such Orthopedic conditions as Torticollis, Congenital or acquired Postural changes, Arthritis, anterior Poliomyelitis, Neuritis and allied Bone and Joint conditions.

We are especially interested in the Anemias, Diabetes and Arthritis.



Write for particulars, or telephone 2650.

WASHINGTON, PA.

Laboratory and X-Ray investigations under direction of Physicians of known and recognized ability.

Food preparations under direction of graduate dietitian. Dining-room and tray service. Milk and cream from our own herd of registered tuberculin tested Jerseys.

Mental cases and drug addicts not admitted.

Located high on the edge of Washington, thirty miles south of Pittsburgh.



THE OXFORD RETREAT
OXFORD, OHIO

For

Nervous
and
Mild Mental Cases

R. HARVEY COOK,
Physician in Chief

Write for Descriptive Circular

New Fire Proof Bldg. Opened June 1926



WHITING MINERAL SPRINGS
Sanitarium and Baths

Hydrotherapy scientifically applied for the treatment of rheumatism and allied diseases together with cases for elimination and rest cure.

Medical department thoroughly proficient and STRICTLY ethical.

First class and modern in every department with moderate rates.

DR. U. G. WHITING, Phy. & Mgr. MARTINSVILLE, INDIANA

THE MERCER SANITARIUM - MERCER, PENNA.

For Nervous and Mild Mental Disorders. Located at Mercer, Pa., 30 miles from Youngstown. Farm of 75 acres with registered tuberculin-tested herd. Re-educational measures emphasized, especially arts and crafts and outdoor pursuits. Modern laboratory facilities.

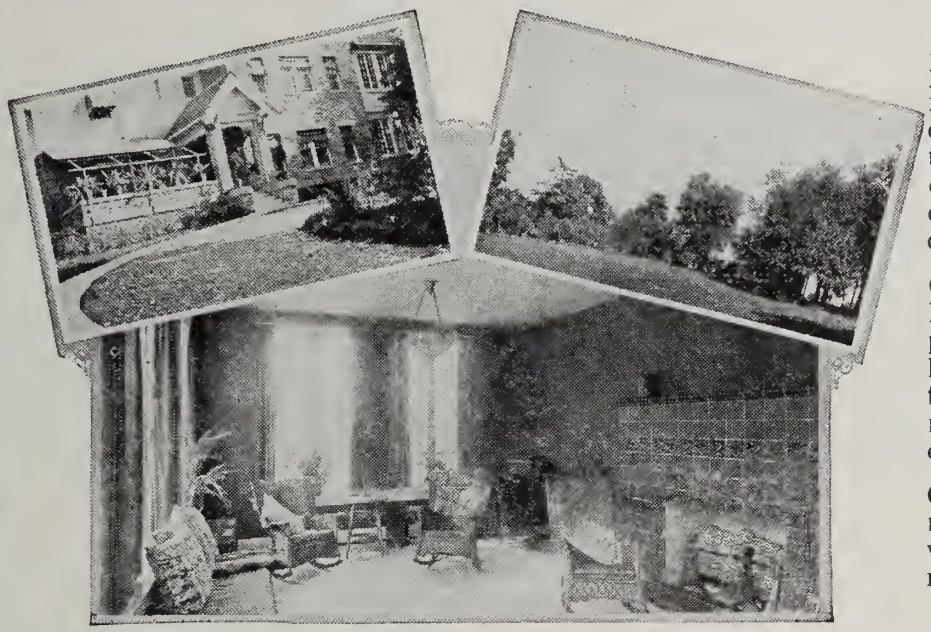
Address

W. W. Richardson, M.D., Medical Director
(Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.)

"REST COTTAGE"

College Hill, Cincinnati, Ohio

STAFF
F. W. Langdon, M.D. ..... Consultant Emeritus
Emerson A. North, M.D. ..... Visiting Consultant
Chas. E. Kiely, M.D. ..... Visiting Consultant
D. A. Johnston, M.D. ..... Medical Director
H. P. Collins ..... Business Manager
Box No. 4, College Hill, Cincinnati, Ohio



For purely nervous cases, nutritional errors and convalescents.

Completely equipped for hydrotherapy, massages, etc.

Cuisine to meet individual needs.

THE CINCINNATI SANITARIUM

INCORPORATED 1873



A strictly modern hospital fully equipped for the scientific treatment of nervous and mental affections. Situation retired and accessible. For details write for descriptive pamphlet.

For Mental and Nervous Diseases

STAFF
Charles E. Kiely, M.D.
Emerson A. North, M.D.
Visiting Consultants
D. A. Johnston, M.D. Medical Director
H. P. Collins ..... Business Manager
Box No. 4, College Hill, Cincinnati, O.



Receiving Hospital 2102 Cherry Street
MILD MENTAL AND NERVOUS DISEASES AND GENERAL INVALIDISM

THE TOLEDO SANITARIUM, Toledo, Ohio

2102 Cherry Street — Phone Jeff. 3979

JAS. A. BELYEA, M.D., Manager — LOUIS A. MILLER, M.D., Neurologist, Supervising Physician

---

Ferguson-Droste-Ferguson Sanitarium

✣

Ward S. Ferguson, M.D. - James C. Droste, M.D. - Lynn A. Ferguson, M.D.

✣

PRACTICE LIMITED TO
DIAGNOSIS AND TREATMENT OF

DISEASES OF THE RECTUM

✣

GRAND RAPIDS, MICHIGAN
6 Park Ave.—on Fulton Park

✣

Sanitarium Hotel Accommodations

ILETIN
INSULIN, LILLY

For more than eight years leading specialists in diabetes in the United States have used Iletin (Insulin, Lilly) with excellent results in thousands of cases.

The purity, stability, and uniformity of Iletin (Insulin, Lilly) are characteristic, and it is in constantly increasing use by the medical profession.

Write for pamphlet on
Insulin and Diet Charts

ELI LILLY AND COMPANY
INDIANAPOLIS, U. S. A.



Lilly

PULVULES SODIUM AMYTAL

Preoperative anxiety and excitement are replaced by tranquillity through the administration of Pulvules Sodium Amytal.

Following their use the anesthetic is more easily administered; less of it is required. Postoperative nousea is absent or diminished.

Pulvules Sodium Amytal are useful in surgery, obstetrics, and internal medicine. They may be administered orally or rectolly. Order through the drug trode. Write for pamphlet.

Each Pulvule of Sodium Amytal contains 3 grains of sodium iso-amyl ethyl barbiturate.



ELI LILLY AND COMPANY

INDIANAPOLIS, U. S. A.



DR. GAVER SANITARIUM
71 Winner Ave. Phone Fairfax 8315 Columbus, Ohio
DRUG ADDICTION AND ALCOHOLISM NERVOUS AND MENTAL DISEASES
RATES REDUCED
EARL E. GAVER, Medical Sup't.

H. IRVING COZAD, M.D.
G. DEAN TIPTON, M.D.

FAIR OAKS VILLA
AND
COTTAGES

¶Any NERVOUS or MENTAL CONDITION which in the judgment of the attending physician needs our care, protection or treatment will be received at any time that we have the suitable environment available.

CUYAHOGA FALLS, OHIO
28 Miles from Cleveland
4 Miles from Akron

Reached by
Pennsylvania Lines
B. & O. R. R.
Akron, Bedford, Cleveland Interurban
Kent, Ravenna Interurban



THE McMILLEN SANITARIUM

Cor. Nelson Road and East Fifth Ave.
SHEPARD—COLUMBUS, OHIO

R. A. KIDD, M.D., Superintendent

A PRIVATE NEUROPSYCHIATRIC HOSPITAL, modern in all particulars. Ideal location at the east edge of Columbus. Specialists services, laboratory facilities and well trained nurses. Fifty individual rooms. Patients taken for observation. Phone or write for information. ALCOHOLISM GIVEN SPECIAL ATTENTION.

PAUL W. PALMER, M. D.

21 E. State St. COLUMBUS, OHIO

Practice Limited to

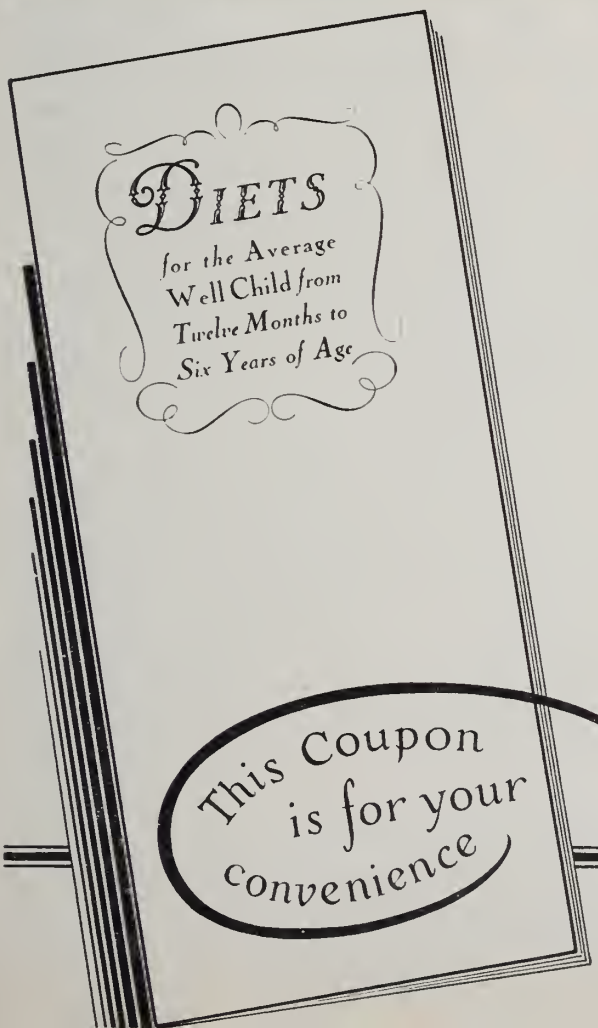
DISEASES OF THE RECTUM

Hospitalization Arranged If Necessary

Office, Adams 2958 Res., Evergreen 1838

How long should an infant be continued on S.M.A.?





While primarily developed for infants from birth to twelve months of age, practical experience by physicians has shown that S. M. A. may be continued with consistently good results throughout early childhood.

Write us for a few copies of this helpful little booklet entitled "Diets for the Average Well Child from Twelve Months to Six Years of Age".

S. M. A. Corporation, 4614 Prospect Avenue
Cleveland, Ohio
Please send Pamphlet No. J - 300- - - ☐

Name_____

Address_____

NOW! *a* New, *Everyday* *Food Source of* **Vitamin-D**

A NEW and excellent source of vitamin-D has been made available to the public in this vicinity by the General Baking Company through Bond Bread. The vitamin-D content is in the proportion of 140 units per pound and a half of bread. The vitamin-D units are as defined by the Council on Pharmacy and Chemistry (J.A.M.A., August 31, 1929). 140 units are equivalent to the D content of 3 teaspoonfuls of standard cod liver oil.

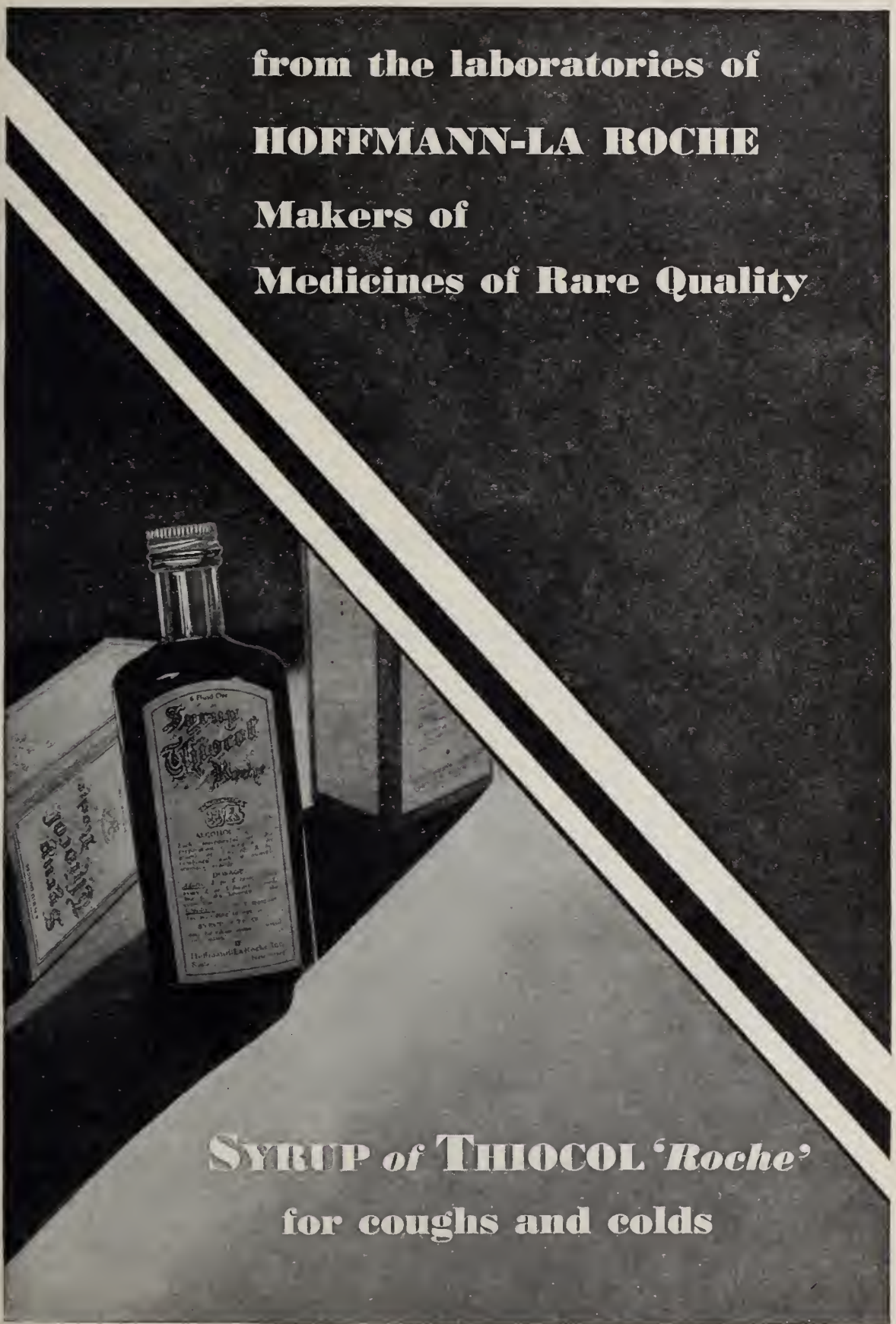
POTENCY This potency was decided upon after consultation with many of the outstanding nutritionists and pediatricians throughout the United States and Canada, and after over a year's experimental and clinical investigation. It is the opinion of these authorities that the additional amount of this vital food element will be of great value to the people at large.

EFFICACY The efficacy of this valuable vitamin-D source is self-evident to the profession. It is the first time that it has been offered to the public in any table food in an adequate amount. This improved Bond Bread is now on sale.

For further information and for "documentary evidence" of the above, address
DR. J. G. COFFIN, *Technical Director*

ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods

GENERAL BAKING COMPANY
420 LEXINGTON AVENUE, *New York City*

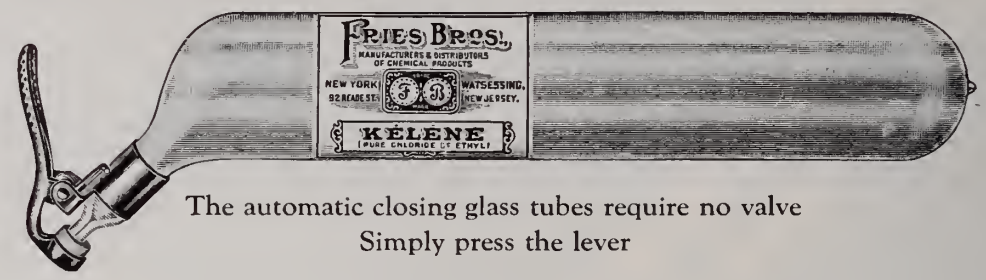


. . . . . *Syrup of Thiocol 'Roche' contains the potassium salt of ortho-guaiacol-sulphonic acid* . . . . . .

For Local and General Anesthesia

KELENE

PURE ETHYL CHLORIDE



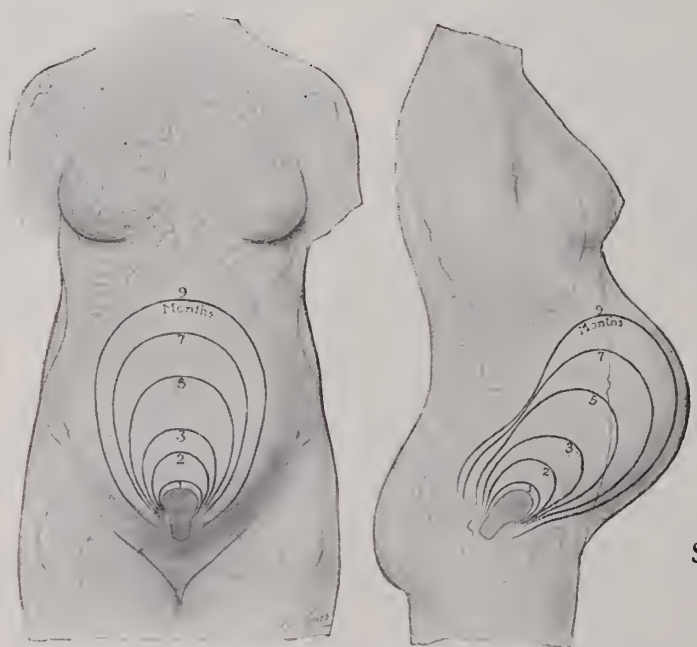
The automatic closing glass tubes require no valve
Simply press the lever

Sole Distributors for the United States and Canada:

MERCK & CO. INC.

Main Office: **Rahway, N. J.**

ANATOMICAL STUDIES



POSITION AND SHAPE OF UTERUS
DURING PREGNANCY

for the Practitioner

A set of Anatomical Studies (in book form) furnished to physicians on request—upon receipt of 20c to cover mailing.

CAMP
TRADE MARK

Physiological Supports
Scientifically Designed

S. H. CAMP & COMPANY
Manufacturers
JACKSON, MICHIGAN

Chicago
1056 Merchandise Mart

New York
330 Fifth Ave.

London
252 Regent St. W.

IMPORTANT MACMILLAN PUBLICATIONS

White—HEART DISEASE

By Paul D. White, M.D., Physician to the Massachusetts General Hospital; Instructor in Medicine, Harvard Medical School $12.00

"The book is a distinct contribution to cardiology and does credit to American Medicine."
—Journal of American Medical Association

"This book is the most important practical publication on the subject of Heart Disease that has appeared in this country during the past decade or two. It contains a complete survey of the entire subject including the diagnosis, prognosis, and treatment of heart disease."
—New England Journal of Medicine

". . . many years may easily pass before anyone writes anything equal to it."
—Western Medical Times

Zinsser—RESISTANCE TO INFECTIOUS DISEASES, Fourth Edition

By Hans Zinsser, M.D., Professor of Bacteriology and Immunity, Medical School, Harvard University $7.00

The fourth edition of "Infection and Resistance" has been brought out under the new title of Resistance to Infectious Diseases because immunology has grown considerably closer to the interests of the physician occupied with infectious diseases than it was when earlier editions were published. Due to the many changes in the subject, the sections on anaphylaxis and hypersensitiveness have been completely rewritten. More attention has been given to analysis of the immunological principles underlying the biology of the more important infectious diseases.

Rockwell—STREPTOCOCCIC BLOOD STREAM INFECTIONS

By George E. Rockwell, M.A., M.D., Associate Professor of Bacteriology, College of Medicine, University of Cincinnati $1.75

This book is unique because it considers not only the clinical phases but also the more salient facts of the various sciences involved: bacteriology, physiology, pathology, and chemistry. Since it deals with streptococcic blood stream infections regardless of the source, whether it be mastoiditis, puerperal sepsis, wound infection, scarlet fever or any other cause, it should prove of value not only to the medical student and general practitioner, but to those in the various specialties, such as surgery, obstetrics, gynecology, pediatrics, rhinology, ophthalmology and otology.

Wilson—FRACTURES AND THEIR COMPLICATIONS

By George Ewart Wilson, M.B., F.R.C.S., Surgeon-in-Chief, St. Michael's Hospital, Toronto; Assistant Professor of Surgery, University of Toronto $10.50

"In this work there is an unusually careful and detailed description of the treatment of fractures, and the author has considered practically all the usual and a large number of the unusual varieties. The author's own method of handling these cases will help the student and practitioner to many times avoid those complications which beset the surgeon who has not had an extensive training in this class of cases."
—Journal of Bone and Joint Surgery

THE MACMILLAN COMPANY, Publishers

60 Fifth Avenue, New York

BOSTON CHICAGO SAN FRANCISCO DALLAS ATLANTA

ENZYMOL

For Topical Application

Observations of the action of gastric juice outside the body show a usefulness for a properly prepared product of this nature. An example of one of its indications is solution of necrotic and carious bone tissue.

ENZYMOL is an extract of the fresh stomach tissue juice, specially designed for topical application.

ENZYMOL is put up in convenient vials. It requires ordinarily for use, dilution with an equal volume of water; also with hydrochloric acid especially for cases in which this may be desirable—refractory tissue, large cavities, etc.

Originated and Made by

Fairchild Bros. & Foster

NEW YORK

PUBLIC HEALTH — SOCIAL WELFARE MEDICAL ECONOMICS and ORGANIZATION PROBLEMS

With Editorial Comment by D.K.M.

During the past year an unusually large number of articles dealing with questions of medical economics have been published in the medical press, and considerable time has been devoted at meetings of medical societies, local, state and national, to a discussion of medical-social and economic problems.

United Thought And Effort Necessary

The fact that so much time and space have been given to discussions of these important questions is ample evidence that the medical profession generally is devoting thought to these issues and that it is not, as frequently, charged, trying to dodge its responsibility in correcting whatever maladjustments may exist in present-day medical practice.

A review of the ideas presented from the various viewpoints reveals that the medical profession realizes that some changes in the present system of medical practice are imminent.

On the other hand, it is evident that physicians as individuals have varied and conflicting ideas as to what these changes should be and how they should be brought about.

We find one group of physicians which believes that no changes whatsoever are necessary and that the present system of medical practice is quite capable of keeping pace with the social and economic evolution which is taking place.

There is another group which advocates complete socialization of medical service under federal or state control as a panacea for the alleged flaws in the existing system.

Another school of thought is of the opinion that complete state medicine will not solve the question but that a compromise system, comprising some of the insurance plans employed in Europe, should be worked out.

Sandwiched in between these three groups are found physicians who have no clear-cut ideas on the matter and are willing to be converted by the group that presents the most telling argument.

This conflict of views and opinions is significant in that it demonstrates the necessity for a better understanding among all physicians of the seriousness and complexity of present-day social-economic questions.

Furthermore, it emphasizes the need for a stronger and more active medical organization which by the coordination of effort of its component units can bring about an agreement on a program which will preserve the rights of the practicing physician and at the same time adjust the practice of medicine in such a way that it can better meet changing economic and social conditions.

It becomes clearly evident that the questions before the medical profession today cannot be successfully met by physicians as individuals or by individual effort.

Through active and united medical organization much progress can be made and varied views and opinions correlated so as to be beneficial both to the medical profession and the public at large.

Those who have, with anxiety and discouragement, witnessed during the past decade the growth of social fads, and visionary experiments, most of them worthless and many of them dangerous, are beginning to hope that the present economic crisis will shake the public into a realization that some frivolous and costly activities of the post-war days must be abandoned.

Getting Back to Fundamentals

One writer, who like many others, sees some good in the present distressing financial situation makes the following observation of conditions as they exist at present:

"During the war and in the years of prosperity that followed, office-holders loaded the people down with uncalled for services and unnecessary expenses. The hysteria of those exciting times and the delusion that everything must be done on a grand scale have not yet completely disappeared, but curtailed revenues will hold them to a minimum in the future. Freak legislation, social work of unproved value, uplift movements which seek to be supported by tax money, ologies and isms that have been foisted upon the public—all must be brushed aside because there is no money to foster them.

"This is the first opportunity or excuse that men responsible for administering local and national governmental policies have had for resisting the ceaseless requests for official aid and sanction that regularly are made upon them.

"Because it is now forced to, government will

tend to get back to its legitimate work. It, no less than business, must do its first duties first if it is to justify itself and be of value; it must forego the pleasures of engaging in visionary experiments. It must get down to brass tacks and concentrate upon efficiency, wise use of its resources and effective service to the people, and forget the fol-de-rols, the frivolous business of keeping up a front merely for show and the past-time of taking to its bosom every fad that strikes its fancy."

There undoubtedly is some cheer in the above view for those who have seen the gradual extension of government into the fields of private, competitive business and who have had their work disturbed by the peddlers of new but unsound theories.

It may be that the hardships that go with curtailed income and a lower standard of living will seem less severe if there can be some assurance that out of the recovery period, following the present cycle of depression, there will arise a concerted sentiment against further expansion and exploitation of extravagant, impracticable and unproved governmental and social programs.

This Is No Time to Rock the Boat

While national and state administrations, economists and welfare workers debate such questions as whether relief work during the coming winter should be a national, state or local task, or whether funds for family relief should be raised and administered by private or public agencies, the business or professional man surveys the future with a somewhat different thought in mind.

Admitting that question of going to extremes in paternalism during the difficult days approaching is one of serious proportions, the business and professional man, however, finds that there are other questions involved in the present economic depression of utmost importance, so far as he, personally, is concerned.

The general public has long since ceased to wonder about the cause for the depression and has turned its attention to what effect it has had or is going to have on standards of living and individual resources.

Furthermore, the thoughtful and serious-minded merchant, industrialist, attorney, physician, or other representative citizen, is beginning to devote some thought to the effect the depression will have on ethical and business standards; on public morals, and on the future of the buying public toward the quantity and quality of the product it purchases.

As *The Bulletin of the Cleveland Academy of Medicine* has pointed out editorially:

"The buying public, finding its financial resources lessened, goes bargain hunting. Instead of remaining as customers of institutions or individuals from whom it has had good services in normal times, it begins seeking the cheapest without much respect to quality. This attitude on the part of the public opens up an attractive field to the merchant or professional man who is looking for the dollar rather than for an opportunity to render an adequate service for an adequate price.

"Medically speaking, the above situation can be interpreted in an attempt on the part of an increasing number of people to seek self-medication, the advice of the quack, or the cut-rate physician. While it is necessary, of course, that physicians as well as business men attempt to fit their practices to the pocketbooks of their patients, it is well they understand present economic tendencies, as cited above. Patience, wholesome advice, a willingness to carry a patient on through his financial troubles, a steadying hand and voice are essential. Furthermore, the physician who lets himself be stamped into abandoning his ethical or moral attitude is as lax as the starving individual who steals for bread."

The physician, like all business and professional men, is at the present time under pressure, with the possibilities for relief remote. How well the medical profession generally comes through the current crisis depends largely on the courage, resourcefulness and patience of the individual physician.

Above all, the medical profession, individually and collectively must not permit itself to be talked into projects and activities that are in conflict with sound, sane and practical ethical, economic, and social principles and policies of medical practice and medical service.

The Vital Place of the General Practitioner

Every time a new crop of physicians is turned out by the medical colleges of the country there appears a new deluge of pessimistic cries predicting the disappearance of the general practitioner and deploring the passing of the old-time family physician, friend and counsellor.

This fear that the general practitioner of medicine, or family physician, is soon to pass from the medical horizon is for the most part groundless and should not cause undue alarm.

The public—unless, of course, socialism and communism prevail—will not permit the family physician to fade from the medical picture. Despite the apparent widespread popularity enjoyed by some of the new-fangled systems of medical service, the public is beginning to realize more strongly than ever that nothing has as yet been

produced that will take the place of the family physician.

Secondly, the medical profession is going to see to it that the swan song of the general practitioner is postponed indefinitely, realizing that he is the backbone of every sound system of medical service.

Incidentally, it is interesting to note that many of the medical graduates of recent years have settled in small towns or in rural communities.

However, it must be admitted that a few readjustments in the medical field are necessary to maintain for the general practitioner his place in the sun. Some of these depend on a better and more equitable application of general economic and social principles; others will be brought about through the ability, initiative and courage of the general practitioner himself.

One of the most coherent and timely comments that has appeared recently on this question of the family doctor is that which appeared in the editorial columns of a recent issue of *The Saturday Evening Post*, headed 'The Family Doctor", and quoted herewith in full:

"Despite all that has been written and said about the family doctor, his patients have still to be heard from. General practitioners and specialists, surgeons and psychiatrists, all have had their say at medical-association meetings and in such interesting articles as that of Dr. Winford H. Smith's in the May sixteenth issue of *The Saturday Evening Post*, but the people who pay the bills have not had their day in court.

"On such a complex and baffling subject, presenting so many angles of approach, it is difficult to find a common point of view. More and more it becomes apparent, however, that one of the factors driving out the family physician is his own inability to keep up with the times. His patients say that except for minor ills he turns them over to specialists. He is becoming partly a diagnostician and partly a directory of his specialist friends—an expert information bureau. Is it any wonder, his patients rise to inquire, that he doesn't make enough money to go on being a general practitioner? Perhaps, to relieve economic pressure, he practices fee splitting—that ethical bone medical men have long been wrangling over. Or else he turns specialist himself, and another family doctor is gone.

"There are, however, general physicians who make money, who perform all but the most delicate and specialized operations, who put to its fullest use their intimate knowledge of their patient's idiosyncrasies. That, after all, is why none of the suggested substitutes for the family doctor will ever fill the bill. That is why neither 'group practice," government agencies, nor the outpatient clinics of private hospitals will ever force him to take down his shingle. For the practice of medicine is partly an art, not entirely a science. A successful general practitioner requires a man with what one doctor called 'the shepherd's heart.'

'But if he is to make the good living he deserves, he must keep up with medical progress sufficiently to do the hard jobs that earn the big money. Those family physicians who volunteer to perform the indicated operation, to deliver the baby, to treat the sinus, and whose patients are confident of their ability—these are the prosperous family doctors of the future. Like any business, success in medicine demands constant work, apart from regular routine. It is not surprising or alarming that the doctor who hasn't 'cracked a book' since medical school can't seem to stand the competition of clinics, specialists and hospitals. On that principle he wouldn't make a good living as a lawyer, an engineer or even a candlestick maker. But as long as progressive, prosperous, general physicians carry on their abundant practices in every section of the country, we need not fear for the future of a great American institution."

The Post's analysis of the situation not only points out emphatically that the family physician is indispensable in any sound system of medical service, but it also puts the issue of self preservation and perpetuity squarely up to the general practitioner himself.

The future of the family doctor largely depends on how well he meets this challenge.

Obstetrical Service Here and Abroad

European countries with their highly developed systems of socialized health service, insurance schemes, etc., are beginning to discover that systems and programs are in nowise assurance of thorough and high-class medical attention but that in the final analysis the caliber of medical service depends almost entirely on the preparation and qualifications of the medical men who are the backbone of all medical service programs.

For example, world-wide interest has been developed in recent years in the mortality due to childbearing. In the United States, particularly, statistics comparing the mortality rates of childbearing of this nation and European countries have been extensively quoted, oftimes with reckless abandon. Some individuals and groups have even gone so far as to suggest that the establishment of socialistic health movements, similar to those in operation abroad, would solve the question in America. Others have attempted to solve the question through legislation, which attempts have failed, as was to be expected.

Have the socialistic and insurance schemes in vogue in Europe played such an important role in the question of childbearing mortality as some would like to have the American public believe.

Dr. George W. Kosmak, president of the Medical Society of the County of New York, is among those who believes they have not. Speaking recently before the Annual Graduate Fortnight of the New York Academy of Medicine at a symposium on puerperal infections, Dr. Kosmak made the pertinent observation "that in the European countries with which our statistics have been compared there is also an admitted lack of satisfaction with conditions as they are".

"This has become increasingly evident in re-

cent years", Dr. Kosmak declared, "and notwithstanding the insurance schemes, supervised midwife practice and other factors, dissatisfaction seems to be rife. The objections, among other things, have been directed to the education of medical men in so far as over-crowding the student courses with theoretical rather than practical subjects. In obstetrics particularly the objection has been brought forward that the attempt is made to train students in operative procedures rather than the conduct of normal deliveries. In fact, the objection to interference with the normal processes of labor is brought out just as strenuously in obstetric circles abroad as it is in this country. Moreover, the acceptance of the health insurance system has contributed to the problem, for many obstetric operations are now being done which would have been considered unnecessary had there not been present the stimulus of an increased fee from the insurance fund which would not have applied in a normal delivery."

Those who have studied this important question are convinced that whatever improvement in childbearing mortality has been recorded overseas, in comparison to statistics of the United States, has been accomplished despite the various socialized health and insurance schemes rather than because of them. Others have pointed out the inadequacy and incompleteness of the mortality data abroad.

In other words, men who have given this question thorough consideration are of the opinion that infant and maternal mortality is primarily a medical problem, not a social-economic question as some have insisted. They also believe that the solution of the question lies primarily with the medical profession itself, through the modification and revision of medical education procedures so as to better prepare medical students for meeting the numerous factors that arise in obstetrical service.

Proportion of Medical Charity

Quite often the statment is made that the physicians of some communities contribute one-fourth, or one-third, or one-half of their time to the care of charity or semi-charity sick and injured.

Such generalized observations, while impressive to the medical man because he knows something about the amount of time the average doctor puts in on the job, are probably of only slight interest to the average layman.

However, when boiled down into concrete facts and reduced to a dollars and cents status, the same subject is almost certain to give the casual outsider something to think about and give him a new understanding of the enormous service that is rendered gratis by the medical profession generally.

An example of how figures and deductions may be used to paint a vivid picture of the contributions of the medical profession for which little praise and little compensation is received is found in a discussion of the "hospital and the dollar", by Dr. S. S. Goldwater, New York City, writing in *The Modern Hospital.*

"The 'dollar a year' man was a hospital physician or a hospital trustee long before he made his first patriotic appearance in government circles", declares Dr. Goldwater.

"The annual report of a typical hospital of 300 beds to which a large dispensary is attached shows that the institution employs nearly 200 physicians as consultants, visiting physicians, visiting surgeons, laboratory workers, clinical assistants and interns. The hospital's annual budget is more than $600,000, of which only $30,000 is devoted to professional services. What does this mean?

"Last year 18,000 patients made 60,000 visits to the outpatient department of this institution. At each visit a patient was seen by at least one member of the staff. All of this service was given gratuitously. Suppose this service were not free and the doctors demanded for each consultation a modest fee of $3; then the cost of medical service in the outpatient department of this hospital would have amounted to $180,000.

"Of 300 beds in the hospital proper, 180 are in public wards. Here unsalaried interns are in constant attendance, and ward rounds are made every day by members of the visiting staff. All of the ward beds are not occupied every day in the year, but there is sufficient occupancy to aggregate a total during the year of 50,000 free ward days. Suppose we arbitrarily attach to this service, which includes not only the bedside visits of the visiting staff and interns but complete laboratory service and more than 2500 major surgical operations, a value of only $10 for each hospital day. Such an estimate gives $500,000 as the value of the service contributed by the staff. While some members of a hospital staff derive either professional or pecuniary advantages from their hospital connection, this is not true of all, and only a few members of the staff, chiefly full-time workers in the laboratory departments, are directly paid for their hospital work. We find then, that although this typical American hospital paid its medical staff only $30,000, the value of the service rendered by doctors to ward and dispensary patients, conservatively estimated, was $680,000. Since this is a story of dollars, I desist from any attempts to describe in terms of human life and human happiness the real significance of the service of which the foregoing figures are merely an index."

Advances In Our Knowledge of the Etiology and Treatment of Chronic Arthritis and Rheumatic Manifestations

WILLARD C. STONER, M.D., Cleveland, Ohio

NO problem in the field of medicine with important sociologic and economic aspects takes rank with that of chronic disease. Chronic arthritis and rheumatic manifestations from the standpoint of disease incidence and physical disability represent the most important problem of the chronic diseases. It must be admitted that the most important public health problem of the present day is that of the chronic diseases occurring in the middle aged. Public health surveys indicate that approximately 10 per cent of our population are suffering from some form of chronic disease. It is estimated that the incidence of chronic rheumatic disease is twice that of heart disease. No chronic disease has been the subject of more intensive study in recent time than that of chronic arthritis. This has been particularly true in certain European countries where the disease incidence is high, such as England.

There is much discussion appearing in print from time to time on the various aspects of the problem. Unfortunately much knowledge is wanting as concerns a satisfactory etiology and treatment. A discussion of the various clinical classifications of the disease cannot have much helpful purpose beyond that of the simple grouping into the atrophic, hypertrophic, and menopausal types, the latter of which more particularly belongs to the hypertrophic form. If we classify beyond these simple groups, we immediately enter into a field of etiological speculation in which there is much division of opinion.

As a result of an intensive study of the disease certain etiological facts have been definitely established. No one can question the role that infection plays in producing the atrophic form which has been termed too freely the infectious type. If we accept Cecil's work, then we have a definite bacterial cause for quite a large percentage of the cases. Unfortunately, his work has not been confirmed generally and it is too early to know whether the cultural finding of an attenuated form of streptococcus in the blood stream and fluid aspirated from joints represents the causative agent in the 60 per cent to 70 per cent of selected cases studied. No one can deny the fact that these chronic joint manifestations represent an insult to joint structures which probably arise largely from two sources, viz., chemical and bacterial. It is reasonable to believe that inheritance or constitutional predisposition to the disease is a definite factor and probably is confirmatory from the standpoint of explaining why so many individuals with foci of infection do not develop arthritis. On the other hand, the frequency of the disease where recognizable foci of infection are not found tends to confirm this theory. It is well accepted that faulty physiology of the joint structures, in the way of impaired circulation, encourages insult to these structures, it matters not what the exciting cause may be. It is difficult to find a satisfactory explanation on the basis of allergy. Trauma is a definite factor. This is especially true in the obese with the so-called villous type of arthritis affecting the knee joints. Not infrequently a history of trauma to an individual joint seems to precipitate the development of a multiple arthritic involvement.

Dietary in the etiological role remains a mooted question. Whether it has specific effect on the large bowel is difficult to prove. However, it has been demonstrated experimentally in animals fed on a high carbohydrate dietary, poor in vitamin B, that definite large bowel changes are produced characterized by lack of tone, lack of haustral markings, and elongation. It has been shown that dietary deficiency as represented by high carbohydrate and deficiency in vitamin B causes motor impairment in the large bowel of animals. Fletcher contends that the same principle holds true in man and, accordingly, has treated chronic arthritic patients over a period of time on a dietary program alone which consists of a low carbohydrate and a relatively high protein and fat diet. He obtains results without other means of management except rest and visualizes roentgenologically changes in the large bowel incident to a dietary program supplemented with vitamin B. Most authorities interested in the problem agree that a low carbohydrate diet is preferable, especially in the well nourished patient where weight reduction is desirable. The patient intake is adjusted to meet the patient's individual nutritional need. Either wheat germ or yeast in conjunction with this diet to lessen putrefactive bowel changes seems to have value.

The colon has been singled out for an undue amount of attention in the last few years, as is well known. The faddist and cultist have seen the colon as the source of practically every bodily ill

*Read before the Medical Section, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

Director of the Medical Division, St. Luke's Hospital, Cleveland.

and colonic filling stations are to be found everywhere. In spite of all this abuse, it would seem from results of treatment and careful etiological studies that the large bowel in some fashion plays an etiological role in certain cases of chronic rheumatic manifestations.

Personally, I am disappointed with the etiological association of foci of infection as represented by teeth, tonsils, sinus and gall bladder disease, prostate gland, and pelvic infections in the female. The effect of atmospheric changes on the rheumatic is definite but, of course, not a primary cause.

One can well raise the question on what part stress in life may contribute to the rheumatic syndrome by disturbing a normal physiological state. Incident to the economic depression, it has been my observation that vague rheumatic manifestations have become more frequent. The individual suffering from nervous fatigue, with the train of physiological disturbances, gastro-intestinal or otherwise, appears to have developed rheumatic pains more frequently.

No one can satisfactorily study the subacutely and chronically ill without developing an interest in the chronic rheumatic. It has been said that in the past a satisfactory treatment for the chronic rheumatic was to refer him to another when he first crosses your office floor. Fortunately, clinics are being developed in the large centers for the intensive study and treatment of these cases and the results are justifying the effort. My own experiences indicate that we need no longer regard it as a disease for which there is no help. Formerly, these unfortunates were largely treated or mistreated by the faddists and cultists but now, thanks to the education that is being forced on us, rational treatment is being instituted by hospital clinics and regular men in practice.

I wish to discuss briefly a plan of treatment and report the results on a series of 444 cases of chronic arthritis and rheumatic manifestations treated in the last eight years. This series does not include a smaller group on the open ward service and in the Out-patient Department of St. Luke's Hospital.

It has been our purpose to have the patient adjust his life to his condition as much as possible from the standpoint of rest, lessening stress, encouragement of elimination, etc. Complete physical examinations, laboratory findings, in the way of routine blood examinations, blood Wassermanns, basal metabolic rate observations, investigation of gastro-intestinal tract, etc., were done as a routine. None of these observations warrant us in drawing definite conclusions on a cross section of the cases studied. There was no definite relation to gastric anacidities, the catarrhal bowel, basal metabolic rate observations or blood chemistry findings. A variety of clinical conditions were associated in this series of cases, but no definite conclusions could be drawn as indicating an etiological relationship. The dietary in more recent time has been that devised by Fletcher, giving in conjunction either wheat germ or yeast. The obese and overweight patient was put on a weight reduction diet and if basal metabolic rate observations would permit, thyroid extract was given in appropriate doses. The anemic, asthenic case was put on a high caloric diet and given iron liberally. Constipation was corrected with laxatives or bowel irrigations. Salt and soda solution as a bowel irrigant was advised in many cases and is done by the patient. All foci of infection were carefully looked for and eradicated where recognized. Unfortunately, the recognizable foci were comparatively few.

The drug therapy consisted of cinchopen, neocinchophen, iodides and salicylates, preferably intravenously, amiodoxyl benzoate intravenously in certain selected cases, and foreign proteins such as lactigen and typhoid vaccine.

Physiotherapy consisted of application of heat, baking, message, and hydrotherapy. Diathermy proved to be of practically no value.

In this series of 444 cases, there were 297 females and 147 males. The average age of the female was forty-eight years. The average age of the male was forty-seven years. The onset was abrupt in 78 cases, insidious in 285 cases, and indefinite in 81 cases. The duration of the disease varied from a few months to thirty-five years. The results of treatment showed marked improvement in 24 or 5.4 per cent, symptoms relieved but not completely cured in 269 or 60.6 per cent, temporary improvement with recurrence in 21 or 4.7 per cent. This represented the type of case that did not completely cooperate over an extended period. Questionable improvement occurred in 42 or 9.5 per cent. Fifty-four or 12.2 per cent were not treated. Approximately 66 per cent were either cured or relieved of active symptoms.

No cases were given advantage of ganglionectomy. It would seem, according to recent experiences, that this rather heroic method has very limited value.

If we are to make ourselves more effective in the management of these cases, it must mean early recognition and persistency in treatment. Excessive nervous fatigue should be obviated; proper elimination should be effected; and faulty dietary corrected, particularly in the obese. Our diagnostic surveys must represent recognition of various dysfunctions and effort to correct by rest, exercise, diversion, training in body mechanics, physiotherapy, drugs, and endocrine therapy if indicated. Hospital facilities in the way of special clinics should be developed to cope with the problem. Early recognition and rational, intensive treatment will interrupt the progress of the disease and, thereby, control a huge economic and social burden.

1608 MEDICAL ARTS BLDG.

Hysterectomy

ROBERT BLEE DRURY, M.D., F.A.C.S., Columbus, Ohio

THE technique for vaginal and abdominal hysterectomy is so highly standardized that the mortality curve has become a fairly fixed surgical equation. The establishment of a complete preoperative diagnosis; care in surgical preparation; improved technique of anesthesia; better surgery, and attention to post-operative details, are the factors which have lessened morbidity and minimized mortality.

VAGINAL HYSTERECTOMY

Vaginal hysterectomy is not a popular surgical procedure, despite its rather broad field of usefulness, simplicity of execution, few post-operative complications and low mortality.

Inflammatory fixation of the pelvic viscera contraindicates vaginal hysterectomy, so there remains the cases of procidentia, early fundal and cervical carcinoma, myomas whose size permits of pelvic delivery, certain types of extra-uterine pregnancy, and the fibrotic uterus, associated with the lacerated, eroded, hyperplastic cervix, in which indications are definite and the end results excellent.

The elderly, obese type of patient suffering from procidentia, requires several days of rest in bed; the correction of associated morbid conditions that are amenable to medical management; copious douches, and the depletion of the edematous, vaginal mucosa by the use of glycerine tampons. Spinal anaesthesia, as a rule, is advocated, and the hysterectomy made by either the ligature or forcep technique. The relaxed vaginal outlet is restored by anterior colophorraphy and perineorraphy.

Vaginal hysterectomy is greatly simplified by grasping the cervix with a volsellum and making strong, downward traction. A good exposure permits of a rapid incision which encircles the cervix, and extends through the mucosa into the cervical tissue. The bladder is pushed upward by gentle pressure with a gauzed finger, and the peritoneum of the posterior cul-de-sac exposed and immediately opened with a pair of scissors. The key to the situation is the index finger introduced through the cul-de-sac opening into the pelvic cavity. The pelvic viscera are explored, and, in the absence of adhesions, the fundus of the uterus is immediately delivered, through the posterior opening, into the vagina. The index finger breaks through the utero-vesical reflection of peritoneum, and serves as a hook around the broad ligament. There is ample space for the application of forceps to the broad ligament. In case of procidentia it is an easy matter to ligate by transfixion and remove the forceps. If the ligature method seems inadvisable, the forceps (two on either side) can be left in situ, and removed after forty-eight hours. If for any reason they should not be immediately removed, they can be unlocked, and permitted to remain in situ for an hour or so. If bleeding occurs they can be reclamped, or, later, removed without discomfort to the patient.

Normal tubes and ovaries are conserved, and have little tendency to degenerate and cause subsequent trouble.

All bleeding points are ligated, the plastic work completed, and the vagina loosely packed with gauze. No drainage is necessary in the forcep technique. If the ligature method is used, a rubber tube should be introduced into the pelvic cavity through the center of the repaired vaginal opening.

No douche should be used until after the tenth day. The routine soap suds enema on the morning of the third day is better than a cathartic. The perineal sutures require careful nursing supervision, and should be removed at the end of two weeks. When perineal sutures—of silkworm gut—are properly introduced and not too tightly drawn, they should not cut, cause irritation, become buried, nor occasion constant pain and discomfort. The less catgut used in perineorraphy, the better the result. It is unnecessary to ligate a single vessel in doing an extensive perineorraphy, providing a figure of eight silkworm gut suture is used to approximate the denuded defect.

In vaginal hysterectomy there is little loss of blood; practically no trauma, and the uterus can be more rapidly removed than by the abdominal route. Injuries to the bladder, ureters and intestine rarely occur. The usual post-operative complications are infrequently seen, and both morbidity and mortality are minimized.

ABDOMINAL HYSTERECTOMY

Abdominal hysterectomy is the operation of popular choice. Its preference rests upon a feeling of greater technical security; better surgical access; the direct inspection of the pelvic pathology; and the opportunity to investigate, recognize and deal with other extra-pelvic, surgical lesions.

The catalog of pelvic diseases which can be dealt with by abdominal hysterectomy are: (1) the inflammatory adenexal lesions; (2) procidentia uteri; (3) myomas; (4) fundal and cervical carcinoma; (5) congenital defects; (6) select cases of puerperal sepsis; (7) endometriosis; (8) ovarian and interligamentous tumors.

Pre-operative preparation benefits many of the

*Read before the Surgical Section, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

surgically handicapped patients, and is the prophylactic against post-operative complications. Cooperative management from the surgeon, the internist and laboratory technician will often convert a potentially bad risk into a comparatively safe subject for a serious surgical ordeal. This statement is best exemplified in the myoma victim, who has a low hemoglobin index from protracted bleeding. Rest, forced fluids and blood transfusions by the Unger or Scannell method permit of early operative intervention and yield consistently a low mortality.

The anaesthetic should be left to the discretion of the surgeon, who will avoid spinal anaesthesia in the timid, apprehensive, highly nervous and neurotic individuals.

There are several technical factors which, when observed, contribute to the success of abdominal hysterectomy. The operation is greatly facilitated by having the patient well relaxed; placed in the Trendlenburg position, and the pelvic viscera well exposed by having the intestines walled off with moist, gauze pads. The incision need not be unnecessarily long, and should not invade the umbilicus. The Balfour type of self-retaining retractor is indispensable to good abdominal work. The myoma screw permits of rapid delivery and easy manipulation of large myomatous tumors.

The secret of rapid, clean-cut, pelvic surgery depends upon accessibility of the parts attacked, consequently all adhesions must be freed and the uterus or tumor mass be well delivered out of the pelvic cavity. Interligamentous tumors displace the ureters and invite accidents. In the routine technique of hysterectomy, the ureters remain safe so long as the surgeon points the forceps and clamps them into the uterine and cervical tissues.

Whether the surgeon clamps, cuts and ligates the structures in successive steps, or applies forceps, removes the uterus and then ligates the vessels, is largely a matter of individual preference. Not more than twenty to thirty minutes should be consumed in making a hysterectomy and closing the abdomen.

The word pan-hysterectomy has more than an academic interest. It means the removal of all the uterus, without reference to the appendages, consequently post-operative dictation should supplement the additional information about the removal or conservation of these structures.

SUPRA-VAGINAL HYSTERECTOMY

Supra-vaginal hysterectomy is a simple mechanical procedure in comparison to pan-hysterectomy. The mortality is accidental and should not exceed two or three per cent. The morbidity of a persistent, annoying, vaginal discharge can be prevented by coning out the cervical musoca with a sharp knife. However, this alone is not prophylactic, but must be supplemented by the destruction of the Nabothian glands with an electric cautery.

The diseased appendix should be removed, but routine appendectomy invites unexpected infections, and a well recognized mortality.

When drainage is indicated, it should be through the cul-de-sac, or lower angle of the abdominal wound, using a rubber tube instead of gauze.

Fixation of the cut ends of the round ligaments into the cervical stump, accurate approximation of the cervical defect, and careful peritonealization of the operative site encourage prompt post-operative recovery.

PAN-HYSTERECTOMY

Pan-hysterectomy is a formidable surgical procedure, has a definite morbidity and carries a mortality of from five to ten per cent.

Incidentally, the normal cervix can be conserved. True, the incidence of cancer developing in the retained stump is potential. I have seen this unfortunate coincidence often enough to know that its occurrence is not chimeric. However, in my judgment the death rate from this cause is much less than the "normal" mortality which occurs for the experts who make pan-hysterectomies. If pathological indications justify hysterectomy, a complete removal, rather than a subtotal amputation, should be made.

It is my practice to clamp, cut and ligate the uterine vessels in successive stages of removal from right to left. The bladder is freely separated, the utero-sacral ligaments cut, and the vagina opened at its cervical attachment through the anterior wall. My observation warrants the belief that when a vesical fistula develops from three days to a week after operation, it is due to trauma—say, from forcep pressure, a catgut ligature or the thinning of the bladder wall following a too energetic separation.

Hysterectomy should be considered technically good in an inverse ratio to the number of forceps that are used or the amount of catgut that is buried. It is well to remember that a redundant amount of the round ligaments should not be permitted to project into the vagina. The resulting slough may cause an annoying discharge, and, later, require cauterization for its care. Cul-de-sac drainage is frequently indicated.

The question of ovarian conservation or ablation always invites discussion. If the ovaries are obviously diseased they should be removed. I have always felt that the conservation of one ovary invited less post-operative trouble than the saving of two. It makes little or no difference on the general well-being and future health of a woman past forty if both ovaries are removed by hysterectomy, providing the victim has a stable nervous system. Castration is not always followed by severe nervous symptoms, even despite the erroneous ideas of the dire effects of the surgical menopause.

There is a difference between the annoying,

vaso-motor symptoms which are fairly constant after castration, and a psychoneurotic complex. The vaso-motor disturbances are usually at an end after six months or a year, yet any distressing morbidity (hernia; irritating, vaginal discharge, or pelvic pain) may prolong them over a protracted period. Ovarian therapy relieves or controls vaso-motor symptoms, but not psychoneurotic disturbances. Hysterectomy frequently cures the psychoneurotic, and the removal of a definitely irritating, pelvic lesion, plus the ovaries, will often restore this type of woman to a position of health and usefulness.

The Wertheim, Schauta and Zinc-sulphate methods of hysterectomy have purposely been omitted.

MORBIDITY AND MORTALITY

There are always a certain number of "good risk" cases, as well as the handicapped surgical victims, which develop post-operative complications. We can usually assign mortality to: (1) Peritonitis (septic ileus); (2) intestinal obstruction; (3) secondary hemorrhage; (4) pulmonary embolism; (5) coronary thrombosis; (6) acute gastro-mesenteric ileus; (7) acute nephritis, and (8) pneumonia.

Spinal anaesthesia may be of therapeutic value in paralytic ileus, and of great clinical importance in the event of a suspected mechanical obstruction. However, one should not await the symptoms of an impending autopsy before using this valuable agent as a therapeutic or diagnostic aid.

Post-hysterectomy morbidity is the cause of both mental distress and physical disability. We must be patient and humane with the victims of herniation; thrombophlebitis; psychoneuroses; dyspareunia; vaginal discharge and pelvic pain, and be ever ready to do the things which will give them the greatest relief.

Lastly, it is incumbent upon the surgeon to direct the pre-operative preparation; the technical steps of the operation, and the after care as well. These are major factors in lowering hysterectomy mortality—for no matter how skillful the surgeon or finished his technique, the operation in itself is a mechanical feat. The real test of generalship and ingenuity lies in his ability to anticipate, prevent, recognize and intelligently manage the complications which encourage morbidity and invite mortality.

283 EAST STATE STREET.

Maternal Mortality and Morbidity In Ohio

B. H. CARROLL, M .D., Toledo, Ohio

BY maternal mortality we mean the death of a mother during her pregnancy, labor, or puerperium, which is due directly or indirectly to the pregnancy. In the beginning, reproduction must have been a physiological act with no mortality and no morbidity. However, with the changes brought about by civilization, all pregnancies, in a broad sense, are now pathological. Today we too passively accept a high mortality rate.

In Ohio during the past year, 1930—646 mothers died as the result of their pregnancies. Our State maternal mortality rate was 5.5 per thousand births, or one mother died in every 180 deliveries. Of this number of deaths about one-third, or 200 deaths were unavaidable; the other two thirds, or 400 deaths were preventable. To estimate this number of preventable deaths we need no foreign statistics. One example, our State University reports a maternal mortality rate of 2 per thousand deliveries among the patients under their observation and treatment. The difference in these figures, namely, 5.5 maternal deaths per thousand births in the state at large and two maternal deaths per thousand births at our State University represents the number of maternal deaths occurring in our obstetrical practice, which can and should be saved. Therefore, these preventable maternal deaths represent 400 mothers sacrificed unnecessarily in Ohio each year.

This unnecessary loss of life year in and year out, for our maternal mortality rate has not been appreciably lowered in years, is a smudge upon the escutcheon of this society or any other society that pretends to have the welfare of the public at heart. It is our duty from both the medical and economic standpoint to see that these preventable deaths are eliminated from our practice.

There are three principal factors involved in our obstetrical practice, which, if properly coordinated, will lower the number of preventable deaths to the minimum, namely: The patient, the place of confinement, and the attendant.

First, the patient. No one has demonstrated to my knowledge any uniform change in her anatomy or physiology, which has any bearing on keeping the mortality rate so high. Our patients of today are better educated and equal, if not superior, to their mothers physically. They are eager to cooperate, as is shown by the great majority of mothers appearing early in their pregnancy for prenatal care. I can see no reason to

Read before the Section on Obstetrics and Pediatrics, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

blame the patient entirely for our preventable deaths.

Second, the place of confinement. The homes of today with their modern appointments need no comparison with the homes of a preceding generation for one to appreciate their advantages for work. Besides having better homes, we have, in practically every community in this state, hospitals of good standing, which are available to both the poor and rich patient. Surely the place of confinement cannot be blamed for these preventable deaths.

Third, and last factor, the attendant. In analyzing the causes of preventable deaths we must consider the attendant. Physicians in this state confine the great majority of the patients—approximately 95 per cent.

The physicians of today have the advantage over their predecessors of a superior training in diagnosis and technique; in our understanding of asepsis and antisepsis, and in the use of anaesthetics. Hospitals, with their laboratories and assistants, have been placed by the public, within the reach of all. Obstetrical consultants are more numerous today. The cooperation of the patient is quite well established for prenatal care, for hospitalization, and for consultation as her physician may advise. To these advantages must be mentioned the fact that better fees are willingly paid for a superior type of obstetrical service.

Many physicians practicing today have to their disadvantage a careless attitude toward obstetrical diagnosis and technique, toward asepsis and antisepsis. Anaesthetics are by far too often used for the physician's convenience rather than for the intelligent relief of the patient. Hospitals and consultants are only too often called upon to act as a shield for incompetency rather than for preventing accidents.

A preventable maternal death is a most unfortunate thing not only economically, but also to the profession. Most frequently the blame falls, justly or unjustly, upon the attendant for not diagnosing abnormalities early and for not making preparations to meet the emergency.

Morbidity cannot be measured collectively; it is an individual affair. A safe estimate on morbidity would be, at least, twenty times as high as the mortality rate. That would be 12,920 mothers in Ohio receiving pathological lesions as a result of their pregnancies during the past year. The same forces act to produce morbidity as those which produce mortality; or in other words, it is the degree of injury to the tissues. While temperature readings are most important, a thermometer will never measure injury to the nervous, cardiovascular, eliminative and reproductive system unless accompanied by infection. It may be months, even years, before the mortality and morbidity rate may be accurately measured.

Preventable mortality and morbidity is higher today than ever before, also the value of human life is higher today than ever before. Our communities will not tolerate this, or any other avoidable loss and injury of mothers indefinitely without some form of protest. I am not, and never expect to be, a supporter of state medicine. However, we must remember that the welfare of the home under a mother's guidance is closely associated with the moral, social, and economic welfare of our community.

Briefly, may I mention some of the influential, political, scientific, and religious organizations interested today in the mother's welfare. Representative, Ruth Bryan Owen of Florida is agitating a movement in Congress for the establishment of a Government Bureau to be known as the "Home and Child Bureau." The "Jones Law" to replace the Sheppard-Towner Act will, in all probability, be passed by the next Congress, over the protest of our American Medical Association.

The White House Conference after an extensive investigation called attention to the fact, "that mortality and morbidity are unnecessarily high, and they recommend universal application of our present obstetrical knowledge to improve the situation."

Of the greatest importance in the field of maternal and child welfare is the approval of birth control by the Federal Council of Churches of Christ, an organization of 22,000,000 members.

With such powerful lay organizations investigating our practice of obstetrics, we must make every effort to lower our mortality rate by avoiding preventable deaths.

When a woman selects her obstetrician, she expects him to conduct a normal case in the most approved manner. She also expects, and rightly too, that he shall be able to meet all emergencies that may arise, not by blundering through them, but by utilizing the hospitals and consultants in such a manner as to prevent a catastrophe. The physician who is given this trust must, if he survives in these times, give careful, intelligent prenatal care. He must plan with the mother for the confinement, and be equipped to conduct the case scientifically. Above all he must anticipate emergencies and diagnose abnormalities in time to prevent injury or death of the mother.

How often we wish that we might have been born an age earlier, and could have participated in some of the advances of medicine. I believe, that today we are on the threshold of a great advancement in obstetrics. It will not be accomplished by any one or a few men in a laboratory but by all of the physicians practicing obstetrics in this state.

First—by practicing better individual obstetrics. Second—by utilizing the advantages of the hospitals and consultants before accidents occur. Third—by continuing to educate the public to the value of modern, scientific, obstetrical care, be-

fore, during, and after labor. What greater contribution to science, or what greater act of charity, can we do than to resolve to eliminate these 400 preventable deaths occurring each year among the mothers of our state.

240 MICHIGAN ST.

DISCUSSION

MAGNUS A. TATE, M.D., Cincinnati: The essayist brings to our attention the maternal mortality and morbidity rate as it exists in the State of Ohio, and personally I know of no more important subject to bring before this Section, as it deals with a grave problem which should make for serious consideration and careful thought.

It is our function as reputable practitioners to try to lower this existing high mortality, or we must acknowledge that we fail in our obligations.

Reports of appointed committees from various societies who have examined into hospital records, health boards reports, and of the practice as it exists today, give us statistical figures that do not redound to our credit. Governmental statistics also point out that when compared to other countries, we have a very high maternal mortality rate, and many pamphlets and magazine articles have appeared during the past few years which are very outspoken in their criticism of American obstetricians.

In June, 1929—(Harpers Magazine) Quote—

"Since 1924 the United States has carried the highest mortality rate of the civilized nations, that is, 6.5 deaths of mothers per 1000 live births. Scotland, 5.8; Germany, 5.3; England and Wales, 3.8; Italy, 2.7; and an average of 2.6 in the Scandanavian countries, and only 2.3 in the Netherlands. The statement is made that 65 per cent of all maternal deaths are due to septicaemia (40 per cent), and toxemia (25 per cent), both preventable causes."

Mrs. John Sloane, President of the New York Maternity Association (May 6, 1931) says that: "10,000 of the 16,000 mothers who die every year could be saved through proper care."

She blamed ignorance, inadequate facilities, and lack of properly trained doctors and nurses for our excessive mortality.

A statement that is interesting, yet astounding, is that our obstetrical death rate is little lower, if any, than it was 20 years ago, and this contrary to our increased knowledge and facilities, modern hospitals, improved technique, and rigid asepsis. Our mid-wives a few years ago were a constant source of irritation, as they were not well trained, had no technique, and placed little or no value on cleanliness. They are fast becoming exinct in the eastern, and central eastern part of these United States, but are still quite numerous in the south, and northwestern part of the country. Strange, and unaccountable as it may seem, their mortality rates are no higher, and in some States are lower than that of the physicians who practice in said tSates.

A half-century ago the medical curriculum was two years, of five to six months duration each year, of which three months, with two lectures a week, were allotted to obstetrics. Then many of the graduates knew nothing of embryology, or ever witnessed a case of labor, and to attend a case before graduation was quite an event. Today we have a four year curriculum, and during the second and third year, two lectures a week are given over to obstetrics, with special courses in embryology, anatomy of female pelvic organs, hospital rounds, witnessing the delivery of many cases, attendance in out-door obstetric clinics and personal attendance on a prescribed number of cases. This makes it reasonable to state that the present graduate should be better prepared to cope with obstetrical problems than were his forefathers.

There has been (quoting Levy) a great increase in hospitalization of obstetrical patients, but no reduction in maternal mortality, even in the cities which report 70 per cent of all their patients delivered in hospitals.

The question of import to us as practicing physicians, is: Why our present mortality? and why does sepsis still hold so prominent a place in the maternal death rate?

Routine examination of patient, and pre-natal care before, and examination of cervix and perineum following a labor, with repair when necessary, is now a standardized routine yet sepsis and hemorrhage thrive as of yore.

Through current literature there runs this constant criticism by physicians of note of our present handling of cases. They say: There are too many Cesareans, forceps, and versions (with resulting trauma, followed by sepsis), too few consultations, and that many drugs, such as pituitrin are used injudiciously. It is further said, that in our efforts to hasten delivery we are apt to forget the mechanical principles laid down by the great masters of obstetrics, and that the test of labor is almost passé.

Injuries causing deaths of new born infants (quoting Levy's paper) according to figures of the census, has increased 44 per cent from 1918 to 1925, due mostly to hasty delivery.

If these indictments be true, then the obstetrical conscience is temporarily gone, and there is little hope for visualizing better results until sanity returns, and major operations be given to those qualified.

I cannot believe, however, that our sense of obligation to motherhood has reached such a stage, but feel that the day is not far off when there will be a better understanding of indication for interference, and that there will be a return to a sensible realization that no matter how learned or skillful we may believe ourselves to be, we must not underrate the physiological laws of nature, or as Tombs states, "the most skillful obstetrician of all is Nature herself". Those of you who serve on the staffs of large hospitals are constantly impressed with the lack of preparation for parturition in many women who come or are sent in for delivery. The history too often given is that no physician was ever consulted, and that they had no pre-natal care. This is an every day occurrence, and consequently the maternal mortality cannot be otherwise than relatively high when dealing with such cases.

Women must be taught to realize that to have good obstetrics, they must first accept the teachings of an enlightened age, be willing and anxious to cooperate, and abide by competent advice, and also when able to do so, to make proper reimbursement for the services rendered. Health Boards force the ignorant to have their children vaccinated, insist upon filthy tenements being renovated, barber shops sterilizing their instruments and supplying clean towels, delicatessan shops, bakeries, and meat stores observing rules to safe-guard the people. Then why should it be inconsistent to ask the adoption of proper measures to benefit women-kind who are to pass through the greatest crises of their lives? Women must know the value of pre-natal care, and physicians should realize that experience and council are two of our most valuable requisites to success.

I read a summary of suggestions in the report on Maternal Welfare as published in 1928:

1. No candidate to be graduated with less than 50 cases of labor to his credit.
2. Urge the making of pre-natal care universal.
3. Urge propaganda for better understanding of maternal welfare among women's clubs, health centers, parent-teachers associations, that prospective mothers shall know what is good care in child-birth.
4. Urge post-graduate teaching in country, and district meetings.
5. Urge warnings as to instrumental, or other interferences except upon consultation.
6. Reiterate the danger of vaginal examination with ungloved hand.
7. Urge a vigorous campaign against needless Caesarean section.
8. Constant appeal to those in charge of women in labor to remember that with measurements ample, and presentation normal, the great majority of patients deliver themselves voluntarily.

In 1930, there was organized, by the three recognized societies of Obstetricians and Gynecologists, the American Board of Obstetrics and Gynecology, similar to that of the American College of Surgeons, American College of Physicians, and the Oto-Laringological Board. The purposes of this newly formed Board are to elevate the standards and advance the cause of Obstetrics and Gynecology. Membership in this Board is open to all physicians who qualify.

Education, standardization, efficiency, and cooperation, are the four great aims to have in view, and when there is a joining together of physicians and public, upon understandable grounds, then, and not until then, can we materially reduce our maternal and infantile mortality, and attain the goal so earnestly desired.

Since truth is the foundation of every virtue, then let us have a divine vision to live and act as such, and as we journey on in our many paths, it is well for us to remember that we are living in a human world, full of practical, and many theroetical problems, and that safety lies in adequate preparedness.

Only in this way can physicians protect themselves as well as the sacredness of their calling.

ARTHUR J. SKEEL, M.D., Cleveland: We have listened to a very thoughtful paper and I wish to congratulate Dr. Carroll on his timely discussion of a matter which is arousing nation-wide interest.

Before considering the causes of maternal deaths and concluding how many of them are preventable we should distinguish between delivery death rate and maternal death rate. I think Dr. Carroll has made out a worse case for our Ohio obstetric practice, than it deserves. Maternal death rate includes deaths from septic abortions, from ruptured ectopics and pernicious toxemias of early pregnancy.

Few of these find their way into a simon-pure maternity hospital. Septic abortions they properly refuse—most ectopics are handled by the general surgeons or gynecologist, while the medical department treats many of the severe early toxemias.

Our experience at St. Luke's proves that the hospital's total maternal death rate is about double that of the obstetric division. In Cleveland out of 378 maternal deaths reported due to septicemia, 123 were infected abortions and 14 followed ectopics. We therefore believe that there is no direct relation between the 2 per thousand rate of the University maternity and the 5.5 per thousand throughout Ohio. The latter, like the general hospital, includes many cases of a type which the maternity hospital does not accept or does not have offered to it.

We believe that two hundred rather than four hundred is about the figure for strictly preventable deaths.

What are the actual causes for the majority of maternal deaths? For practical clinical purposes they may be stated as follows:

A—EARLY PREGNANCY

(1) Criminal abortion — often followed by septicemia.
(2) Ectopic pregnancy—followed or accompanied by hemorrhage.
(3) Pernicious toxemia—occasionally followed by acute yellow atrophy.

B—LATE PREGNANCY, LABOR AND PUERPERIUM

(1) Toxemia* Nephritic—often with cardiac complications.
(2) Placenta previa and ablatio—with hemorrhage and often sepsis.
(3) Obstructed labor from any cause with major obstetric operative procedures as its consequence.
(4) Post partum hemorrhage.
(5) Phlebitis with embolism.

Sepsis may and does occur without any of these conditions, but some of them will usually be found as the predecessors of septicemia, which is of course the immediate cause of about 40 per cent of all maternal deaths.

Much has been said recently of the rapidly increasing number of deaths following Cesarean section, as if this were evidence that an operative furore were causing these deaths. The great majority of Cesarean fatalities are not operative deaths, but are the result of the pathological entity for which the Cesarean was performed. The increasing number of deaths folowing this operation neither proves nor disproves its desirability unless compared with other methods of treating the conditions for which it was used. Comparison of the number of lives lost from obstructed labor, placenta previa, eclampsia, etc., with and without Cesarean section, is the only basis for condemnation or praise of this procedure.

There is no doubt in my mind that our modern practice of extensive analgesia during labor, and complete anesthesia for delivery is responsible for an occasional maternal death. However no one who has witnessed a number of deliveries by the old and new methods would consider reverting to the older technique. If he did so, the women would not permit him to practice it. Moreover, in last analysis, these procedures are conservative. They permit complete repair of birth injuries at the time of delivery and thus prevent untold invalidism. If these same women were obliged as formerly, to undergo secondary repairs for prolapse, lacerated cervix, rectocele and cystocele, the preceding invalidism and accompanying death rate would more than balance the scale. Surely it is better that these conditions should be prevented rather than cured.

When I look back at the methods of delivery in vogue only twenty-five years ago—when I remember the terrible lacerations which failed to heal; the piteous pleading of the women for relief from intolerable pain; the forcible mid and high forceps deliveries, followed by infantile palsies, cerebral injuries and deaths, and compare these with the modern analgesia for labor, anesthesia for delivery, episeotomy with immediate repair instead of a destroyed pelvic floor; when I see the living, healthy uninjured

* Eclamptic.

babies delivered by Cesarean section instead of by high forceps; it will require more than a few bare statistics to make me wish for a return of the old days in obstetrics.

None of these considerations however are an excuse for the really preventable maternal deaths. These are too often due to slipshod methods.

Negligence either on the part of the patient or the doctor is responsible for most eclampsia deaths. The doctor who is unaware that a patient in his charge has a small or deformed pelvis and who therefore does not make adequate preparation for her protection from the consequences of this condition, has failed in his duty to his patient.

The man who undertakes major obstetrical procedures, for which he has no reasonable preparation or training, because he is unwilling to give up "the case" is unworthy of his profession.

On the other hand the doctor who because of meager facilities, absence of hospitals, scarcity of obstetric consultants, unwillingness of the patient to cooperate, etc., must fight out the battle against heavy odds, alone and with insufficient armamentarium and help, requires moral courage of the highest type and deserves nothing but praise and commendation for his efforts.

An organized publicity and educational campaign for laity and doctor, of the type so successful for cancer, might help. Such a campaign should stress:

1. The extremely high mortality of criminal abortion.

2. The urgent need for early hospitalization of suspected ectopics, and of hemorrhage cases of later pregnancy.

3. The necessity for more frequent observation of urinary findings, blood pressure, and weight gain during pregnancy.

Some Suggestions for Better Cooperation Between Psychiatrists and Lawyers

Charles E. Kiely, M.D., Cincinnati, Ohio

RECENT years have brought gratifying evidence of sensible cooperation between physician and lawyer in public business where their duties merge. The psychiatrist crosses the lawyer's path more often than any other specialist in medicine, and where a few years ago psychiatric testimony was a by-word for medical complacency and legal shrim-shanking, today the obviously sincere attempt of the better elements in both professions is bringing about, and rather quickly too, a most heartening improvement. Until recently the obviously rotten spot was testimony of insanity for defense of a crime. The honest public saw only the end result of a system they did not bother to investigate. Defense psychiatrists testified the accused was insane and prosecution experts the contrary, and to the public this naturally appeared as a venal response to pay checks. The public did not take the trouble to find out that these witnesses could not have given any but those answers without committing perjury.

It is hardly necessary before a group of psychiatrists to point out that the very foundations of our Anglo-Saxon law involve presenting an expert witness a hypothetical case on which he makes a diagnosis and that neither lawyer goes to jail because their facts are diametrically contradictory in their respective hypotheses. But we ourselves should call the attention of the public to the responsibility of the controversial system of law and the many rules of evidence and procedure which make a reliable diagnosis unlikely or often quite impossible. For criminal procedures the dangers of the controversial system have been considerably safeguarded by our still recent law which provides that the court may hire unbiased experts and permits them to form an opinion based on their own selection of the evidence of both sides. This frees them from the chains of the prejudicially worded hypothetical question. But both the public and medical profession should know that the right of the court to call unbiased experts in no way prevents prosecution and defense from doing likewise, and the Constitution of the United States must be amended before that right can be denied. But the unbiased expert will no doubt more often than not take the wind out of those called by the controversialists. In a trial where I sat as court's expert, the defense prepared a 200,000 word hypothetical question (a matter of three or four hour's reading), but the judge just privately told counsel he would not hear of such nonsense and the document was last seen in the overcoat pocket of the senior member of our psychiatric group.

We should repeatedly remind the public that our most important source for psychiatric diagnosis, the past and family history, is excluded from the record as hearsay evidence. Some years ago disbarment proceedings were brought against a Hamilton County attorney. Some seven years before I had diagnosed the accuser as a constitutional psychopath. His record in the field of pathological lying was one to make Baron Munchhausen retire. In the disbarment proceedings counsel for the accused lawyer attempted to impeach the accuser's testimony by mine. Though we insisted that the accuser's condition was inborn and continuous, our testimony was ruled out because the examination of five years ago was too

Read before the Section on Nervous and Mental Diseases, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

remote. Counsel for the defense came back again and again in an effort to get this point to the three judges who comprised the tribunal. "Your Honors, the doctor is testifying to a condition born in the accuser which is certainly there today as it was five years ago". Nothing was accomplished. It was much as if having recorded a congenital club foot in 1922, I was incompetent to testify to it in 1927. But the final blow to my testimony was the most startling. One of counsel for the prosecution read from a section something, paragraph someother of the revised? statutes of this or that State that "where the testimony of a witness is impeached on the grounds of his mental capacity, the tribunal is a better judge of his mental ability to testify than any physician". That has an historical smack. Insanity became a full defense for crime in England in the Fifteenth Century but it was several hundred years before a physician was called to express his opinion on insanity to a court.

We must encourage the growing willingness of the lawyers to recognize insanity as something eluding strict definition. We have the support of home talent in that contention for Lord Blackburn, an English jurist, has said "I have read every definition which I could meet with and never was satisfied with one of them, and I have endeavored in vain to make one satisfactory to myself". The foolish pass to which attempts at definition have brought our courts are best shown when we see that insanity is defined by varying tests for separate acts. Thus in our own state a person who under the influence of alcohol makes a business contract cannot subsequently be held to its obligations, but if he commits a crime he can, the law holding that in allowing himself to become drunk he waives his defense.

The legal test of insanity in Ohio requires that the accused must know the nature and consequences of his act, that it is against the laws of God and Man and that he must be a free agent. For testamentary capacity he must know the nature of the business he is undertaking in making his will, he must have mind and memory sufficient to know the nature and extent of his estate, a remembrance of the natural objects of his bounty and ability to hold the last two (the property and the proper persons) long enough in mind to form a rational judgment in relation to them. Within these definitions I could get drunk and make a contract to buy $5000 of coal and promptly kill the other party to the contract. I could be convicted of even first degree murder for the killing, before I was electrocuted I could bequeath my property to my wife and children, but the estate would not have to take the coal.

The legal mind in entire sincerity seeks to define because there is obvious injustice if two persons get different treatment in court on identical issues, but law cannot define the indefinite. The best of legal talent has never succeeded in unscrambling an egg. Insanity is not a thing but a form of conduct. One of our public duties is to refute the common sneer that we think everybody is crazy to a certain extent. That statement is only a caricature of a scientific fact that many symptoms of frank mental disease are but exaggerations in quantity of mental processes of normal mentality, and the dividing line is a matter of personal opinion. There is between those two statements a difference with a real distinction. The first is a "wise crack". The second a scientific statement.

One other serious difficulty arises from the lack of weight the law gives to the expertness of expert opinion. In spite of all claims to the contrary our legal system leaves to twelve laymen the final diagnosis of the sanity or insanity of the person on trial. The law says frankly it would never try a case of insanity before twelve doctors, as their particular preoccupation would warp their judgment. This is just so frankly stated in numerous books. To the legal mind a knowledge of a subject is dangerous and ignorance safe. Two housemaids, two motormen, four plumbers, one auto salesman, a violinist, a sewer cleaner and a lineman are better judges of insanity than any twelve physicians. Of course the judge and the counsel and the twelve jurors, if a daughter began to rave would call in twelve short-order cooks to diagnose the case, and the treatment would be carried out by a dozen auto-mechanics —of course.

The psychiatrist may also contribute to court procedure by teaching some facts of normal psychology. No more serious mistake in the matter of mental physiology is made by courts than their daily or better hourly pretense of wiping impressions off a human mind as chalk marks are cleaned from a black board. Counsel for the defendant, after carefully studying the antecedents of the jury, spots three members of the A. E. F. in the box. He calls to their attention the fact that the accused could never have robbed the bank as he was a hero of the St. Miehiel salient. State Counsel objects. "The statement is irrelevant to the issue, your Honor, and prejudicial". Judge Wiseacre rules. "Objection sustained. The answer is stricken from the record and the jury *must* ignore it". It should not be difficult for the medical psychologist to persuade even the dullest judge that the jury psychologically *can't* ignore it, and the emotional stimulus produced influences the verdict. The Egyptians overcame this difficulty by obliging counsel to submit all evidence in writing. It is objected that such a method be impractical, we must reply that once past a court of Common Pleas evidence is just in that way presented to the Court of Appeals and the Supreme Court in our own state. It is entirely feasible for a court to cull what evidence a jury may hear and to break up appeals to re-

ligious, political or other prejudice by punishment for contempt of court.

There is perhaps no more important service required of the medical psychiatrist than that of demonstrating to the legal profession fallibility of the testimony of the senses. "I saw it with my own eyes" should no longer impress thinking people. Accidents and criminal acts which form a large source of litigation occur in fractions of a second and arouse in witnesses emotional states that poison accurate observations. Testimony is given in court months after the observations reach the brain so time influences the belief of the witness. We should point out to the legal profession that this time lapse does not cause mere loss of detail but may even serve to add fictitious data to the story of the incident. One can appreciate the shakiness of testimony based on incidents experienced under the tonic influence of emotion if he but reads the account of sensory fallibility under the most favorable (unemotional) circumstances of the psychological laboratory.

Munsterberg, ("On the Witness Stand", McClure Co., 1908,) showed that even under such favorable circumstances testimony was fallacious. Signals separated by ten seconds were reported as anything from thirty to sixty seconds. The majority reported forty-five seconds. The subjects were warned that a test involving time was to be made. What accuracy can therefore be expected of unwarned witnesses? An arrow moving ten centimeters per second around a dial was reported at hopelessly varying figures, one revolution in two seconds, one in forty-five, three inches or twelve feet a second, thirty seconds per hundred yards, seven, fifteen or forty miles an hour. Asked to compare the arrows speed with common objects, the subjects replied, with man walking slowly, accommodation train, bicycle rider, funeral cortege, trotting dog, express train, gold fish, fast automobile, snail and lively spider. Consider the frequency today with which the speed of an automobile is a vital point of testimony, and you will hardly fail to see the need of psychological study for courts.

Munsterberg shows fallacy in interpretation of sound by striking a tuning fork out of sight of his students. Only two per cent recognized the true nature of the sound. Others reported, bell, organ, pipe, muffled gong, horn, cello string. Others compared the sound with a lion's growl, fog horn, steam whistle, fly wheel or a human song. Reports on the sound's pitch varied through the scale. Munsterberg showed also that perception of size was as shaky, that a meaningless blot would be interpreted as soldiers in a valley or a skunk going down a log, and that by attracting attention sufficiently to the actions of one hand, he could make most witnesses ignore completely those of his left, and that the details of which subjects felt most certain were those presenting the greatest number of errors.

Such significant experiments the medical psychologist should recommend to the lawyers who wish to see their profession a science. Many more fine drawn psychological procedures must wait years to be received in court with anything but jest. I was the means of introducing the Terman Test into a murder trial and the expert psychologist was met with jeers from the jury and audience, but such tests will be recognized generally before many years. Hardly in our life time will the psycho-galvanometer find its place. Watson set up a laboratory theft and detected every liar by a rise in blood pressure, but we need not have the hardihood to suggest such procedure with witnesses. "Wisdom lags behind Knowledge". This is true of the best of us, but truer of the masses who form juries and public opinion. Finally I wish to say something of the proper attitude of the psychiatrist toward expert testimony. Some of our best have refused to appear because they felt that legal procedure made a scientific opinion impossible. On the floor of your County Society both sides to a debate are almost invariably sincere. In a court lawyers, because of their conception of legal ethics which binds them to do the best for a client, see no immorality in suppressing damaging evidence. An ethical lawyer would never offer false testimony, but he can see no wrong in suppressing the true if he can get away with it. Herein is a radical difference in morals. As citizens we may labor to change an age old legal concept. As specialists we can hardly improve the situation by abstaining from testimony. Under the new laws of our state we are privileged to hear both sides. Every psychiatrist has had the experience in his own practice of hearing one side of a controversy and then the other and so changing his clinical opinion most substantially. In spite of its obvious weaknesses the controversial system of our courts does serve to bring out both sides of a controversy. Passive resistance is wasted. If the ethical psychiatrist refuses to serve the court, the unethical will take the witness stand just the same. No arrangement could better serve the purpose of the unethical lawyer.

Pearl Market Bank Bldg.

By authority of a recent order issued by James M. Doran, commissioner of industrial alcohol, retail druggists may expose prominently in their establishments a notice to the effect that they hold permits to fill prescriptions under the National Prohibition Act. According to Commissioner Doran the action was taken to supply a convenient method of notifying the public where medicinal prescriptions for unadulterated liquors may be lawfully filled.

The Bacteriology of One Hundred Consecutive Tonsils.

CARL L. SPOHR, M. D., Columbus, Ohio

THERE is an interesting relationship between the lymphoid tissue of the body and the distribution of bacteria, and especially is this true of the respiratory tract.[1] Lymphoid tissue occurs where absorption is taking place, and the oro-pharyngeal region is important from the view of normal and pathogenic bacteria and of lymphatic distribution. Here are accumulations of lymphoid tissue, covered by mucous membrane, which often in the tonsil, dips down in the crypts to the depth of a centimeter or more. From the point of view of physiology the oro-pharyngeal lymphoid tissue is not important, since it is only a small part of the extensive system of the pharyngeo-intestinal lymphatic system, which if taken together does possess an important function, but a part and even a large part may be removed without serious disturbance so far as is known.

Lymphatic glands are recently acquired structures phylogenetically, being limited to birds and mammals. Tonsils are even more recently acquired, being limited to birds and mammals, many mammals like the rat, beaver, porcupine, and bat not possessing them. Since it is believed that bacteria and infection in animals preceded lymphatic structure, it has been suggested that this lymphatic distribution of the respiratory tract may have been determined by the bacterial distribution, and in turn primarily determined by the anatomical and physiological conditions.

The oro-pharyngeal lymphatic tissues are at the portal of the respiratory and gastro-intestinal systems. Their position is of no distinct advantage to the body, but from the standpoint of disease transmission, viruses and bacteria find it to their advantage to locate here. The faucial tonsil[2] is a globular mass of lymphoid tissue, lying one on either side of the fauces, in a recess which is formed by the palatal arches, presents on its epithelial surface the openings of from ten to twenty pits or crypts which extend deeply into its substance as far as the capsule. The crypts may be single or they may be extensively branched and their caliber may be much greater below the surface. Often they contain cellular debris. In many of the tonsils that are removed, pocketing of the crypts is found. These pockets may be superficial or deep. At birth there are no bacteria in these crypts but they are found at about the time of the bacterial invasion of the intestinal canal, twenty-four to seventy-two hours after birth.

The function of the tonsils, of which we have no absolutely certain knowledge, has led to a number of theories, which will be briefly mentioned.

The Hemopoietic Theory: Lymphocytes are produced in germinal centers of the lymphoid follicles, make their way through the epithelium of the crypts, to the faucial cavity, or are retained within the crypts and constitute part of the cheesy masses not infrequently found in the tonsil.

The Internal Secretion Theory: The tonsil has a function similar to the suprarenal gland. Experimental and clinical evidences show that the tonsils have no internal secretion peculiar to themselves for tonsillectomy is not followed by symptoms which might be attributed to the loss of such a secretion.

The Protection Theory: The tonsil is an organ of protection against bacterial invasion. This is undoubtedly true, and may be due to either the phagocytic action of the leucocytes, or to the even more phagocytic action of the endothelial cell of the reticulum. However, the question here is one of the number and virulence of the organisms and the resistance of the individual, whether it be local and inherent in the tonsil, or general and depending on the antibacterial condition of the blood and lymph.

The Eliminating Theory: That inflammations of the tonsils are always secondary and the lymphoid tissue attempts to eliminate the offending organism. However, this theory seems somewhat fanciful.

The normal bacterial flora of the throat is varied and numerous. Miller[3] described numerous organisms, the mouth bacteria proper, that occur in every mouth, among which were: bacilli, spirilla, spirochetae, cocci. The pathogenic bacterial flora of the mouth and throat is even more varied and there may be found at some time in this region streptococci, pneumococci, meningococci, staphylococci, m. catarrhalis, m. tetragenus, B. diphtheria, B. coli, B. tuberculosis, B. pyocyaneus, and Borelia vincenti. The viruses of numerous exanthematous sideases have also been found. In common colds a filterable virus, or a gram negative anaerobe has been found in the nasal washings.[4]

The incidence and seasonal variations of the micro-organisms of the oral cavity, naso-pharynx, and tonsils has received much attention. Thompson and Hewlett[5] to show the frequency of certain bacterial species in the aforementioned tissues, among a sample of the general population during an investigation carried out in Manchester between 1925 and 1927, in which a large number of

Read before the Eye, Ear, Nose and Throat Section, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

From Department of Pathology, Ohio State University, Columbus, Ohio.

swabs were taken from a large number of persons over a period of two years give the following tabulation:

Group	No. of swabs	Region	Pneumo	B. Inf.	Strep. H	Gram neg. cocci.
I & II	412	Naso-pharynx	40.98	59.01	7.77	97.09
I & II		Nose	16.79	11.68	0.05	12.11
III	137	Naso-pharynx	42.34	59.54	5.84	97.08
		Tonsils	44.53	54.89	5.11	98.54
LV	252	Naso-pharynx	49.80	51.01	11.90	95.24
		Mouth wash	25.70	25.10	11.95	94.82

The infection caused by the hemolytic streptococcus in this region is probably the most acute, and definitely the most contagious of all, with the possible exception of Vincent's angina. Transmission is direct, through droplets or contact. In the study of the surface flora of the tonsil as compared with the cryptic flora, the streptococcus viridans was predominant for the former, while streptococcus hemolyticus was predominant for the latter. Later studies show that either of these varieties may be found but that the percentage is greater for each in their natural habitat and that their occurrence in pure culture may be more readily attained from these regions.

Many varieties of bacteria have been found in the tonsillar crypts. Davis[6] in examining the crypts of the tonsil, found the streptococcus most frequently present, ninety times in one hundred and thirteen cases. In the remainder of the Davis series, pneumococci occurred in eight cases, staphylococci in six, B. influenza in three, B. diphtheria in two, B. mucosus capsulatus in one.

Dwyer, J. G. and Miss Gignoux[7] reported a smaller percentage of streptococci. There was a greater variety of organisms in the Dwyer series, and amongst others B. pyocyaneus and B. Friedlander were found; B. diphtheria was found in seven per cent and straphylococci in twenty-eight per cent of the cases. Streptococcus hemolyticus occurred more frequently than streptococcus viridans, the latter occurring usually as a surface growth.

Various methods of cultivating organisms from the throat and tonsils have been introduced, the essential prerequisite desired is speed and simplicity of technique. Apparently the most important organism encountered is the streptococcus.

The term streptococcus is a purely morphologic one and includes within its limits micro-organisms which may differ from each other considerably. They may be isolated from air, dust, water, and feces. The interrelationship of these with the pathogenic streptococci is not fully understood. Streptococcus pyogenes is often classified under two main headings, the hemolytic and the non-hemolytic. Different races of pyogenic streptococci show marked variations in virulence and in cultural properties. Classification also has been attempted on the basis of the serological properties, which classification may prove to be valuable. Polvogt and Crowe[8] used the following method of isolating the organisms; the tonsils were washed in 70 per cent alcohol, then ground in sand and cultures made from grindings. All cases studied gave a history of acute tonsillitis, and these cultures were made during the winter months, between Nov., 1927, and April, 1928. The hemolytic streptococcus was the predominating organism, being present in 91 per cent; the staphylococcus in 8 per cent. Fifty per cent of the patients showing the hemolytic variety were under eleven years of age. There was no connection between the predominating type and the clinical symptoms.

Tunnecliff[9] used chocolate agar media in the cultivation of organisms from the throat and found this media especially favorable as a means of differentiating by color changes of the media itself, the streptococci from scarlet fever, erysipelas, and septic sore throat. Hemolytic streptococci from typical cases of erysipelas produce a bright green on chocolate agar, while those from scarlet fever show no change, or occasionally a slight greening.

Immunologically, hemolytic streptococci from septic sore throat belong to neither the scarlet fever nor the erysipelas groups.

The media is prepared by adding either defibrinated sheep or human blood to plain agar, Ph. 7, heating the mixture to 90° C., pouring into plates and inoculating by streaking.

Small[10] in 1928 described a streptococcus as the etiologic factor in acute articular rheumatism. It was named Streptococcus cardio-arthritidis. It had been isolated with some regularity from the parents of patients suffering from acute rheumatic fever.

Cobe[11] attempted to determine to what degree these organisms were present in tonsils. The method was that of inoculating blood agar plates with material from the surface of the cut tonsil and from the crypts when possible. Colonies were sub-cultured and transplanted to other media for identification.

The percentage occurrence in 400 tonsillar cultures was as follows:

Straphylococci	93. %
Pneumococci	58. %
Hemolytic streptococci	20. %
Nonhemolytic streptococci	14.5%
Streptococcus viridans	7.5%
B. Influenza	23. %
M. Catarrhalis	26. %
Diphtheroids	11. %

The Streptococcus Cardio-arthritidis was identified by means of agglutination using Small's antiserum.

B. Influenza, B. mucosus capsulatus, and the diphtheroids are more prevalent in the Spring while M. catarrhalis is more prevalent in the Fall.

Sister M. Amadeo[12] in a study of 214 cases of extirpated tonsils reports the numerical and percentage incidence of the organisms obtained.

Organisms	*Numerical incidence*	*Percentage incidence*
Streptococcus viridans	168	39.4
Streptococcus hemolyticus	89	20.9
Streptococcus anhemolyticus	54	12.6
Staphylococcus	170	40.
M. catarrhalis	42	10.
Pneumococcus	4	0.9
B. coli	5	1.1
M. tetragenus	2	0.5
Diphtheroids	3	0.7
B. Friedlander	3	0.7

Rhoads and Dick[13] were led to the belief that the disappointing results of tonsillectomies may often be due to incomplete removal of the tonsils, and compared the bacterial count of a series of tonsils removed for the first time with similar data on "tonsil stumps" remaining from previous tonsillectomies. They found that these "stumps" harbored more pathogenic bacteria per gram than tonsils removed for the first time and emphasize the complete removal of all tonsillar tissue if relief from focal infection is to be hoped for.

Davis[14] states that epidemics of septic sore throat are caused by the Streptococcus epidimicus, which organism seems to be the specific cause of the disease. These outbreaks are associated with milk supplies.

Coleman and Wheeler[15] in the study of 500 cases of septic sore throat found that the Streptococcus hemolyticus was the predominating organism. Out of twelve strains tested only one gave a potent toxin. In twenty convalescents, varying from eight to fifty years of age, 30 per cent still gave a positive Dick reaction.

That many systemic infections arise through the entrance into the blood or lymph streams from the tonsillar crypts, either with or without primary lesions in the tonsils themselves, is now almost universally admitted. These infections may be due to chronic conditions in the tonsils themselves and to the absorption of toxins and organisms indigenous to the crypts; or they may be secondary to lesions caused by organisms from an extraneous source. Among the infections that have been attributed to these sources are: acute and chronic arthritis, endocarditis, pericarditis, chorea, acute and chronic nephritis, neuritis, osteomyelitis, appendicitis, cervical adenitis both simple and tubercular, chronic toxemias, and numerous other conditions.

While the bacteriological evidence that the tonsils may be the primary focal point in these systemic infections is not always absolutely conclusive, the most convincing evidence that we have that the tonsils are among the most important of the primary foci from which systemic infections or intoxications may take place is derived from the post-operative results of tonsillectomy.

Bartlett and Pratt[16] in an effort to determine, if possible, how frequently bacteremia followed tonsillectomy, and, in cases in which such a condition occurred, what relation the organisms causing the bacteremia bore to the flora of the interior of the excised tonsils. Scrapings from the interior of the tonsils and cultures revealed streptococci present in 85 per cent of the tonsils, staphylococci in 75 per cent, and fusiform bacilli in 36 per cent. Hemolyzing streptococci were present on 72 per cent of the plates, 43 per cent of these were S. pyogenes, 29 per cent S. infrequens and 14 per cent S. anginosus. Blood cultures taken after operation, made according to the method of Cecil, yielded streptococci in 6 per cent of the cases.

In order to determine the relative frequency of micro-organisms in tonsils encountered during the winter months we made a bacteriological study at the University Hospital, beginning January 1, 1931, and comprising the tonsils obtained from one hundred consecutive tonsillectomies.

The tonsils were promptly brought to the laboratory after removal, rinsed in sterile water, immersed in boiling water for five seconds, rinsed in 70 per cent alcohol, and cut to expose the crypts. Scrapings obtained with a sterile loop were inoculated on Loeffler blood serum and also on blood agar plates. The pure cultures obtained from the colonies thus obtained were employed to identify the organisms, the usual subcultures being prepared. A summary of our findings is as follows:

Streptococcus hemolyticus	29%
Streptococcus anhemolyticus	20%
Streptococcus viridans	12%
Pneumococcus	30%
M. catarrhalis	10%
Straphylococcus	68%
B. diphtheria	2%
B. influenza	5%

Poyton and Payne[17] isolated from the crypts of the tonsil a diplococcus which appeared to be identical with one found in the lesions of arthritis and endocarditis.

In a case of appendicities in which the attack followed closely Vincent's angina, streptococci and fusiform bacilli were isolated from the throat and extirpated appendix. Rosenow.[18]

Nakamura, Tokukichi[19] isolated from the extirpated tonsils streptococci which were also isolated from ulcers of the stomach and duodenum of the same case.

Lumdsen[20] found that tonsillar infection is a

factor in gall bladder disease. Eighteen cases out of twenty-three yielded nonhemolytic streptococci, while the hemolytic streptococcus was not found in any case.

The tonsils and adenoids have for a long time been thought to bear some relationship to the child's health. Infection of this tissue has been considered the focus for numerous diseases either in adjoining organs or in general systemic infections. Kaiser,[21] in a series of 5000 children examined one year after tonsils and adenoids had been removed, found that only 10 per cent failed to get relief from mechanical obstruction. The relationship of the tonsils to the common infections of children is not, however, so easily demonstrated. Only by obtaining a previous history pertaining to the infections, the physical status at the time of operation, and a re-examination at various intervals of one to ten years subsequently, can a valuable record of their infections be made. The most common infection in young children is a cold in the head, the bacteriology of which is uncertain. The removal of tonsils offers no sure protection against colds, but their absence offers some reduction in the incidence of this complaint. Tonsillitis occurs frequently in children and undoubtedly there is a direct relationship between repeated attacks of sore throat and the presence of tonsils.

A summary of Kaiser's paper follows. A study of the data based on 4,400 controlled children for a ten year period suggests that certain infections have a close relationship to the presence or absence of tonsils and that the removal of tonsils favorably influences the incidence of the following infections: Colds in the head, sore throat, cervical adenitis, otitis media, rheumatic disease, nephritis, dental infections; while the removal of tonsils influenced unfavorably the incidence of the following infections: Bronchitis, pneumonia, sinusitis. Influenced favorably to a slight degree or not at all were chorea, measles, laryngitis, and tuberculosis.

BIBLIOGRAPHY

1. Davis, D. J., M.D.: "Bacteria of the Respiratory Tract", Newer Knowledge of Bacteriology and Immunology.
2. Barnes, H. A., M.D.: "The Tonsils", The Mosby Co.
3. Miller, W. D., D.D.S., M.D.: 'The Micro-organisms of the Human Mouth"
4. Shibley, Mills, and Dochez: "Further Consideration of the Transmissability of Human Upper Respiratory Infections to the Ape", Proc. Soc. Exper. Biol. and Med., 27:59, 1929.
5. Thompson and Hewlett: "Principles of Bacteriology and Immunology", Topley and Wilson.
6. Davis, D. J., M.D.: "Bacteriology and Pathology of the Tonsils", J. Inf. Dis., Vol. X, 1912.
7. Dwyer, J. G. and Miss Gignoux: "Tonsillar Crypts", Manhattan E.E. and Throat Hospital Reports, Feb., 1912.
8. Polvogt and Crowe: "Predominating Organisms Found in Culture from Tonsils and Adenoids", J.A.M.A., 92:1:962, 1929.
9. Tunnicliff, R.: "Streptococci from Scarlet Fever, Erysipelas and Septic Sore Throat", J.A.M.A., 94:2:1213, 1930.
10. Small, J. C.: "Observations Bearing on the Specificity of Streptococcus Cardiarthritidis in Rheumatic Fever and Syndenham's Chorea", Am. J. Med. Sc., 175:638, 1928.
11. Cobe, H. M.: "Incidence of Bacteria in Four Hundred Tonsil Cultures", J. Inf. Dis., 46:298, 1930.
12. Sister M. Amadeo: "Bacteriological Findings in Extirpated Tonsils (A Study of 214 Cases)"—unpublished.
13. Rhoads, P. S. and Dick, G. F.: "Efficacy of Tonsillectomy for the Removal of Focal Infection", J.A.M.A., 91-2:1149, 1928.
14. Davis, D. J.: "Septic Sore Throat", J.A.M.A., 93:978, 1930.
15. Coleman, M. B. and Wheeler, M. W.: "A Laboratory Study of an Extensive Epidemic of Septic Sore Throat", J.L.C.M., 11:1180, 1925-26.
16. Bartlett, F. H. and Pratt, J. S.: "Streptococci Isolated from Excised Tonsils and Post Tonsillectomy Blood Cultures, Am. J. Dis. C., 41:285, 1931.
17. Poyton and Payne: "Etiology of Rheumatic Fever", Lancet, 2:1900.
18. Rosenow, E. C.: "Elective Localization of Bacteria in the Animal Body", Newer Knowledge of Bacteriology and Immunology, Jordan & Falk, 1928.
19. Nakamura, Tokukichi: Annals of Surgery, 79:29, 1924.
20. Lumsden, R. B.: "Bacteriologic Examination of Tonsils in Special Cases", J. Laryn. and Oto., 43, 1928.
21. Kaiser, Albert D. "The Relation of the Tonsils and Adenoids in Infections in Children", Am. J. Dis. Children, 41:568, 1931.

DISCUSSION

JOHN EDWIN BROWN, M.D., Columbus: It is impossible to dissociate more or less routine bacteriological examinations from surgery of the tonsil region, but it is a great mistake to assume that the reports of these tests should always be the determining factors in our attitude towards the disease or toward operation. In every individual, no matter how healthy, organisms are to be found in the smears or culture made from swabs taken in the faucial region. The presence of these organisms must therefore be taken as a normal event and not the indication of disease. On the other hand, these apparently harmless organisms under unusual conditions that may arise, in part from outside sources, and in part from newly developed conditions of ill health elsewhere in the body, may take on virulency. Take, for instance, Vincent's organisms,—they are almost always present, yet under abnormal conditions they become especially virulent. The presence of diseased infected foci about the teeth increases the virulency of the organisms that are to be found about the tonsils. The various streptococci are considered to be more toxic and virulent than the staphylococci, pneumococci or diphtheroids that may be found. When these predominate in the cultures made from the swabs, if arthritic or other manifestations of focal infection are present, we lay greater stress on the tonsil in which these streptococci are found. Of course, the converse of this is to be expected, namely, that in their absence we must not expect too much change in these general conditions and from the surgical removal of the tonsils. Dr. H. S. Birkett therefore quite correctly summarizes the attitude on this question when he says: "I do not place much confidence in the ordinary bacteriological investigation of the tonsil in determining whether it is the focus of infection, as the various forms of infected bacteria may be found in the tonsils of every living individual". I have had many laboratory reports from tonsil swabs. For the most part they run fairly uniform, and really give little additional information on which to base advice as to treatment or operation. On the other hand, to say that we are in error because we have not gotten entire relief from general symptoms in a case where tonsils have shown the toxic type of bacterial infection may of itself be a more grievous error. This for the reason that outside the bounds of the faucial tonsil we have lymphoid tissue below it and about the base of the tongue quite capable of continuing to breed the same organisms that were found in the tonsils, and as long as this continues the general signs of focal infection will likewise be present. The late Dr. French and his staff in the laboratories of the

Long Island College Hospital did some notable work in investigating this region as a source of infection. Undoubtedly they have pointed to a real reason why, following some of our tonsillectomies, we have failed to get relief from the symptoms as hoped for. The surgery of the pharyngeal tonsil is quite different from that of the faucial tonsil and if the patients on whom we operate were kept under observation over a period of time we would find in many of them there remained conditions, particularly pharyngeal bursa in adults, in which bacterial activity of the same type found in the faucial tonsil is still carried on. So, while we may say in a general way that the bacteriology of the tonsils runs fairly uniform with variations which show manifest inflammatory activities corresponding to the different type of bacterial activity, we must face the fact that in many of these operated cases, particularly in adults, we have failed to eliminate this bacterial activity despite a most perfect enucleation of the faucial tonsil and that careful study will sooner or later reveal the areas in which the bacterial activity is still carried on in the upper respiratory tract, and surgery or vaccine therapy may yet make contribution to a complete, or at least a further recovery in the disease.

E. L. BRADY, M.D., Marion: Drs. Reinhart and Spohr have favored us with two excellent papers. Their chosen subjects are ones in which we are all interested.

We have been accused by the laity, and some of our own practitioners have also accused us of removing too many tonsils. Have we been removing too many tonsils? It is up to us to determine that, and I think the laboratory findings will be a great aid in helping us to decide when the tonsils should be removed. We should be careful not to allow the laboratory report to mislead us. I have looked into many an innocent throat and have had a laboratory report with few bacteria present when the tonsil contained free pus and an abscess in its interior.

I find that authorities differ in their opinion as to the function of the tonsil. Some say it has little or no function. Others say it has. I am inclined to believe it must have a function to perform. Our patients often ask what the function of the tonsil is. I answer their question as follows: (1) Production of lymphocytes. (2) Internal secretion. (Masini attributes to the tonsil a function similar to the suprarenal glands.) (3) A protective agency through the lymphocytes. (4) An eliminating theory is ascribed to an effort on the part of the lymphoid nodules, to eliminate the offending organism. (5) The immunizing theory in which organisms are cultivated and toxins are generated and absorbed, in just sufficient doses to produce the necessary antibodies to immunize the individual against the invasion of the organism themselves. Now if the tonsil has these functions, it should be approached with great deliberation and consideration.

Dr. Spohr spoke of the remnants that are left in the throat after operations. I always recommend that these stumps be removed as the crypts may be sealed by adhesions and prevent the drainage of infective material. Another condition that I pay particular attention to, is the ridge of lymphoid tissue along the base of the tongue, between the margin of the tongue and the lower border of the tonsil. Sometimes this body is as large as the small finger. It may contain crypts that harbor infection and cause a great deal of trouble. We always remove this offending tissue.

F. C. PAYNE, M.D., Dayton: Dr. Spohr has thoroughly covered the facts he intended to present in his paper and I am in a general way, in full agreement with what he has said. There are a few remarks that I would like to add to what has been said.

I have found in tonsil cultures staphylococci with hemolytic characteristics which grow only in enriched media. From deep tonsil crypts I have isolated a hemolytic streptococcus, growing only as an anaerobe and only after 48 to 72 hours incubation. Aerobic and partial tension cultures frequently do not show this organism. I have tried to isolate tubercle bacilli from tonsils using Copers potato media. I would like to ask Dr. Spohr if he has been able to isolate tubercle bacilli from tonsils using this same method.

NEW BOOKS

Simplified Diabetic Management. By Joseph T. Beardwood, Jr., A.B., M.D., F.A.C.P., chief of Diabetic Clinic and associate visiting physician, Presbyterian Hospital in Philadelphia; physician in chief to the department of Metabolic Diseases, Abington Memorial Hospital; associate in Cardiology, Graduate School of Medicine, University of Pennsylvania, and Herbert T. Kelly, M.D., A.A.C.P., associate in Diabetic Clinic, Presbyterian Hospital in Philadelphia; associate in Cardiology, Graduate School of Medicine, University of Pennsylvania and in the Philadelphia General Hospital. Diets prepared with the collaboration of Elsie M. Watt, A.B., formerly dietitian, Diabetic Clinic, Presbyterian Hospital in Philadelphia. Illustrated. J. B. Lippincott Company, Philadelphia, London and Montreal.

Surgical Pathology of the Diseases of Bones. By Arthur E. Hertzler, M.D., Surgeon to the Agnes Hertzler Memorial Hospital, Halstead, Kansas, Professor of Surgery, University of Kansas. 211 Illustrations. J. B. Lippincott Company, Philadelphia, London and Montreal.

Simple Lessons in Human Anatomy. By B. C. H. Harvey, M.D., Professor of Anatomy, University of Chicago. American Medical Association, 535 North Dearborn St., Chicago, Ill.

Tables of Food Values. By Alice V. Bradley, B.S., supervisor and instructor of Nutrition and Health Education, State Teachers College, Santa Barbara, California. The Manual Arts Press, Peoria, Illinois.

Approved Laboratory Technic. Clinical, Pathological, Bacteriological, Serological, Biochemical, Histological. Prepared under the auspices of The American Society of Clinical Pathologists. By John A. Kolmer, M.D., Dr. P.H., D. Sc. LL.D., and Fred Boerner, V.M.D., assisted by C. Zent Garber, A.B., M.D., and committees of the American Society of Clinical Pathologists composed by Drs. J. H. Black, H. J. Corper, A. G. Foord, A. S. Giordano, F. W. Hartman, P. Hilikowitz, R. A. Keilty, R. A. Kilduffe, K. M. Lynch, A. H. Sanford, and F. E. Sondern. With 11 colored plates and 300 illustrations in the text. D. Appleton & Company, New York and London.

The Practical Professional Problems of Rural Health Administration

E. R. HIATT, M.D., Troy, Ohio

VARIOUS perplexing questions meet the mind of the administrator of public health in a rural community that cannot be solved in the laboratory or by consulting the medical scientific lore available to us. The efficient operation of a health department staff requires the exercise of judgment that is essentially different from medico-professional judgment per se.

In fact, the ideal commissioner of health should have the same facility for appealing to the public mind as that of a high class advertising man; he should have the ability for business management of an industrial executive; the genius of an expert accountant; unimpeachable integrity; irreproachable morals; such undoubted medical education and judgment as to command the respect of the doctors of his community; such personality and native intelligence as to impress the lay population of his district with the value and importance of his judgment and his work; an equanimity undisturbed by any matter less than devastating earthquake or flood, and should then be willing to give his services for $5000.00 or less per annum and then out-face the criticisms of the taxpayer who objects to paying taxes to support these "high-priced health officers."

It is indeed fortunate that the opposition to health department work is of a disorganized character, and it is most unfortunate that the health department structure is of such vulnerable nature. We who are so fortunate as to have a health board of men who are intelligent and appreciative of health activities would be highly embarrassed by every necessity of replacing the members of the board should occasion arise. If we are in any degree active and efficient in our services we may expect to stir up some reaction and resentment occasionally. Too often this resentment and criticism is taken directly to the members of the board of health, residing in the vicinity of the offended party. It requires a man of rather unusual character to continue in office without remuneration and face these complainants, who are often customers, relatives, patients, or old acquaintances, no matter how well he may understand their unreasonable attitudes. It then becomes necessary for a successful commissioner of health to have some keenness of political insight so that he may be an aid in maintaining a qualified board of health. The present situation may be summed up by saying that the maintenance and force of a department of health is dependent to a large extent upon the sheer personality of the commissioner of health. It seems obvious if this be true that the impartial and faithful performance of his duties is apt to be seriously handicapped by the fears and inhibitions arising from this situation. In fact, I know of an instance where an old experienced health commissioner in advising a newly appointed man in how to get along, made the statement "Be careful not to do too much." This was probably excellent advice in the present, but we cannot help regretting that a department of health is not on a firmer foundation than it is at present. The constant necessity for passing judgment on situations arising where our duty to the public may conflict with some individual's conception of our duty to him would seem to demand that the commissioner of health be not embarrassed by a doubtful or temporary tenure of office, or by the feeling that his departmental organization is unstable.

We are all sensitive to the necessity of maintaining cordial relationship with practicing physicians in our territory but physicians are human, even as you and I, and differences of opinion are bound to occur. I believe that 90 per cent of practicing physicians and surgeons will heartily agree that a double obligation exists between health department and physician. Proper relationship makes the health worker an aid to the physician's practice. When nurses' conventions and health workers' conventions everywhere are stressing and reiterating the necessity for avoiding giving either prescriptions or advice for treatment it is somewhat difficult to understand the obsession that some men have of linking "State Medicine" with "Public Health." "Public Health" demands routine consultation with physicians but has no voice in supplying the physicians. Medical service for the public exists in the present set up and there is no occasion for health departments to do other than aid the public to appreciate and use the existing machinery. This does not apply of course to the municipalities that provide for the care of its indigent population by the board of health, but I believe it will be generally agreed that this function is extraneous from true professional public health work.

Although we feel that organized medicine as a whole is absolutely favorable to adequate, ethically conducted health work, there creep in occasionally, even in official societies and sections, comments that show a suspicion and fear of a "State Medicine" development from our public

Read before the Section on Public Health and Industrial Medicine, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

health services. We who are consciously advocating by every individual and public health talk made by our departments, a more universal and consistent use of the regular and ethical medical services available in our communities, cannot help wondering whether these gentlemen would strangle this goose which is laying golden eggs for them daily because of some fancied menace. Far from being a menace, it is my earnest conviction that an able, strong department of health controlled by a medical man who appreciates and understands both medical viewpoint and public opinion is the best defense the medical profession has against radical medical socialism, quackery, and cults. Our plea to our medical men is to adopt a more understanding and investigating attitude toward these catch phrases of "State Medicine" and "Social Medicine" so that we may at least distinguish them from "Public Health."

There are in many, probably in most, districts various groups of citizens interested in public welfare and social service who expect at times activities from the department of health that are inadvisable or even impossible. There is a tendency on the part of these groups to expect as routine health service the exercise of the sweeping emergency powers vested in the board of health, designed for use in a crisis. An explanation that these statutory provisions invest the health commissioner himself with no authority and that the exercise of these powers with their attendant red tape procedure, to clean up a back yard, or to force some mother to pay better attention to cleaning and clothing her children is about as practical and efficient as cracking nuts with a pile driver, is apt to have the effect of arousing a suspicion in a questioner's mind that you are "passing the buck" when your own conviction is that some one is unfairly attempting to hand it to you. In fact, there may be a distinct suspicion that the individual with a handy set of convenient nut crackers is actually referring the nuts to your pile driver and is showing a distinct inclination to avoid accepting any references from your office. I believe that these misunderstandings could be relieved to some extent if we had a generally accepted official or semi-official code or manual to outline in a readable, understandable form of accepted and approved activities of local departments of health. Some of us feel that we have a fair understanding of what our duties should be, but we are under a psychological disadvantage in attempting to explain authoratively the situation to some good citizen who comes to us with the initial suspicion that we are perhaps attempting to evade our duty.

It is sometimes difficult to keep within due bounds the volunteer activities which have been initiated at our behest, and I believe it to be a serious error to adopt any other position than that such organizations should be distinctly assistants to official organizations. There is a distinct tendency for such organizations to fall into the role of criticizers or to adopt the habit of starting some activity, leaving it for health departments to finish or even to attempt openly to regulate the official health program to suit their own projects. I do not believe that we should adopt an arbitrary attitude or isolated policy; on the contrary, I think that a general consideration of public health policy in general sessions of medical associations is a vital necessity. I do think, however, that we should insist that the advices and opinions of medical specialists in public health constitute the most hopeful line of thought, and endeavor to consider fairly the rights of all concerned in outlining a public health program for any given territory.

As an addendum this present group might be interested in the following special case of a typical social service case:

R—— and family, wife and four children, lives in shack ————, formerly lived in shack near by which was torn down as fire menace. Says that fire chief suggested present shack as a possible place to go.

Neighbor reports that R——— broke lock on present shack to gain entrance. Owner of shack and lock a non-resident. Has not been in Troy for four years.

R——— was investigated December 12th, 1930. At 10:00 A.M. R——— was found in bed. Roused with difficulty, apparently from simple unwillingness to get up. Shack has two beds, two rooms, one small heating stove, meager supply of bedding, children fairly well clothed (by donation) (bedding was also donated). Shack has some flooring which is full of cracks. R———'s reputation is that he will not work when work is available. Reported to get coal by picking up coal along railroad track.

School visiting teacher reports having visited R——— for absence of school children. Found them without breakfast, nothing in house for dinner, only one bed. Secured food from city service for them, mattresses and bedding from other relief agencies.

Question 1. In an average Ohio community whose responsibility is it to investigate such cases?

Question 2. Who has legal authority to act in such a case, to compel father to support family or to control situation?

Question 3. When a community employs a welfare worker where should she fit into the picture?

Question 4. Can or should health department personnel take action in such a case? If so, what?

Copies of this case report and questionnaire were sent to several authorities and all agreed essentially with the answers included in the letter received from Dr. Hayhurst, which is quoted below as the most concise and inclusive reply:

Question 1. The Juvenile Court has responsibility in such cases.

Question 2. Also, the Juvenile Court.

Question 3. The welfare worker may make local investigations in which case the matter should be reported to the juvenile authorities. If

The President's Page

A Personal Communication to the Membership from

D. C. Houser, M.D., Urbana, Ohio

Not many decades ago, a physician, whether in a rural community or city, lived an isolated life as far as his fellow colleagues were concerned, and often looked upon them as professional enemies.

Physicians of today have strong professional ties, and maintain friendly social relations. Most of this change is due to Organization in Medicine. County, State and many other Medical Societies, the result of organized medicine, bring physicians together, where scientific, economic and ethical problems are discussed in a friendly, manly and constructive manner. This has convinced most "knocking doctors" that you can not succeed by trying to pull another physician down.

If we are to continue the present splendid medical organization in the State, it is imperative that we elect or choose men for the various offices who are loyal and devoted to the cause of Organized Medicine. Most of the State and County Officers in the past have been men who were unselfishly devoted to the betterment of the Medical Profession. A suggestion for thoughtful consideration in the selection of County Society officers is timely, as most of the Societies will hold their annual elections within the next few weeks.

It may not be out of place for me to call your attention to the importance of the House of Delegates of the State Association. As you know, the House of Delegates is the law-making body of the State Association, and consists of delegates elected by the various component societies and the Officers of the Association, viz: President, President-elect, Past President, Treasurer and ten Councilors. Chapter Five, Section 2 of the By-Laws reads as follows: "Each component County Society shall be entitled to one delegate in the House of Delegates for each one hundred full paid members in this Association, or fraction thereof, provided, however, that each county society shall be entitled to at least one delegate and one alternate".

This gives each county in the State a representative in the law making body of our State Association.

The counties having a few members, have a greater proportionate representation in the House of Delegates than the Counties having many members.

It will soon be time to choose the delegates in the various Counties of the State. The delegates chosen from the various County Societies, should not only be men who are devoted to the cause of organized medicine, but they should be men who will attend the State meetings and come prepared to discuss, in a constructive manner, the various problems which may come before the House of Delegates.

Please bear in mind that the present splendid cooperation found in the medical profession in Ohio is largely due to organization work done in the various county societies of the State.

Scientific papers and discussions are always in order and are needed so that the latest developments in the science and art of medicine may be known promptly by the entire profession. But we should not lose sight of the fact that organization, economic and ethical problems should be discussed, as they are very essential to the welfare of every practicing physician, whether in the rural districts or in the cities.

Physician Instructors and Their Importance in Nurse Training and Education

More than 16,500 physicians lecture to student nurses or act as instructors in the schools of nursing, according to the records of 1,379 such schools, a study of the nursing school faculty, made by the Committee on the Grading of Nursing Schools, reveals.

The nursing school faculty often contains no regular instructor, as such. Forty-two per cent, or 590, of the schools reported that they employ no instructor. The majority that do employ one have only one on the staff, and she must often teach and assist in teaching a variety of from eight to sixteen subjects.

The Grading Committee considers all graduate nurses connected with the school and hospital as part of the faculty, since the major part of the students' time is spent "on the wards." The nucleus of the faculty is the superintendent of nurses. In the smaller schools, besides arranging for nursing service, she also teaches classes. The second person to be added is the night supervisor. The third graduate nurse to be employed is usually the head nurse in the operating room; the fourth, a day supervisor; then a head nurse on the floor. The instructor is, as a rule, added to a school only after these, as a sixth graduate nurse member of the faculty.

The largest groups of schools have from six to fifteen physicians on the teaching staffs; 82 schools have eight; 81 schools have ten; 84 schools have thirteen; 81 schools have fifteen. The range is from one to fifty physicians per school.

In a small proportion only of the schools, however, is the bulk of the teaching in the hands of the physicians. In one school, for example, a doctor is paid a substantial sum to devote his mornings to teaching the student nurses, and he lectures on fourteen different subjects. In some others the doctors may give many of the basic science courses, as well as lectures in their own specialties.

The accepted practice in the majority of schools is for the physician to give lectures on different types of cases. A nurse faculty member is usually present. After each lecture, she follows up the work with class discussion, and teaching on the nursing techniques involved. Sometimes three or four doctors will give the lectures on one subject during the term, sometimes one gives the entire series.

In spite of the fact that so many physicians are teachers in the nursing schools today, the staff physician who "knows the students by name" is far rarer than he used to be, it is said. Some physicians take a keen personal interest in the training school and in their lectures to the students. Others regard them as routine affairs. The fact that physicians no longer follow class lectures with bedside instruction, in many cases, but allow the formal lecture to suffice, is seen as one serious flaw in the present system.

Schools express themselves as keenly appreciative of the services doctors give as teachers, but some say that difficulties are sometimes encountered. Irregularity on the part of the lecturers is a serious one. Since the students' time is routed for their service in the hospital and their care of the patients, this presents a difficult administrative, as well as educational problem.

"We have to rely upon the physicians to do the greater part of the teaching," wrote one school head. "This causes a great deal of difficulty, such as: emergencies preventing giving the lecture; the lecturer is late for class; lecture is given unwillingly; lecture is unprepared."

The best type of physician instruction is seen to include:

1. Lectures planned from the point of view of the student nurse; including the nature of the disease; the nurse's role in the commonest methods of treatment; the special symptoms to watch for and report; what the nurse can do to make the patient comfortable.

2. Follow-up of lectures by bedside clinics for the students. This is a practice that has been neglected of late years, it is reported.

3. Encouragement of students in asking questions.

It is believed that such a plan of instruction would help in changing the modern tendency of lack of real contact between the physician and the student nurse. Both doctors and nurses believe the lack of close contact is a serious loss in the training of a nurse, and one reason why nurses sometimes do not know what physicians expect of them in the care of different types of cases.

About three per cent, or 522, of the physicians who teach are paid for their services. In most cases payment is small. Three or five dollars for a lecture is the most common rate. In a Maryland school, for example, two of the 21 physicians listed as instructors received pay, $50 and $40, for the term. In some cases the fee is considerable. One Boston physician receives $2,000 a year for his lectures.

The Committee on the Grading of Nursing Schools in general recommends the policy of payment for all teaching. It is believed it is sounder practice for the schools to pay for lectures than to receive them as gifts. It warns the schools, however, against allowing lecture posts to go to the younger and more needy, but less qualified, members of the medical staff, and advises them to select lecturers on teaching ability alone.

Annual Meeting Plans, Constitutional Questions, Workmen's Compensation Procedure, Medical Economic Problems and other Important Matters Considered by Council at October Meeting

COUNCIL MINUTES

The Council of the Ohio State Medical Association met in the headquarters office, Columbus, at 1:00 P. M., on Sunday, October 4, 1931.

The officers and councilors present were: Drs. Houser, Platter, Beer, Caldwell, Huston, Klotz, Hein, Cummer, Davidson, Shanley, Brush, Seiler, Goodman; Dr. Upham, member of the Policy Committee; Dr. Southard, State Director of Health; and Executive Secretary Martin and Assistant Executive Secretary Nelson.

The minutes of the Council meeting held on July 12, 1931 (published on pages 647-652 of the August, 1931, issue of *The Journal*) were read, and on a motion seconded and carried were approved.

ANNUAL MEETING ARRANGEMENTS

President Houser announced officially that the dates for the next Annual Meeting in Dayton, Ohio, have been set for Tuesday and Wednesday, May 3 and 4, 1932.

Dr. Platter, Chairman of the Council Program Committee, reported correspondence with the section officers. He explained the details of the rules and regulations which have been issued by his Program Committee, and discussed suggestions received from section officers for possible speakers at the general sessions. He reported that at a meeting of the Program Committee on the morning of this day that the Committee had favorably considered arranging for the general sessions symposia on subjects of general interest from the three class A medical schools in Ohio: The School of Medicine, Western Reserve University; College of Medicine, University of Cincinnati; and College of Medicine, The Ohio State University.

Dr. Huston reported on a recent conference in Dayton with several of the officers and members of Council in regard to facilities available at the Dayton hotels. He also reported on correspondence from the headquarters office of the State Association with the Dayton-Biltmore Hotel and the Miami Hotel. He reported that the local committees had been organized and were ready to function.

Dr. Goodman, Secretary of Council, read a communication received the day before from Dr. Fred K. Kislig, President of the Montgomery County Medical Society, and accompanied by a list of the local committees for the Annual Meeting. In his communication Dr. Kislig recommended that; if space and other facilities are available, the Council make provision for scientific exhibits. Upon motion by Dr. Goodman, seconded by Dr. Seiler, and carried, the Council transmitted this recommendation to the Program Committee for favorable consideration, provided space and other facilities are available.

In his letter, Dr. Kislig also recommended that a banquet not be held during the Annual Meeting in Dayton. Upon motion by Dr. Goodman, seconded by Dr. Klotz, and carried, the Council expressed its sentiment that a banquet should be omitted at the 1932 Annual Meeting. Dr. Huston had moved an amendment to that motion to express by the Council a policy wherein no responsibility would be assumed for a banquet but leaving the determination of the question of a banquet to the Montgomery County Medical Society. Dr. Huston's proposed amendment to Dr. Goodman's motion (the motion by Dr. Goodman being carried without amendment) was lost by a vote of 3 'for' to 6 'against'.

CONSTITUTIONAL CONFORMITY

Dr. Cummer, Chairman of the Council Committee on Constitutional Conformity reported in detail on deliberations of his committee on the previous evening and on the morning of this day, and submitted recommendations to the Council. He recommended official approval of the constitutions and by-laws of the following component county medical societies which have been submitted or re-submitted for final action since the last Council meeting:

The Jackson County Medical Society
The Lake County Medical Society
The Lorain County Medical Society
The Pike County Medical Society
The Richland County Medical Society
The Ross County Medical Society.

Upon motion by Dr. Cummer, seconded by Dr. Caldwell, and carried, the Council approved as official the constitutions and by-laws of the foregoing societies.

CONDITIONAL APPROVAL

The Council Committee on Constitutional Conformity through Dr. Cummer submitted the constitutions and by-laws of the following component societies with recommendation for conditional approval, subject to necessary official action by those societies to bring their constitutions and by-laws into complete conformity, with dates of adoption, signatures of officers, and other necessary details:

The Clark County Medical Society

(Subject to amendments as requested in letter of July 30 from headquarters office)

The Erie County Medical Society

(Subject to amendments which accompanied letter of September 3).

The Logan County Medical Society

(Subject to proper editing, date and signatures).

The Madison County Medical Society

(Subject to editing of several conflicting alternative provisions).

The Mahoning County Medical Society

(Subject to amendments requested in letter of Aug. 4).

The Montgomery County Medical Society

(Subject to amendments which accompanied letter of August 3).

The Summit County Medical Society

(Subject to amendment on sectarian medicine and adoption by the Society of other amendments previously recommended by Council Commitee).

Upon motion by Dr. Cummer, seconded by Dr. Brush, and carried, the constitutions and by-laws of the foregoing component societies were conditionally approved as indicated.

Dr. Cummer also reported on correspondence and progress in the completion of the constitutions and by-laws by the following societies:

The Fulton County Medical Society
The Holmes County Medical Society
The Putnam County Medical Society
The Washington County Medical Society
The Wayne County Medical Society.

The Council approved Dr. Cummer's recommendation that the Council Committee on Constitutional Conformity draft a simplified constitution and by-laws for the component county medical societies which have not yet adopted constitutions or revised their present constitutions to bring them into conformity with the Constitution and By-Laws of the State Association, and that all alternative or suggested provisions in the present "model constitution" be eliminated, that places be provided for the date of adoption, the signatures of the presidents and secretaries, and that two copies be sent to each county medical society (which has not yet adopted a constitution in conformity) with instructions for prompt action, and that one copy be retained in the official files of those county societies, and the other returned as soon as possible, following adoption, to the headquarters office of the State Association.

WORKMEN'S COMPENSATION QUESTIONS

Reference was made to the action of the Council during the Annual Meeting in Toledo in referring to and requesting of the Medical Defense Committee and the Medical Economics Committee questions in regard to the liability of physicians for their reports of diagnoses and physical findings made to third parties, with special reference to Workmen's Compensation cases in which physicians make reports of diagnoses of employees direct to and upon request from the employers. A report was made on a series of conferences and correspondence with officials of the State Department of Industrial Relations and the State Industrial Commission, as a result of which an agreement has been reached whereby there will be printed on the application forms to be signed by the claimants (injured employees), a statement authorizing physicians to make disclosures of diagnoses and treatment to the Industrial Commission, and others authorized to receive such information, and without incurring civil liability to the claimants. Communications from the Department of Industrial Relations were submitted, including the wording to be printed on the application blanks bearing on this matter, and reading as follows:

> "By signing this application I expressly waive, *on behalf of myself and of any person who shall have any interest in this claim*, all provisions of law forbidding any physician or other person who has heretofore attended or examined me, or who may hereafter attend or examine me, from disclosing any knowledge or information which he thereby acquired."

Members of Council commended the Committees of the Association and the headquarters staff for their cooperation with the Industrial Commission on this matter.

PROPOSED MEDICAL ECONOMICS SURVEY

Dr. Upham submitted to the Council voluminous correspondence by the Bureau of Medical Economics of the American Medical Association and the headquarters office of the Ohio State Medical Association. He explained a plan of the Bureau of Medical Economics to send a number of schedules or questionnaires on medical economics to the component county medical societies, dealing with such subjects as dispensaries and clinics, collections, contract practice, group practice, industrial medicine, medical fees, sickness insurance, and sickness savings plans. He explained the effort to assemble authoritative information on the economic status of physicians. He pointed out, however, objections that had been raised by officers and members of Council of the State Association to multiple and confusing questionnaires which might not be uniformly applicable to all the counties or which could not be uniformly answered. Upon motion by Dr. Goodman, seconded by Dr. Cummer, and carried, the Council requested the Bureau of Medical Economics of the American Medical Association to delay sending any of these questionnaires to the county medical societies in Ohio or at least until after a conference which might be arranged in Chicago during the Annual Conference of State Association Secretaries on November 13 and 14. In the meantime, the Council referred this matter jointly to the Economics Committee and the Policy Committee for further consideration and for discussion and presentation to officials of the American Medical Association.

COOPERATION WITH THE STATE NURSES' ASSOCIATION

Dr. Platter submitted for consideration by the Council correspondence between Mrs. Elizabeth P. August, General Secretary of the Ohio State Nurses' Association, and the headquarters office of the Ohio State Medical Association in which Mrs. August requested the approval by the Council of a proposed communication to the physicians of Ohio from the Board of Trustees of the Nurses' Association in which there is outlined a program of cooperation and a request to the physicians to give precedence, where possible, to Ohio registered nurses, over nurses not registered in Ohio. On motion by Dr. Caldwell, seconded by Dr. Goodman, and carried, the Council approved the revised draft of a letter from the State Nurses' Association to the members of the Ohio State Medical Association, and instructed the Executive Secretary to make available the facilities of the headquarters office, if feasible, in the use of the addressograph, and to cooperate in all other possible ways.

PROBLEM OF VETERANS' BENEFITS

Dr. Upham called the attention of Council to the policy of the American Medical Association in regard to the program of the Federal government in relation to veterans' hospitals. He called attention to the editorial in the September 19, 1931 issue of the *American Medical Association Journal*, as well as to the article on this general subject in the August, 1931 issue of the *Ohio State Medical Journal*, (pages 643-646, inclusive). He pointed out that there was a belief that, if opposition should be expressed by the medical profession to an unlimited hospital building program by the Federal government, it would be necessary to suggest some other alternative such as contemplated under the Dr. Shoulders' resolution adopted by the House of Delegates of the American Medical Association at its last Annual Meeting, recommending an insurance plan of cash benefits to veterans by which they might preserve their individual choice in selecting their own physicians in their own communities. He explained that it was not the plan of the Legislative Committee of the American Medical Association to work officially through the American Medical Association or the State Association, but to select at least one key-man in each state who is active in the American Legion and who would make a special effort to have the Legion give consideration to this entire question as recommended by the medical profession. Dr. Upham also presented for the information of the Council copies of correspondence of headquarters office of the State Association and the congressmen from Ohio, in which the attitude and policy of medical organization was explained.

PROPOSAL FOR CRIME DETECTION BUREAU

In the absence of Dr. Alcorn, Chairman of the Policy Committee, Dr. Upham reported on the action of a committee of the American Medical Association on Medico-Legal Problems, with recommendations for the creation in each state of a criminologic institute or crime detection bureau. He submitted for the information and consideration of the Council considerable correspondence on this question through the State Association headquarters office and otherwise. Upon motion by Dr. Shanley, seconded by Dr. Seiler, and carried, the Council referred this question to the Policy Committee for further consideration, with a recommendation for cooperation with the Bureau of Legal Medicine and Legislation of the American Medical Association in this matter.

PROPOSED "WHITE HOUSE CONFERENCE"

President Houser read a communication from Governor George White relative to a proposed conference in Ohio as a follow-up to the White House Conference on Child Health and Protection held in Washington in November, 1930. In his letter, Governor White stated that at that conference it was decided that each state should be asked to form an organization to carry on the work of the conference and develop a general interest in its program. In his letter Governor White also requested that Dr. Houser, as President of the Ohio State Medical Association, serve on the official committee in Ohio, for a state conference to be held in January, 1932.

On motion by Dr. Huston, seconded by Dr. Davidson, and carried, it was expressed as the sense of the Council that the President accept the appointment from Governor White on such committee.

Dr. Southard was requested to discuss the plans for a conference in Ohio on Child Health and Welfare. He explained the plans as adopted at a preliminary conference for a division of the session to be held in January, 1932, into divisions on Health, Education, and Welfare, and plans for cooperation by the State Department of Health and the Medical Profession.

POSSIBLE INSPECTION OF OSTEOPATHIC SCHOOLS

Dr. Upham reported on the recommendations made by the Policy Committee to the Council on Medical Education and Hospitals of the American Medical Association for an authoritative inspection of osteopathic schools. He explained the difficulty in securing sympathetic cooperation and permission for inspection. He reviewed correspondence between the Council on Medical Education and Hospitals and the headquarters office of the State Association. He explained the plans that would be made in an effort to interest the Carnegie Foundation for Medical Education or some nationally recognized educational group not directly affiliated with medical organization itself to secure permission from the osteopathic schools for inspection and report. He stated that if some

such educational organization did not undertake an inspection, provided permission can be secured, that it might be possible for the Council on Medical Education and Hospitals to request permission to make inspection. Upon motion by Dr. Davidson, seconded by Dr. Klotz, and carried, this question was re-referred to the Policy Committee with power to act.

MEDICAL DEFENSE QUESTIONS

In connection with the steady but unwarranted increase of suits and threats of suits for alleged malpractice, attention was called to the reference to this question in the bulletin issued to the secretaries of the county medical societies from the headquarters office under the date of September 29. Members of Council were requested to emphasize to the Medical Defense Committeemen in their districts the suggestions contained in that bulletin for a discussion, at an early meeting of each society, of the causes and preventive measures in relation to malpractice suits and threats. Attention was also called to a suggestion previously submitted by Dr. Walter H. Snyder, of Toledo, member of the Medical Defense Committee of the State Association, in which he suggested the desirability of addresses and discussions on "Ethics, and Customs of the Profession". Members of Council expressed their opinion that that subject could properly be combined with a discussion of professional conduct and consideration for fellow practitioners. Dr. Cummer also suggested that each Councilor might find at least one qualified speaker in the profession in his district who might be available to address the county medical societies in the district on Medical Defense, including ethical questions.

MISCELLANEOUS

The program for the Annual Ohio Welfare Conference, to be held in Akron, October 6 to 9, inclusive, was discussed, especially the program for the Division of Health of that conference. Upon motion by Dr. Goodman, seconded by Dr. Caldwell, and carried, the Council requested and authorized Dr. Davidson to secure an official observer from the profession in Akron who would be interested in attending the Welfare Conference, to observe and submit a written report to the Council at its next meeting. Attention was called to the fact that it has been customary in previous years for either an official representative or an official observer from the Council to attend and report on those Conferences.

For the information of the Council the proposed programs of the Ohio League of Women Voters, for 1931-32, as published in the September, 1931, issue of the *Ohio Woman Voter*, were submitted to the Council.

Dr. Hein and Dr. Goodman reported upon and discussed a bill which had been submitted to the State Association from the Hotel Secor, Toledo, in connection with the last Annual Meeting of the State Association. The controversial nature of this bill was explained. Dr. Goodman on behalf of the Auditing and Appropriations Committee expressed the opinion that the bill was unjustified in view of the agreement with the management of the Hotel Secor prior to the Annual Meeting, in which certain concessions were made to the State Association as part of the consideration for the Annual Meeting to be held in Toledo, and for the Hotel Secor to be designated as official headquarters. Upon motion by Dr. Hein, seconded by Dr. Klotz and carried, the Council authorized the payment of the revised bill from the Hotel Secor in the amount of $241.45.

A report on membership showed a total to date for 1931 of 5426, as compared with 5451 on the same date last year, and as compared with a total at the end of 1930 of 5514. The President called attention of the Councilors to the importance of emphasizing to the societies in their districts the maintenance of their membership, and the importance of securing and retaining as members every qualified physician in the respective counties.

For the information of Council, recent correspondence was submitted from the National Tuberculosis Association requesting publicity in the *Ohio State Medical Journal* for the 1931 Christmas Seal sale under the direction of the Ohio Public Health Association. Council authorized the Publication Committee to use its judgment as to the publication of news concerning this matter, with the recommendation that the space so devoted be limited.

A communication was read from the National Liberty League requesting support in circulating petitions in Ohio for a constitutional amendment to repeal Ohio dry laws, and to be placed on the ballot at the general election in 1932. No action was taken by the Council, several Councilors pointing out that this question cannot be properly acted upon by the Council, and that it is a matter for physicians as individuals to determine their attitude on this question.

The Council adjourned to meet at the call of the President.

S. J. GOODMAN, M.D.,
Secretary of Council.

NEW BOOKS

Bulletin of the National Research Council, Number 83. A Compendium of The Statute Law of Coroners and Medical Examiners in the United States. By George H. Weinmann. Issued under the Auspices of the Committee on Medicolegal Problems, National Research Council. Published by The National Research Council of The National Academy of Sciences, Washington, D. C., 1931.

Prompt Action by Component County Societies on Constitutional Revision Is Urged by the Council ⁂ Where Does Your Society Stand?

One of the most important activities by a State Association committee during the past year has been the function and progress of the Council Committee on Constitutional Conformity, which, following the 1930 Annual Meeting of the Ohio State Medical Association when a new Constitution and By-Laws were adopted, drafted a suggested model constitution for the component county medical societies and academies of medicine in order that each of the county units might have such a fundamental document in harmony with the provisions and requirements of the State Association Constitution.

Voluminous correspondence has been carried on by the Council Committee in an effort to secure proper amendments to the existing constitutions and by-laws or to secure the adoption of new constitutions and by-laws when the original documents of several of the societies could not be found.

It has not been the intention of the Committee or of the Council itself to be arbitrary or to insist upon identical detailed provisions in each of the constitutions and by-laws of component societies, but under the provisions of the State Association Constitution itself, it is mandatory that each of the component units have on file at the headquarters office of the State Association, a properly signed and dated constitution for each of the component societies which *shall not be in conflict*, at least, with the provisions of the State Association Constitution.

To date, 42 county societies and academies have either made the necessary amendments and revisions or have adopted new constitutions and by-laws containing proper and necessary provisions. Those societies which have met all requirements thus far in this important matter are:

Academy of Medicine of Cincinnati
Academy of Medicine of Cleveland and Cuyahoga County
Academy of Medicine of Lima and Allen Co.
Ashtabula County Medical Society
Athens County Medical Society
Auglaize County Medical Society
Belmont County Medical Society
Butler County Medical Society
Champaign County Medical Society
Clinton County Medical Society
Coshocton County Medical Society
Crawford County Medical Society
Darke County Medical Society
Defiance County Medical Society
Delaware County Medical Society
Fayette County Medical Society
Geauga County Medical Society
Huron County Medical Society
Hancock County Medical Society
Harrison County Medical Society
Hocking County Medical Society
Jackson County Medical Society
Jefferson County Medical Society
Knox County Medical Society
Lake County Medical Society
Lorain County Medical Society
Marion Academy of Medicine
Medina County Medical Society
Meigs County Medical Society
Miami County Medical Society
Muskingum Academy of Medicine
Perry County Medical Society
Pike County Medical Society
Portage County Medical Society
Preble County Medical Society
Richland County Medical Society
Ross County Medical Society
Stark County Medical Society
Trumbull County Medical Society
Van Wert County Medical Society
Warren County Medical Society
Wood County Medical Society.

Progress in constitutional revision has been reported through correspondence with 20 of the other component societies, some of which have practically completed their revisions, others of which have committees at work on such revision at the present time. The constitutions and by-laws of some of these societies have already been conditionally approved by the Council of the State Association, subject to further amendments of other details. All of these societies have been requested by the Committee to complete official action as soon as possible. The societies which have made progress (some of which, undoubtedly, will have completed their official action on this matter by the time this issue of *The Journal* reaches the members) are:

Clarke County Medical Society
Columbiana County Medical Society
Columbus Academy of Medicine
Erie County Medical Society
Fulton County Medical Society
Gallia County Medical Society
Greene County Medical Society
Hempstead Academy of Medicine (Scioto County)
Highland County Medical Society
Holmes County Medical Society
Logan County Medical Society
Madison County Medical Society
Mahoning County Medical Society
Mercer County Medical Society
Montgomery County Medical Society
Putnam County Medical Society
Summit County Medical Society
Tuscarawas County Medical Society
Washington County Medical Society
Wayne County Medical Society.

Twenty-four county societies up until the time this article was written had not complied with the constitutional requirements for action in the adoption of constitutions and by-laws conforming

to the Constitution and By-Laws of the State Association. The Council Committee on Constitutional Conformity has drafted a somewhat simplified and revised model constitution for these societies, eliminating the suggested alternative provisions which were contained in the original model document formulated by the Committee. Copies have been transmitted to the secretaries of these societies for action, signature by the president and secretaries, and the date of adoption. The Council Committee has made an effort to simplify the procedure and to make it as easy as possible for these societies to adopt necessary documents as required by the Constitution of the State Association. It is hoped and expected that each of these will have been adopted and certified to the headquarters office of the State Association before December 1, 1931. If not, the Committee may find it necessary to recommend rather drastic action by the Council.

The Council Committee on Constitutional Conformity has pointed out that a constitution and by-laws for each society, properly formulated, will provide a number of safeguards, and avoid conflicts and embarrassing questions relating to membership status, professional relations, official and fundamental organization provisions, and other important problems.

The members of the component societies which have not yet taken official action in constitutional revision should urge on their presidents and secretaries that such action should be taken immediately. Those societies to whom urgent requests have been sent by the Council Committee and from which certification of early action is expected are:

Adams County Medical Society
Ashland County Medical Society
Brown County Medical Society
Clermont County Medical Society
Fairfield County Medical Society
Guernsey County Medical Society
Hardin County Medical Society
Henry County Medical Society
Lawrence County Medical Society
Licking County Medical Society
Toledo Academy of Medicine (Lucas Co.)
Monroe County Medical Society
Morgan County Medical Society
Morrow County Medical Society
Noble County Medical Society
Ottawa County Medical Society
Paulding County Medical Society
Pickaway County Medical Society
Sandusky County Medical Society
Seneca County Medical Society
Shelby County Medical Society
Union County Medical Society
Vinton County Medical Society
Williams County Medical Society
Wyandot County Medical Society.

Interesting Program for Annual Conference of Ohio Health Commissioners Will be Held in Columbus November 18 to 20

Arrangements for the Twelfth Annual Conference of Health Commissioners of Ohio with the State Department of Health, to be held at the Deshler-Wallick Hotel, Columbus, Wednesday, Thursday and Friday, November 18, 19 and 20, have been completed.

A varied and interesting program, providing talks and discussions on many of the vital factors concerning public health administration in Ohio has been formulated. Special emphasis will be devoted to public health questions arising from the drought and business depression.

It will be essentially an Ohio program to be presented by Ohioans with two exceptions.

Registration will be Wednesday morning, the 18th, and immediately after the noon recess, Governor George White is scheduled for the official welcome to the Conference, and the State Director of Health, Dr. H. G. Southard, will make his annual address. Dr. H. M. Platter, president-elect of the Ohio State Medical Association, will present "Mutual Ideals of the Medical Profession in Official Health Work and Private Practice", and Dr. Charles A. Neal, former state director of health, will discuss "Contribution of Non-official Agencies to Public Health and Their Relationship to Official Service".

No evening program has been scheduled and, for the first time, there will be no formal conference dinner. In a measure, its place will be taken by a special fellowship luncheon to be held the closing day of the session.

Sectional meetings will be held Thursday morning. In the Public Health Nursing Section, Mrs. Elizabeth August, executive secretary of the Ohio State Nurses' Association, will outline the program and work of the Service Division of that organization: Dr. E. R. Shaffer, chief, Bureau of Health Organization, of which the state nursing service is a part, will discuss "Policies and Administration of Public Health Nursing in Ohio", and Miss Helen Felkner, field representative, will consider "Records and Reports—Uniformity, Value and Purpose Service".

This will be followed by a luncheon, with Mrs. Clara Coburn, chairman of the Hostess Committee, presiding. Following the luncheon the nurses will be addressed by Miss Marion Howell, director of the School of Public Health Nursing, Western Reserve University.

In the Health Commissioners' Section there will be a report from the Committee on Revision of the Annual Report Form and another committee report designed to establish the future status of the Ohio Society of Sanitarians, including a suggested change of name.

Several papers will occupy the afternoon session, as follows: "Program of Procedure for Diphtheria Immunization", Dr. W. B. Lacock, health commissioner of Logan and Hocking County; "Status of Diphtheria Immunization", Dr. John E. Monger, former Director of Health; "Institutional Public Health Problems of the Department of Welfare", John McSweeney, Director of Welfare; "How to Utilize Health Department Literature and Supplies", Paul Mason, director of publicity.

Friday's session, the closing day, will present a full and important program. The morning will be given over to questions of public sanitation. Leo F. Ey, chief of Laboratories, will outline the proper collection of water samples and emphasize the correct interpretation of laboratory results. All the problems of school building sanitation will be presented by F. D. Stewart, principal assistant engineer. The status of the Seal of Safety, with an outline of the camp sanitation program, will be given by C. S. Slade, assistant engineer in charge of these important activities. Dr. J. M. Higgins, health commissioner of Athens and Athens County, who has developed a very efficient system of milk control, will outline his methods, and his food and sanitary inspector, Richard L. Marlow, will detail methods of operation.

It is hoped that H. E. Miller, sanitary engineer of the United States Public Health Service, can be added to the morning program on Friday but as yet Mr. Miller's attendance is uncertain.

Following the fellowship luncheon, at which there will be special entertainment, the final general session will be held.

I. C. Plummer, chief of the Division of Vital Statistics, will discuss "Birth Registration".

Dr. Allen Freeman, professor of public health, Johns Hopkins University, and former State Health Commissioner of Ohio, will address this session and the conference will be concluded with the reading of a paper prepared by Dr. L. G. Bean, who died October 18, on "A Progressive Dental Hygiene Program".

Many who are expecting to attend the conference have made arrangements to remain in Columbus through Saturday in order to take in the football game between Ohio State and Illinois.

The official program for the conference is as follows:

WEDNESDAY, NOVEMBER 18

9 A. M. TO 2 P. M.

Registration.

2 P. M. TO 5 P. M.

Address of Welcome, Governor George White.

Annual Address, Dr. H. G. Southard, state director of health.

Address, "Mutual Ideals of the Medical Profession in Official Health Work and Private Practice", Dr. H. M. Platter, president-elect, Ohio State Medical Association.

Address, "Contribution of Non-Official Agencies to Public Health and Their Relationship to Official Service", Dr. Charles A. Neal, former state director of health.

THURSDAY, NOVEMBER 19

9 A. M. TO 12 NOON

Public Health Nursing Section:

"Service Division of the Ohio State Nurses' Association", Mrs. Elizabeth August, executive secretary, Ohio State Nurses' Association.

"Policies and Administration of Public Health Nursing", Dr. E. R. Shaffer, chief of the Bureau of Health Organization, State Department of Health.

"Records and Reports, Uniformity, Value and Purpose Served", Miss Helen Felkner, field representative, State Department of Health.

Health Commissioners' Section:

Report of Committee on Revision of the Annual Report Form.

Report of special committee appointed to study and make recommendations concerning the future of the Ohio Society of Sanitarians.

12 NOON

Public Health Nurses Luncheon.

Address, Miss Marion Howell, director of the School of Public Health Nursing, Western Reserve University.

2 P. M. TO 5 P. M.

General Session:

"Program of Procedure for Immunization", Dr. W. B. Lacock, health commissioner of the City of Logan and Hocking County.

"Status of Diphtheria Immunization", Dr. John E. Monger, former state director of health.

"Public Health Problems of the State Department of Public Welfare", John McSweeney, state director of welfare.

"How to Utilize Health Department Literature and Supplies", Paul Mason, director of publicity, State Department of Health.

FRIDAY, NOVEMBER 20

9 A. M. TO 12 NOON

Sanitary Engineers' Section:

"The Proper Collection of Water Samples and the Correct Interpretations of Laboratory Results", Leo F. Ey, chief of the State Department of Health Laboratory.

Address, H. E. Miller, U. S. Public Health Service. (Tentative).

"School Building Sanitation, Water Supplies and Sewage Disposal Facilities and Their Relation to the Health of School Children", F. D. Stewart, assistant chief engineer, State Department of Health.

"Status of the Seal of Safety and Camp Sanitation", C. S. Slade, assistant engineer, State Department of Health.

"Food and Milk Sanitation", Dr. J. M. Higgins,

health commissioner of Athens and Athens County, and Richard L. Marlow, inspector for Dr. Higgins.

12 NOON

Fellowship Luncheon.

2 P. M. TO 5 P. M.

General Session:

"Registration of Births and Compilation of Deaths", I. C. Plummer, chief of the Division of Vital Statistics, State Department of Health.

Address, Dr. Allen Freeman, professor of Public Health, Johns Hopkins University.

"A Progressive Dental Hygiene Program", paper prepared by Dr. L. G. Bean.

Medical Alumni Meeting November 7

Under the joint auspices of the Ohio State Alumni Association and the faculty of the College of Medicine, Ohio State University, a Homecoming Day celebration is being arranged for the medical graduates of the University for Saturday, November 7. A varied and attractive program is being arranged.

Events of the day include conferences, a luncheon and the football game between Ohio State and Navy.

The tentative program to date is:

9 a. m.—Inspection of Hamilton Hall and clinics at the University Hospital.

10 a. m.—"Ward Walk", with presentation of clinical cases.

11 a. m.—Clinico-Pathologic conference.

12 noon—Complimentary buffet luncheon, with hospital staff as hosts.

2 p. m.—Football game, with special seating section for medical alumni.

Reservations are being handled by the Medical Alumni Reunion Committee, Alumni Office, Administration Building, Ohio State University.

Health Field Work in the Drought Area

A more rigid watch on the health conditions and on the water supplies of communities in the drought area of Southern Ohio will be maintained this winter than last year, according to a statement issued by Dr. H. G. Southard, State Director of Health.

"Because of decreased resistance to such diseases as typhoid, diphtheria and smallpox, especially among children, it is necessary that we keep a closer watch on these localities this year than last, "Dr. Southard said.

Although crops were good in this district they are not selling for enough to cover the costs, field workers of the State Department of Health report.

The department will also keep a sharp eye on the water supplies of communities.

Although there was plenty of rain during the year, this was all surface water. Spring rains were not heavy enough in volume to replenish the underground water supply, which was drawn on heavily during the drought of last year.

The Division of Engineering is more than half finished on the drilling of approximately 60 deep water wells in the drought district.

At present there are approximately 40 wells out of the contemplated 60 under contract.

Wells dug to date average 125 feet in depth. This, engineers point out, indicates a severe drain last year on the underground water supply, and a deficiency in penetrating rains during the spring months.

The State Department of Health has completed distribution of more than $30,000 in biological supplies to counties and communities in the drought district. This sum was allotted to the state by the office of the Surgeon General of the United States.

The biological supplies consist mostly of vaccines for the purpose of immunizing against smallpox, typhoid and diphtheria, although some of the money is being used to establish nursing service in communities which do not have it.

The Division of Communicable Diseases of the department will in addition carry on its usual immunization work in the field during the coming winter, Dr. Southard declared.

Field work of the department, especially the three divisions, Nursing, Sanitary Engineering, and Division of Communicable Diseases, will be somewhat handicapped by the reduced budget, and the reduced personnel because of lack of funds.

Goiter Classifications

The American Association for the Study of Goiter has approved the following classification and nomenclature for goiter:

Clinical classification:

Type 1—Non-toxic diffuse goiter.

Type 2—Toxic diffuse goiter.

Type 3—Non-toxic nodular goiter.

Type 4—Toxic nodular goiter.

Nomenclature:

Use of the simplest, yet most descriptive terminology possible. The use of proper names should be discouraged, as well as coined words invented to popularize a fad or fancy. Emphasis be placed on the importance of not confounding varieties and sequelae with types. The use of such terms as exophthalmic, hemorrhagic, cystic, adolescent, colloid, intra-thoracic, substernal and congenital are perfectly proper when used to describe varieties, but only constant characteristics should be used to designate types.

Successful District Meetings, With Attractive Programs Held Recently in Ohio

Several hundred Ohio physicians attended during the past month one or more of the half a dozen district and regional medical meetings held in different sections of the state.

Interest of the medical profession of Ohio in these post-graduate scientific gatherings was evidenced by the large attendance at each of the meetings.

The programs presented were of high caliber and gave the profession generally an opportunity to obtain first-hand information on some of the new achievements being made in the field of preventive and scientific medicine in Ohio.

NORTHWESTERN OHIO MEDICAL MEETING

Eighty-ninth annual meeting of the Northwestern Ohio Medical Association was held October 6 at the Hotel Harding, Marion.

Many physicians and surgeons from the 22 counties comprising the association attended the gathering which was arranged by Dr. E. H. Morgan, Marion, president of the association; Dr. T. R. Thomas, Lima, first vice president; Dr. A. S. Edwards, Van Wert, second vice president; Dr. C. E. Hufford, Toledo, secretary; Dr. J. V. Pace, Lima, treasurer; Dr. O. P. Klotz, Findlay, councilor of the Third District of the Ohio State Medical Association, and Dr. B. J. Hein, Toledo, councilor of the Fourth District.

At the morning session of the one-day meeting, Dr. Hugh Gibson Beatty, Columbus, lectured on "Malignancies of the Para-Nasal Sinuses". Dr. Beatty also gave a clinical demonstration of the use of a mechanical larynx, presenting a patient equipped with one.

Dr. A. A. Berg, New York City, spoke on "Recurrent Duodenal and Newly Formed Jejunal and Gastro-Jejunal Ulceration after Excision and Gastroenterostomy". Lantern slides were shown to illustrate the high spots of his address.

"Sterility and Its Treatment" was discussed by Dr. Paul Titus of Pittsburgh who illustrated his talk with lantern slides.

At noon, the visiting physicians were entertained at luncheon by Dr. Carl W. Sawyer at the Sawyer Sanatorium, White Oaks Farm, near Marion.

Dr. George W. Crile, first speaker on the afternoon program, addressed the gathering on "Adrenal Denervation—Principle Involved, Clinical End-Results, Especially in Neurocirculatory Asthenia, Peptic Ulcer, Diabetes, and Recurrent Hyperthyroidism".

A paper on "Cardiac Infarction Without Pain" was read by Dr. Nathan S. Davis, III, Chicago, and one on "Neurological Aspects of Pernicious Anemia" by Dr. M. A. Blankenhorn, Cleveland.

Dr. Julius H. Hess, Chicago, presented "A Study of Premature Infants", in which he discussed mortality, morbidity and physical and mental developments in 1,035 cases. His talk was illustrated by motion pictures and lantern slides.

The afternoon program was closed by an essay on "Intra-Venous Urography" by Dr. William F. Braasch, of the Mayo Clinic, Rochester, Minn.

Following a dinner at the Hotel Harding, Dr. Paul B. Magnuson, Chicago, spoke on "Differential Diagnosis of Pain in the Back".

At a business session, the following officers for the next year were elected: President, Dr. V. H. Hay, Lima; first vice president, Dr. E. H. Porter, Tiffin; second vice president, Dr. C. M. Harrison, Napoleon; secretary, Dr. C. E. Hufford, Toledo; treasurer, Dr. E. L. Brady, Marion.

Lima was selected as the place for the 1932 meeting of the association.

A golf tournament for the visiting physicians, held previous to the opening of the meeting was won by Dr. Jesse Sampsell, Van Wert.

SECOND DISTRICT MEETING

One of the most interesting meetings yet held by the Second Councilor District of the State Association, comprising Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble and Shelby counties, was held September 30, at the Miami Hotel, Dayton.

Scores of physicians from the counties comprising the district and other counties in that section of the state attended the gathering, the program for which was arranged by Dr. Howard Harris, Clifton, president of the Second District; Dr. Harry R. Huston, Dayton, secretary; Dr. Herbert C. Hanning, Dayton, treasurer, and Dr. E. M. Huston, Dayton, Councilor of the Second District.

Speakers at the meeting were: Dr. George M. Curtis, associate professor of surgery, University of Chicago; Dr. Harry E. Mock, associate professor of surgery, Northwestern University, and Dr. Martin H. Fischer, professor of physiology, University of Cincinnati.

At the afternoon session, Dr. Fischer addressed the visiting physicians on "Heart Disease from the Practitioner's Standpoint" and "Clinical Significance of Some New Discoveries in the Physiology of the Central Nervous System".

Dr. Curtis contributed essays on "Diuresis" and "Chloride Metabolism in Its Relation to Medicine and Surgery".

Dr. Mock's presentation at the afternoon session was a lantern slide demonstration of recon-

structive surgery, illustrated by joint injuries and old fractures.

Following a banquet in the evening in the Miami Hotel roofgarden, Dr. Fischer made a brief address on "Individualism in Medicine" in which he commented on some of the social and economic problems in present-day medical practice.

The principal evening address was made by Dr. Mock who spoke on "Management of Skull Fractures and Cerebral Injuries".

At a brief business session, Dr. Cyril Hussey, Sidney, was elected president for the coming year, succeeding Dr. Harris. Dr. H. R. Huston was re-elected secretary and Dr. H. C. Hanning was re-elected treasurer.

FIFTH DISTRICT MEETING

The annual meeting of the Fifth District of the State Association, held September 18, at the Allen Memorial Medical Library, Cleveland, was the most successful meeting in the history of the district. A record attendance of 250 was reported.

An excellent symposium on the heart and its diseases made up the program presented at the three sessions of the meeting and arranged by Dr. C. L. Cummer, Cleveland, Councilor of the Fifth District and chairman of the committee on arrangements.

Following an interesting discussion by Dr. N. C. Wetzel, Cleveland, on "Heart Disease in Childhood", Dr. Bradley Patten, Ph. D., Cleveland, presented a remarkable collection of microphotographic motion pictures of the first heart beats of living chick embyros and the beginning of the circulation of the blood. The pictures were taken at the Baldwin Bird Research Laboratory and Western Reserve University.

"Relation of Focal Infection to Heart Disease" was the subject discussed by Dr. R. L. Haden, Cleveland, before the meeting recessed for the organization luncheon held at the Library.

The afternoon session was opened by a paper on "Heart Disease Due to Rheumatism; Clinical and Pathological Considerations" by Dr. Harry Goldblatt, Cleveland.

Dr. H. V. Paryzek, Cleveland, spoke on "Cardiac Decompensation" and Dr. Harold Feil, Cleveland, on "Problems in the Diagnosis of Angina Pectoris".

"Physiological and Physical Aspects of Arteriosclerosis and Hypertension" was the subject of a paper by Dr. C. J. Wiggers, Cleveland.

Presentations by Dr. William H. Bunn, Youngstown, on "Coronary Thrombosis" and Dr. R. W. Scott, Cleveland, on "Syphilis and Its Effects on the Heart and Aorta", concluded the afternoon program.

Following dinner, the visiting physicians were addressed by Dr. S. C. Lind, president of the Cleveland Academy of Medicine, who at the conclusion of his talk introduced Dr. D. C. Houser, Urbana, president of the Ohio State Medical Association, who discussed activities and problems of the State Association.

The concluding address of the meeting was made by Dr. Paul Dudley White, Boston, who spoke on "Optimism in the Treatment of Heart Disease".

A buffet supper and a smoker concluded the meeting.

SIXTH DISTRICT MEETING

The 221st session of the Union Medical Association, comprising the counties in the Sixth Councilor District of the State Association—Ashland, Holmes, Mahoning, Portage, Richland, Stark, Summit and Wayne—was held October 14 at the Wooster Country Club, Wooster.

A varied and interesting program was presented under the direction of Dr. J. G. Blower, Akron, president of the district organization; Dr. J. H. Seiler, secretary-treasurer, and Dr. Harry S. Davidson, Akron, Councilor of the Sixth District.

Dr. U. D. Seidel, Akron, opened the meeting with a presentation on "Observations of Sinusitis".

Dr. F. C. Hendrickson, Canton, discussed "Surgery of Infections of the Lower Urinary Tract", and Dr. Sydney McCurdy, Youngstown, spoke on "Some Effects of Excessive Heat Upon the Human Body".

A paper on "The Present Status of the Prostate Gland", read by Dr. W. E. Lower, Cleveland, concluded the program.

LIMA POST-GRADUATE LECTURES

The Annual Post-Graduate Series of Lectures held in Lima, September 8, 9, 10, 11 and 12, under the auspices of the Academy of Medicine of Lima and Allen County, has been termed by those who had the privilege of attending sessions of the gathering as one of the best scientific and medical meetings ever held in the Third Councilor District. Approximately 85 physicians were in regular attendance at all sessions of the lecture course and more than 150 attended the banquet given the evening of September 10.

All the lectures in the course were delivered by Dr. Thomas McCrae, professor of medicine, Jefferson Medical College. The subject of his addresses were: "Methods of Diagnosis"; "Organic Change Versus Disturbance of Function"; "Diagnosis of Arthritis"; "The Classification of Nephritis"; "Rheumatic Fever"; "New Growths of the Bronchi"; "The Use of Digitalis"; "General Discussion of Syphilis"; Endocrinology", and "Sir William Osler". The latter talk was given by Dr. McCrae at the banquet and was an intimate sketch of the life of Osler, with whom Dr. McCrae was associated for many years.

TRI-STATE MEDICAL SOCIETY

Annual gathering of the Tri-State Medical So-

ciety, the membership of which is composed of physicians from Ohio, West Virginia and Kentucky, was held September 17 at the Masonic Temple, Portsmouth.

Approximately 125 physicians from the three states attended the meeting. The scientific program was opened by a talk on "Prevention and Treatment of Infection in Industrial Practice" by Dr. E. M. Freese, Columbus surgeon.

Dr. A. M. Mendenhall, Indianapolis, spoke on "Newer Things in Obstetrics" and Dr. John F. Erdman, New York City, addressed the meeting on "Diverticulitis and Diverticulosis".

An address on "Further Studies on the Motor Phenomena of the Tracheobronchial Tree" was delivered by Dr. William A. Hudson, Detroit.

At the business session of the society, Dr. Oscar B. Bien, Huntington, West Virginia, was elected president; Dr. Harold Reinhard, Portsmouth, vice president; Dr. J. R. Cooper, Ashland, Kentucky, vice president, and Dr. J. S. Klumpf, Huntington, secretary-treasurer.

Dr. I. P. Seiler, Piketon, Councilor of the Ninth District, Ohio State Medical Association, took an active part in arranging for the meeting and formulating the program.

The annual golf tournament which preceded the meeting was won by Dr. C. E. Stambaugh, Ashland, Ky.

Problem of Unemployment of Registered Nurses in Times of Depression.

Ohio physicians, who received a letter recently from the State Headquarters of the Ohio State Nurses' Association, no doubt were impressed with the critical economic situation affecting the nursing profession of Ohio.

It has been generally recognized by leaders in the nursing profession and those who have been conducting a study of the nursing problems during the past few years that the field is overcrowded and that the question of year-around employment for more than 200,000 graduate nurses of the country is one of the most important problems confronting the organized nursing profession at the present time.

As indicated in the letter sent to members of the Ohio State Medical Association by the board of trustees of the Ohio State Nurses' Association through Mrs. Elizabeth P. August, its general secretary, there is at the present time great unemployment among Ohio registered nurses, a situation critical enough in a time of general prosperity and considerably more serious now due to the current economic depression.

In the communication to the medical profession of Ohio, Mrs. August appeals to the physicians of the state to cooperate with the nurses' association in attempting to relieve this unemployment situation.

The letter said:

"Our Ohio State Nurses' Association has been working through its Committee on Distribution of Nursing Service, to relieve, if possible, the great unemployment among our Ohio registered nurses. We are appealing to you, as a physician and a member of the Ohio State Medical Association, to cooperate with us in supporting the Ohio registered nurse.

"Our Nurses' Association recognizes only the graduate, registered physician and no nurse to our knowledge renders professional nursing service to patients, or works under the direction of, cultists or limited practitioners.

"The Ohio registered nurse has qualified by presenting credentials required by the Nurse Committee of the Ohio State Medical Board. No certificate of registration has been granted unless the nurse measures up to the standard approved by the Ohio State Medical Board. A certificate of registration does not guarantee that the nurse will do good work. There are individuals in the profession who do not give satisfaction; those nurses we do not wish you to support, but when competent, Ohio registered nurses are available, we do feel they should be given precedent over the nurses not registered in Ohio, especially at this time of great unemployment.

"Our State Association, through our Districts, maintains nine Official Registries, through which private duty nurses may be called. These Registries are located in the following cities:

"42 Hawthorne Ave., Akron, Rose K. Steinmetz, R.N. Registrar, Fr. 7013.

"601 Mahoning Bank Bldg., Youngstown, Elizabeth Evans, R.N. Registrar, 44581; 44582.

"2157 Euclid Ave., Cleveland, Olive E. Lebold, R.N. Registrar, Prospect 1951.

"1112 C. of C. Bldg., Cincinnati, Ethel Goldenberg, R.N. Registrar, Main 7142.

"1930 Robinwood Ave., Toledo, Estella Murray, R.N. Registrar, Main 7962.

"871 W. Riverview Ave., Dayton, Bessie Gearhart, R.N. Registrar, Main 798.

"241 State Street, Springfield, Mollie Jones, R.N. Registrar, Center 2750.

"Room 610, Hotel Normandie, Columbus, Alice Carter, R.N. Registrar, Adams 1569.

"City Hospital, Portsmouth, Estella Keener, R.N. Registrar.

"These Registries are sponsoring only the nurses who qualify and for whom we have good references.

"We maintain an employment bureau at our State Headquarters Office, which is operated not for profit; we can refer well qualified nurses for all types of nursing work. Our nine Official Registries listed above will be glad to refer well qualified nurses for private duty nursing.

"The suggested plan of cooperation outlined herein has the general approval of the Ohio State Medical Board and the Council of the Ohio State Medical Association.

"We are confident that whenever possible you will give preference to the qualified registered nurses rather than to those who are not registered."

As pointed out in the above communication, physicians, by recommending the employment of a nurse registered in Ohio, in cases requiring

nursing service and where it is financially feasible, will be performing a service to their patients since it gives greater assurance that a qualified nurse will be on the job, and they will at the same time be lending valuable assistance to the organized nursing profession in its effort to improve employment conditions among nurses who have met the legal requirements of the Ohio State Medical Board.

The Ohio State Nurses' Association in its effort to solve some of the economic problems confronting the graduate, registered nurses of Ohio is carrying on in this state work similar to that which is being carried on nationally by various committees of the national nurses' association.

Important and significant data concerning questions of nurse education, as well as social and economic problems affecting the nursing profession, have been assembled by the National Committee on the Grading of Nursing Schools which has submitted several reports on its findings.

Martha Dreiblatt, a member of that committee, in a recent article on the work of the committee, points out that since 1890 the number of nurse training schools has increased from 35 to about 2000 and that the number of graduate nurses has increased from 3,000 to about 210,000.

Commenting on these statistics, Miss Dreiblatt summarizes some of the important economic problems confronting the nursing profession, among them the question of continuous employment.

"With growth come problems," Miss Dreiblatt declared.

"We have to think today about nurses not only as individual persons practicing a calling, but also as members of one of the largest groups of professional workers in the country, with the problems of basic economics and of maintaining standards which all such groups must face.

"The evidence from the 4,000 physicians who answered questions for the Grading Committee is that there is no general numerical shortage in the nursing supply. The doctors who wrote they felt there is no shortage were three times as many as those who believed we should have more nurses. It was also shown that, while on a holiday or for certain types of cases one may have to call up several registries before getting a nurse, it is almost never impossible to get any nurse at all.

"Only two out of each 100 of the physicians' patients were unable to get the nurse their doctors advised. Others also did not get the nurse advised, but not because of a lack of nurses. Forty-five per cent couldn't afford one; twenty-nine per cent were cared for by relatives or friends; thirteen per cent didn't want a nurse; seven per cent were cared for by a visiting nurse. * * *

"The present situation is beginning to look more like a shortage of work for the private duty nurse than a shortage of nurses. We all want the nurse when we want her but we hardly ever stop to think of what happens to her between the time she says goodbye, and the time weeks, perhaps months, later, when she appears on the scene once more in answer to a hurry call. The nurse out of work is not an obtrusive person.

"Figures gathered by the Grading Committee in 1927 already showed a picture of many nurses out of work, in a time of general prosperity. That picture is now gloomier, because of the current economic depression, and because the number of nurses actively practicing is larger. This year alone, more than 28,000 will be graduated from the training schools, the majority of whom will enter the private duty field.

"The typical private duty nurse works for pay only seven months out of twelve, and gives one month of service free. Her income for the year is about $1,300, with a range of nothing a year for some nurses, to the $3,600 that one nurse made. More than one out of ten may be out of work in a week even of heavy sickness load; and thirty-six out of one hundred, too sick to work one day a week.

"Continued low income and unemployment are bad for any body of workers. Morale is broken, standards lowered. A sound economic basis is the first condition of good service to the community for any group, I think most people would agree."

Welfare Bond Issue Committee

The following state-wide committee, selected by the Ohio Mental Hygiene Association, has been working in cooperation with that association in a campaign of education in support of the $7,500,000 state bond issue for state welfare institutions, to be voted on at the November 3 election:

Dr. F. L. Keiser, Dr. E. J. Emerick, John McSweeney, Dr. H. G. Southard, Dr. C. S. Berry, Dr. R. G. Paterson, Dr. H. H. Dorr, R. E. Miles, Julius Stone, Dr. W. H. Pritchard, and John E. Harper of Columbus; Dr. E. L. Hooper, M. J. Gibbons, Jr., and Dr. E. C. Fishbein of Dayton; Dr. W. H. Vorbau and Dr. Josephine L. Pierce of Lima; Dr. E. A. Baber, Leo F. Westheimer, Bleeker Marquette, Dr. E. A. North, Dr. T. A. Ratliff, Miss M. Edith Campbell.

A. C. Crouse and A. E. Anderson of Cincinnati; Dr. A. G. Hyde of Massillon; Dr. G. G. Kineon of Gallipolis; Dr. C. C. Kirk of Orient; Dr. J. H. Berry of Athens; Dr. G. H. Williams, Dudley S. Blossom, Dr. Henry Schumacher, Miss Bertha Luckey, H. H. Griswold, Harry McLaughlin, Miss Virginia Wing and Joseph N. Ackerman of Cleveland; Dr. O. O. Fordyce and Grove E. Patterson of Toledo; Judge John R. Coffin of Wapakoneta; Mrs. Harriet Taylor Upton of Lakewood; Dr. J. D. O'Brien of Canton; Bishop Paul Jones of Yellow Springs, and H. S. MacAyeal of Akron.

A Timely Warning Against Unknown Solicitors and Agents, and Against Various Types of Gyp Games Aimed at Physicians.

Like taxes, sickness, and death, the imposter and swindler always seem to be waiting around the corner to add to the worries of the physician.

A recent outbreak, or epidemic, as it were, of questionable and fraudulent insurance and collection schemes in Ohio, with physicians playing the role of victim, has multiplied the trials and tribulations of the medical profession, already overburdened with financial problems due to the economic depression, extension of credit, and increasing delinquency of patients in the payment of overdue accounts.

Even in prosperous times, physicians are besieged by an endless string of solicitors and representatives of firms and agencies offering for sale all manner of schemes for the collection and adjustment of outstanding accounts, or various kinds of health, accident, casualty and indemnity insurance policies.

Now, with business in an unstable state and a scramble on for enough money to meet overhead expenses, the efforts of collection agency solicitors to sell their services to physicians are more persistent than ever, and salesmen for some of the lesser-known insurance companies are making a vigorous attempt to interest physicians in various types of policies at cut-rate premiums.

Judging from reports received from physicians in all parts of the state, there are an unusually large number of solicitors of questionable, if not unscrupulous, insurance and collection agencies operating in Ohio at present.

Furthermore, it seems as if a number of physicians have failed to heed previous and repeated warnings published in *The Journal* and have fallen for the ballyhoo and bunkum of fly-by-night salesmen.

At present, quite a number of Ohio physicians are complaining about their failure to obtain settlements or collect on policies they hold with a number of casualty, and health and accident insurance companies, which exploit themselves as catering to professional men, especially physicians.

Some physicians state that their applications for indemnity under the terms of their policy have been utterly disregarded.

Others say that they have encountered difficulty in getting replies to letters asking for an explanation as to why their claims have not been paid, declaring that in instances where replies have been received they have consisted mostly of poor excuses for the delay or a request for further delay, "pending further investigation".

The experiences of their colleagues in dealing with these questionable insurance firms, which have little, if any, national rating, and which offer protection and coverage at cut-rate prices, should be a warning to physicians who so far have avoided falling for these rackets.

Investigations made recently by the Bureau of Investigation of the American Medical Association, Better Business Bureaus, and other agencies interested in breaking up swindles and rackets, have uncovered significant and enlightening data concerning the activities and status of some of these insurance agencies which offer "services" to the medical profession.

These investigations have shown that while the companies have managed to comply with the insurance laws and regulations in a number of states, practically all of them are doing business on the narrowest possible financial margin, sometimes paying out $10 for expenses to each $1 used for benefits.

Obviously, when confronted with an abnormal list of claims, most of these companies are unable to meet their obligations, since a bulk of their income has gone to pay for promotion, agents' commissions and officers' salaries. So, long delays are necessitated while their high-pressure agents call on more prospects in the hope of getting enough money to pay pending claims.

Some of these questionable companies use as a strong talking point the fact that their boards of directors or executive boards are composed largely of physicians.

Recent check-up on some of these companies revealed that some of the executives, listed as physicians, have been merely posing as members of the medcial profession and are not listed in the files of the American Medical Association. In a number of instances, some of the executives have been found to be physicians but, as a rule, not members of organized medicine. Among the executives of other companies were found limited practitioners and cultists, as well as high-pressure salesmen whose "gold-brick" activities in other fields have occasioned investigation by the Blue Sky departments of a number of states.

It has been found that most of these companies are what is known as mutual assessment companies, having a clause in their policies which makes it possible for the company to assess all policyholders, without limit, to make up deficits that may be incurred through errors in management or heavy claims.

Most of the companies in this classification are specialists in compromise. Long delays are part

of their game. As soon as the claimant is in a frame of mind where he is willing to take almost nothing to settle his wrangle with the company, and adjuster is put on the job. He confers with the claimant, makes a "take it or leave it" offer, and usually gets a settlement at a ridiculously low figure. The company in most instances is fairly certain that the claimant will not sue for the full amount, because of the expense of litigation and the embarrassment resulting from admission that he has been "stung".

It is not exceptional to find a rapid turnover in the management of these companies. Reorganization is frequently resorted to in order to readjust financial difficulties. Also, it makes a good excuse for delaying the settlement of claims.

Of course, physicians should not confuse these racketeering companies with the well established, high-grade and reputable insurance companies, having a sound financial rating and a reputation for prompt and satisfactory service.

Safe insurance companies are easily recognized, as most of them are widely known and of many years standing, and all of them have Class A ratings in insurance registers and manuals.

Some of the salient points to be considered by the physician when purchasing insurance of any kind might be summarized as follows:

Don't sign up for any insurance until a thorough investigation has been made of the reputation and financial rating of the company considered.

Don't buy a policy unless the company behind it has a reputation for honest dealings and is financially sound.

Don't be baited by low-premium charges and high-indemnity payments; expert insurance men say that premium rates cannot be adequate if they are much below the standardized rates charged by the large and reputable insurance companies.

Don't be misled by a list of "prominent" physicians who are executives of the company; frequently they are not physicians, and, if they are, may not be of high professional and ethical standing.

Don't buy a policy with an unlimited mutual assessment clause; it may prove costly.

When it comes to dealing with collection and adjustment agencies also, physicians should be equally wary and cautious.

Of course, there are some collection agencies which are quite reputable and dependable. These firms as well as safe insurance companies are usually well known and have established headquarters in charge of some person with whom the people of the community are well acquainted.

On the other hand, there are many fly-by-night and questionable collection agencies whose chief object is to tie up the physician with a tricky contract, that the physician either doesn't read or understand, and then, after a feeble, if any, attempt to collect a few bills, try to swindle the doctor under the terms of the misleading contract.

Such agencies, obviously, are of no benefit to the physician and in the long run troublesome and costly.

Numerous warnings concerning this bad type of collection agency and their manner of operation have been published in *The Journal*, the more recent ones appearing in the September, 1931, November, 1930, October, 1930, July, 1930, March, 1930, and October, 1929, issues.

As pointed out in these articles, it is usually best for the physician, if he requires the services of a collection agency, to engage one which has local offices and is operated by local persons; or to utilize the services of the collection and credit bureaus of local trade, mercantile or professional organizations or associations.

If, however, physicians are unable to employ local talent, they should always make a point of thoroughly investigating the status of the outside agency selected; avoid placing their signature to any contract—at least to one that they do not understand, have not studied carefully, or have not had reviewed by an attorney—; and learn something, if possible, of the reputation and standing of the solicitor and the firm he represents.

The physician should always adopt a "show me" attitude when dealing with solicitors and salesmen, and should by all means investigate carefully and thoroughly before he invests in any dealings where money is involved.

Fraudulent Health Advertising

The results of a three years' study, covering 1928, 1929, 1930, of objectionable advertising in periodicals, have recently been made public by the National Better Business Bureau. The chief deduction was that questionable advertising of this kind amounted to only half in 1930 of what it was in 1928.

The greatest decrease in all fields of fraudulent and objectionable advertising was found to be in the health field. According to the survey, only three-eighths as many advertisements of this type appeared in 1930 as in 1928. Also, only half as many improper "ads" of preparations and appliances to be used externally and offered as short cuts to health or beauty were found in 1930 in the periodicals examined. The advertising of cures for "habits" such as the liquor or drug habit, which in 1928 comprised a total of three per cent of all the advertisements examined, was in 1930 negligible.

For every five advertisements for internal obesity remedies found in 1928, and also for baldness, only one was discovered in 1930. Two-thirds of the advertisements of alleged remedies for asthma have disappeared, and a similar decrease was found with reference to rupture cures.

Deaths in Ohio

Robert J. Baxter, M.D., Conneaut; Niagara University, Medical Department, Buffalo, 1894; aged 64; died September 30. Dr. Baxter had practiced in Conneaut for many years, and served eight years as postmaster of Conneaut. His widow survives him.

Edmund D. Brant, M.D., Canton; Bellevue Hospital Medical College, New York, 1891; aged 72; member of the Ohio State Medical Association, and Fellow of the American Medical Association; died September 24 after an illness of five months. Dr. Brant had been in Canton for thirty years, and prior to the death of his brother, Dr. Austin C. Brant, was associated with him in practice. He was city physician for many years. One brother and three sisters survive him.

Franklin H. Clark, M.D., Cleveland; New York University Medical College, New York, 1879; aged 76; died September 11. Dr. Clark had practiced in Cleveland for 52 years, and at one time was surgeon of the Fifth Ohio National Guard. He is survived by a sister, and a son, Dr. Frank H. Clark, Jr., of Cleveland.

William A. Ewing, M.D., Dayton; Jefferson Medical College of Philadelphia, 1900; aged 55; member of the Ohio State Medical Association; Fellow of the American Medical Association; and Fellow of the American College of Surgeons; died September 16 at Miami Valley Hospital, where he had been confined since late in July. Dr. Ewing had practiced in Dayton, and served on the staff of Miami Valley Hospital until a year ago when he took charge of the medical department of the George H. Mead Corporation at Chillicothe. He was president of the Montgomery County Medical Society in 1928, and was a former Councilor of the Second District, Ohio State Medical Association. Surviving him are his widow and two daughters.

Louis Ginsburg, M.D., Toledo; University of Pennsylvania, School of Medicine, Philadelphia, 1918; aged 41; member of the Ohio State Medical Association and Fellow of the American Medical Association; died September 25 of pneumonia. Dr. Ginsburg had practiced in Toledo for seven years, and was a member of the staff of Mercy Hospital. Besides his widow, he is survived by his parents and three brothers.

William Cordell Harkins, M.D., Akron; Michigan College of Medicine and Surgery, Detroit, 1891; aged 69; member of the Ohio State Medical Association and the American Medical Association; died October 5. Dr. Harkins had been a member of the Summit County Medical Society since December, 1923, and was city physician.

David Jones Matthews, M.D., Zanesville; Medical College of Ohio, Cincinnati, 1896; aged 56; member of the Ohio State Medical Association and the American Medical Association; died October 13, of tuberculosis. Dr. Matthews had practiced in Zanesville since his graduation. He was active in medical organization, having served as president of the Muskingum County Academy of Medicine, and as a member of the House of Delegates of the State Association. He was a former coroner of Muskingum County. At the time of his death he was secretary of Bethesda Hospital staff. He was a veteran of the World War, and was past commander of the Zanesville Post, American Legion. Because of illness, he retired from active practice two years ago.

He is survived by three daughters and two sisters.

George Eckles Neal, M.D., Manchester; Cincinnati College of Medicine and Surgery, 1900; aged 62; member of the Ohio State Medical Association and the American Medical Association; died September 19, of pneumonia. Dr. Neal practiced at Aberdeen from 1900 to 1907, when he located in Manchester. He is survived by his widow, one daughter and one son; one sister and three brothers.

Rodolph Rutledge, M.D., Springfield; Medical College of Ohio, Cincinnati, 1880, aged 78; died at the home of his daughter, on August 28. Dr. Rutledge practiced in Clermont county for many years before his retirement. For the past seven years he has lived at the Masonic Home at Springfield. He is survived by one daughter.

William Cooper Stubbs, M.D., Celina; Pulte Medical College, Cincinnati, 1888; aged 70; member of the Ohio State Medical Association and the American Medical Association; died September 7 of heart disease. Dr. Stubbs practiced in Lewisburg for six years before locating in Celina where he continued in practice for 36 years. Surviving him are his widow and three sons.

William Ross Taylor, M.D., Morral; College of Physicians and Surgeons of Baltimore, Maryland, 1884; aged 81; member of the Ohio State Medical Association and Fellow of the American Medical Association; died September 18 of chronic heart disease, following an attack of influenza in 1927. Dr. Taylor practiced for ten years in Wheeling, West Virginia, and for 22 years in Fort Recovery prior to moving to Morral in 1923.

He is survived by his widow, two sons, two sisters, and three half-brothers.

Nathan Weidenthal, M.D., East Cleveland; University of Wooster, Medical Department, 1878; aged 76; died September 7, following an illness of two months. Dr. Weidenthal took post-graduate work in the Universities of Prague and Vienna. From 1894 to 1900 he was professor of general pathology in the University of Wooster, and from 1901 to 1910 was an associate professor of children's diseases in the College of Physicians and Surgeons, a former medical school in Cleveland. He is survived by his widow, five daughters and one son.

Abraham M. Zebold, M.D., Shelby; Starling Medical College, Columbus, 1884; aged 78; former member of the Ohio State Medical Association; died suddenly on October 1, at the home of a son, in Garden City, Long Island, where he had gone for a vacation. Dr. Zebold located in Shelby in 1888, where he continued in practice. Surviving him are his widow, two daughters and six sons.

NEWS NOTES of OHIO

Wooster—"Medical Follies of 1931" was the subject of a talk given before the local Rotary Club by Dr. Walter G. Stern, Cleveland, in which he assailed "department store" medicine and pleaded for closer harmony between the public and the family physician.

Fostoria—Dr. Harold E. Fruth is in Berlin where he is taking post-graduate work at the University of Berlin and its associated hospitals.

Cincinnati—The marriage of Miss Mildred D. Klein, Norwood, and Dr. William H. Rohdenburg, Deaconess Hospital, has been announced.

Columbus—Dr. Wayne Silbernagel, who just completed his internship at St. Luke's Hospital, Cleveland, has been taking post-graduate work in Philadelphia and New York City.

Lancaster—Dr. H. M. Crumley, formerly house surgeon at the Akron City Hospital, has opened offices here.

Delaware—Dr. James G. Parker, a native of Delaware, has returned here and opened offices for the practice of medicine.

Prospect—A recent caller on old residents of Prospect was Dr. N. O. Brenizer, Austin, Texas, who practiced medicine here more than forty years ago.

Youngstown—Dr. and Mrs. J. A. Sherbondy have returned from a six-weeks trip through France, as guests of the French government. Dr. Sherbondy was surgeon-in-chief of Base Hospital No. 31, at Contrexeville, during the World War.

Toledo—Dr. Edwin E. Domall, who recently completed his internship at the Lucas County Hospital, has opened offices for private practice at 1901½ Dorr Street.

Middletown—The local Kiwanis Club was addressed recently by Dr. D. F. Gerber who told about his recent trip to Europe and his post-graduate work at Vienna.

Greenville—Dr. Robert Poling, accompanied by Dr. Robert Austin, Dayton, is taking post-graduate work at the Mayo Clinic, Rochester, Minn.

Columbus—Dr. E. D. Helfrich attended the annual meeting of the American Academy of Ophthalmology and Otolaryngology at French Lick, Indiana, having as his guest, Dr. M. C. Davies, also of Columbus.

Cincinnati—Dr. Roger S. Morris, professor of internal medicine, College of Medicine, University of Cincinnati, has been appointed by City Manager C. A. Dykstra as medical director of the city's new employe retirement system.

Dennison—Dr. O. C. Crawford, formerly of Crestline, has succeeded Dr. D. E. Quinn as medical examiner here for the Pennsylvania Railroad.

Cincinnati—Thirty-five students were enrolled at the opening of the Eclectic Medical College, Cincinnati, which had been closed for almost two years because of a lack of operating funds.

Sidney—Mr. and Mrs. Millard E. Hussey entertained with a family dinner recently in honor of the 75th birthday of the former's father, Dr. M. F. Hussey. Dr. Hussey has been in practice in Sidney for more than forty years.

Wellston—Dr. J. W. Wills, who was severely burned in an automobile accident some time ago, has been able to resume active practice.

Ironton—Dr. Vernon Wood has been appointed physician for the city schools, succeeding Dr. Charles Gallagher, resigned.

Coshocton—Dr. Robert E. Hopkins, a native of Granville and recently of Cleveland, has opened offices here for the practice of medicine.

Columbus—Dr. S. B. Taylor was elected president of the Association of Railway Chief Surgeons at the annual meeting of the organization at Toronto, Canada. Dr. Taylor is a chief surgeon for this division of the New York Central Railroad.

Cleveland—Dr. H. J. Gerstenberger, head of the department of pediatrics, School of Medicine, Western Reserve University, has been elected to honorary membership in the German Society of Pediatrics. He recently addressed the society at its annual meeting held in Dresden.

Middletown—Dr. Mildred L. Snyder is taking post-graduate work in obstetrics at the Presbyterian and Cook County hospitals, Chicago.

Ironton—Dr. W. F. Marting has announced his retirement as superintendent of the Marting Hospital to devote his full time to his practice. Mrs. Marting has been designated as superintendent of the institution.

Columbus—Announcement has been made of the marriage of Miss Mildred Cox, Delaware, and Dr. J. Marvin Gettrost, Columbus.

Greenville—Dr. W. H. Matchett is recovering from a serious illness and will be removed from the Greenville Hospital to his home at an early date.

Logan—Dr. A. A. Cole has been employed by the city council to render medical care to the indigent sick of the city.

Cleveland—Dr. Arthur H. Bill, professor of obstetrics, School of Medicine, Western Reserve University, has been elected to the executive council of the American Association of Obstetricians, Gynecologists and Abdominal Surgeons.

Toledo—Dr. William M. Shapiro has been promoted to the rank of major in the U. S. Medical Reserve Corps.

Toledo—Dr. Allen S. Avery is taking a six-months post-graduate course in New York City.

Toledo—A year's post-graduate course in New York and London is being taken by Dr. W. W. Green.

Cincinnati—Dr. Martin Fischer and Dr. Robert A. Kehoe have returned from Mexico City where they spent several months in investigation of lead poisoning.

Cincinnati—Dr. Dudley W. Palmer has returned from a six-weeks stay in California.

Cincinnati—At a recent joint meeting of the Common Pleas judges of Hamilton County and the Hamilton County commissioners, fees to be paid alienists in court proceedings were fixed at $50 a day in court and $50 for an examination of defendants.

Columbus—Dr. Andre Crotti has been elected vice president of the American Association of Obstetricians, Gynecologists and Abdominal Surgeons.

Weston—Dr. J. M. Cook, in active practice here for the past 39 years, has retired from practice and moved to Huntington, West Virginia.

Zanesville—Dr. D. J. Evans, health commissioner of Zanesville, is convalescing at University Hospital, Columbus, following a serious illness.

Cleveland—Dr. A. A. Jenkins was chosen national president of the Exchange Club at its annual meeting at Memphis.

Cleveland—Dr. F. C. Waite addressed the meeting of the Early Settlers' Association at Hotel Cleveland, speaking on "Medicine in the Early Days of the Western Reserve".

Springfield—Dr. Carl H. Reuter, who has been taking post-graduate work at the Bellevue Hospital, New York City, is spending several months in Hawaii.

Columbus—Announcement has been made of the marriage of Miss Marjorie J. Yocum, Massillon, to Dr. L. Brooks Mehl, formerly of Massillon, resident physician at the Columbus Children's Hospital.

Springfield—Dr. H. A. McKnight addressed the Springfield Rotary Club on "Cancer".

Cleveland—Dr. Roscoe R. Miller has gone to New York City where he will be located for the next sixteen months at the Bellevue Hospital. He was accompanied by his bride, formerly Miss Louise H. Reynolds, also of Cleveland.

Akron—The Doctors' Orchestra—Akron's well-known medical-dental musical organization—opened its sixth season October 1 with a rehearsal. So far, concerts have been arranged for the Summit County Medical Society, Sumner Home for the Aged, Children's Hospital, Peoples' Hospital and Springfield Lake Sanatorium. The orchestra, consisting of 35 members, is under the direction of Dr. A. S. McCormick, with H. L. Arbuckle and Dr. D. H. Henninger as concert masters. The Peoples' Hospital concert will be a benefit function for the institution.

PUBLIC HEALTH NOTES

Three recent outbreaks of typhoid fever, of widely varying scope and intensity, in different sections of the state illustrate that typhoid is a constant peril, according to officials of the State Department of Health who have been investigating the outbreaks.

Commenting on the outbreaks, the *Ohio Health News*, official publication of the State Department of Health, gave the following data and observations:

"Three recent outbreaks of typhoid fever, of widely varying scope and intensity, have been investigated by the State Department of Health. Their chief significance lies in their emphasis of the fact that typhoid is a constant menace, which constant vigilance alone can combat. Most attention has been given by press and public to the one of least significance so far as the public health is concerned; yet in another aspect, that of the State's responsibility for the health and safety of its wards, it is a matter of major importance.

"Two cases of typhoid fever in the family of a Lorain County dairyman were brought to the attention of the Department by local physicians.

An immediate investigation developed the fact that the dairyman himself is a carrier, and his business operations, so far as food products are concerned, were promptly suppressed.

"An outbreak at Mingo Junction, reported by the health commissioner, investigated by Dr. W. J. Smith and Assistant Engineer W. H. Knox and reported on under date of Sept. 18, showed that 19 cases had been officially reported, which was about half of the total number suspected as being typhoid. The engineer found that many of the families involved were using water from badly polluted wells and a contaminated spring, and the physician found that most of the families used unpasteurized milk bought direct from farmers who peddled it about the streets. The investigators agreed that the epidemic probably was water-borne, but held that the milk was not above suspicion. It was recommended that wells and the spring be abandoned, and that city water and pasteurized milk only be used.

"At the Cleveland State Hospital, Aug. 14 to Sept. 21, there were 125 cases of typhoid fever, with 12 deaths, among an institutional population of 2350, making a morbidity rate of 5.31 and a mortality rate of 9.6. Investigation by Dr. T. W. Mahoney of the Department showed that only city water was used; that one-half (150 gallons) of the daily milk supply was thoroughly pasteurized; that 30 gallons was used raw, for cooking only, but that the remaining 120 gallons, produced on the Grafton state farm, was imperfectly pasteurized, and therefore not above suspicion.

"Both corrective and preventive measures were promptly taken, with complete cooperation by the Department of Public Welfare, the State Department of Health and the Cleveland Health Department, with the result that no new cases have developed for several days; but several deaths are regarded as probable.

"Every resident in the institution was given the full anti-typhoid vaccination. It has been recommended that all residents in State institutions be given a complete course of immunizations—typhoid, smallpox and diphtheria—and the proposal is under careful consideration by the Welfare Department."

—An interesting study of the twelve principal causes of death in Ohio during the past twenty years, showing the increase or decrease of each at ten-year intervals, has been completed by the Division of Vital Statistics, State Department of Health.

These twelve causes were responsible for 65.4 per cent of all deaths in Ohio in 1910; 71.6 per cent in 1920 and 75.5 per cent in 1930.

Diseases of the heart ranked first as a cause of death during these twenty years. Previous to 1910, tuberculosis ranked first; but in 1910 it took second place, and as the result of early recognition, diagnosis and treatment of the disease, tuberculosis in 1930 had been reduced to seventh place, carrying the lowest death rate ever recorded for the disease in Ohio.

Cancer ranked sixth as a cause of death in 1910. It continued to increase until, in 1930, it ranked second. A greater increase has been noted among females than males, as cancer ranked second in 1930 among females and fourth among males.

Deaths due to accidents decreased during the first ten years from fourth to sixth place; but since 1920 accidental deaths have increased and during last year again ranked fourth in the mortality table. It held second place among males and seventh among females as a cause of death.

Diarrhea and enteritis, under two years, with fifth as a cause of death in 1910. Continued efforts of health workers, coming in personal contact with the mothers during the pre- and postnatal period have reduced this cause of death from fifth place twenty years ago to twelfth place in 1930.

Tabulated below are the indicated increases and decreases for the period studied:

	1910 Rank	1920 Rank	1930 Rank
Heart disease	1	1	1
Tuberculosis	2	4	7
Penumonia	3	2	6
Accidents	4	6	4
Diarrhea and enteritis (under two years)	5	10	12
Cancer	6	5	2
Cerebral hemorrhage	7	3	3
Nephritis	8	7	5
Premature birth	9	9	8
Influenza	10	8	10
Suicide	11	12	11
Diabetes	12	11	9

—Dr. W. D. Tillson, who has been chief of the Bureau of Tuberculosis, State Department of Health, since March 16, 1930, has resigned to become assistant health commissioner of Baltimore County, Maryland, with offices at Towson, Maryland. He has been succeeded in the bureau by Dr. W. J. Smith, who since January 1, 1930, has been a medical inspector under Dr. Finley Van Orsdall in the Division of Communicable Diseases.

—Dr. W. J. Shepard, health commissioner of Bellaire, has returned from a two-weeks vacation trip through Canada.

—The mortality figures for cancer during the first half of 1931 are anything but encouraging, states the *Statistical Bulletin* of the Metropolitan Life Insurance Company. Unless the situation takes a distinct turn for the better during the rest of the year, 1931 will not only set a new high deathrate for this disease but will register a larger year-to-year increase than has yet been observed.

Among the many millions of Industrial policyholders of the Metropolitan Life Insurance Company the cumulative deathrate for this disease has increased from 77.0 per 100,000, during the first half of 1930, to 83.1 for the corresponding

period of 1931. This is equivalent to a rise of nearly eight per cent. Mortality data for the general population in 1931 are extremely scanty, the Bulletin points out, and it is impossible to determine definitely what has happened with respect to cancer mortality in the country as a whole. Nevertheless, such facts as are available indicate a larger rise than usual in the cancer deathrate. This is true, particularly, in two large states, New York and New Jersey. While scattered data for the general population do not point to as pronounced a rise as shown for the insured, they do indicate that the cancer situation this year is even more serious than usual.

—Expenditure of an average of $140,000 a year, or about two cents per capita, for less than three years, has cut the diphtheria case and death rate more than 70 per cent each and saved the parents of New York City an average of $5,000,000 a year, according to a recent report by Edward Fisher Brown, director of the metropolitan Diphtheria Prevention Commission.

In the brief time the Diphtheria Prevention Commission has been functioning, this large cut has been made in the case and death rate in face of the fact that up to the first day of July, 1931, less than 500,000 of the city's 1,450,000 children under 10 years of age had been immunized with toxin-antitoxin. The Commission believes that if every mother had taken the trouble to have her children immunized, diphtheria would have been wiped out before the close of 1930.

Based on a 20-year total of 246,792 cases in the city prior to 1930, with approximately 20,000 deaths, the Commission estimates the economic loss from this cause, during the period, was $127,712,000.

The Commission, appointed in November, 1928, began to function in January, 1929, and by the close of 1930 had succeeded in reducing the annual number of cases to less than 4000, against a 20-year average of 12,340, and the deaths to less than 200, compared with a 20-year average of 1000. The actual figures were 3794 cases and 198 deaths in 1930. Total cost was slightly under $140,000 a year, or approximately two cents per capita.

During the first three months of 1931 more diphtheria records were broken. In that 13-week period there were 1076 cases, compared with 1375 in the corresponding weeks of 1930 and a six-year average of 2999. There were only 50 deaths, compared with a six-year average of 185 for the corresponding quarter.

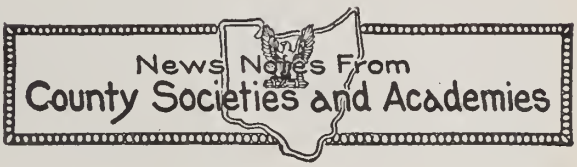
Under the law by which it was created, the Diphtheria Prevention Commission will cease to exist Nov. 7, 1931, when its work will be taken over by the City Department of Health.

—The health board of Jefferson County has re-elected Dr. L. M. Guilinger president.

—Dr. J. F. Elder, for the past eight years health commissioner of Mahoning County, has resigned, effective August 31. His successor has not been selected.

—Miss Marie L. Hines, formerly instructor in household administration and administrator of the food service at Western Reserve University, has been appointed director of dietetics at the Western Reserve University Hospitals.

—New units at Charity Hospital, Cleveland, have been opened. They include: Sisters' Home, nurses' home, new dispensary, new kitchen and remodeled sixth floor of the surgical building.



First District

ACADEMY OF MEDICINE OF CINCINNATI

(H. H. Shook, M.D., Secretary)

The Academy of Medicine of Cincinnati held its first meeting of the 1931-32 season, on Monday evening, September 28, in the Library of the Union Central Building, with an attendance of more than 125 members. Dr. L. Howard Schriver, retiring president, in his farewell address, urged that the Academy approve a plan devised by the Public Relations Committee, providing for the centralization of medical charity activities in Cincinnati, and also urged that the Academy establish business headquarters in a down-town office building. The incoming president, Dr. Wm. M. Doughty, paid tribute to the retiring president, and also urged that the Academy have its own home. Dr. D. T. Vail, Jr., retiring secretary, made his report and relinquished his place to Dr. H. H. Shook, the new secretary. Committee reports were read by the following chairmen: Public Policy and Legislation, Dr. Robert Cofield; Medical Economics, Dr. Louis Feid, Jr.; Auditing and Appropriations, Dr. Clarence King; Medical Milk Commission, Dr. Albert Bell.—News Clipping.

Butler County Medical Society held its regular meeting at Mercy Hospital, Hamilton, on Thursday afternoon, October 8. "Some Remarks on the Treatment of Syphilis", was the subject of an address by Dr. F. P. Zerfass. His address was followed by an open discussion of "Public Health Activities in the Public Schools." The program concluded with a dinner at six o'clock.—Bulletin.

Clinton County Medical Society met at the Shreve Hotel, Wilmington, on Tuesday noon, October 6, with fourteen members present.

This laboratory is approved by the Council on Medical Education and Hospitals of the American Medical Association

Langdon-Meyer Laboratories

OFFER A COMPLETE 24 HOUR SERVICE ON WASSERMANNS— INCLUDING, WATER-BATH; ICE-BOX; AND KAHN TEST.

Fee—$5.00

Send for our Fee Table

519 Main Street **CINCINNATI, OHIO**

Clinical cases were reported by Drs. Kinzel, Ruble, McBride, Hutchens and Hale. Dr. C. A. Tribbett read a paper on "Acute Nephritis" with a report of four cases. Dr. E. Briggs discussed the subject of "Slight Ailments".—Robert Conard, Secretary.

Fayette County Medical Society held its regular meeting Thursday afternoon, October 1, in the Y. M. C. A. rooms, Washington C. H., with eleven members and two visitors in attendance. Dr. Paul S. Craig, Washington C. H., was elected to membership in the Society.. Dr. John A. Fisher, Cincinnati, spoke on "Hematuria", and Dr. W. K. Ruble, Wilmington, spoke on "Venereal Disease Control". Both papers brought out good discussion and favorable comment, this being one of the best appreciated meetings the society has had this year.—James F. Wilson, Secretary.

Second District

Clark County Medical Society resumed its regular meetings after a summer vacation, when members met at the Spring-Day Dairy Farm, Springfield, on Wednesday, September 23. Supervising nurses and senior nurses' class of City Hospital were guests of the society. Luncheon at noon was followed by a business session and program. Speakers were H. W. Jeffers, Plainsboro, N. J., president of the Walker-Gordon Laboratories; Dr. Clement L. Jones, who gave a report of the Clark County Medical Milk Commission; and M. E. Kilpatrick, city dairy and food inspector.—News Clipping.

Greene County Medical Society met Thursday morning, October 1, at the Court House, Xenia, for regular session. Dr. A. B. Brower, of Dayton, read an interesting paper on "Nephritis". Members enjoyed a luncheon at the Coll-Inn, following the meeting.—News Clipping.

Miami County Medical Society held its regular meeting at Memorial Hospital, Piqua, on Friday afternoon, October 9. The following program was presented: "Endoscopic Work as an Aid to Diagnosis in Upper Thoracic Pathology", illustrated with slides, by Dr. J. D. Fouts, Dayton; "Skeletal

CLASSIFIED ADVERTISEMENTS

Rates for advertisements under this heading are 50 cents per line, payable in advance. Minimum charge of $1.00 for each insertion. Price covers the cost of remailing answers. Forms close 16th of the month preceding publication.

Situation Wanted—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member of Chicago Association of Commerce.

Speeches, special articles, papers on special subjects, prepared from the latest data and authorities, for busy physicians. Prompt service extended at reasonable rates in an expert manner to your requirements. Authors' Research Bureau, 516 Fifth Ave., New York.

Wanted—Ethical physician, gentile, experienced hospital executive; good business training; qualified and efficient; wishes the management of a hospital. W. A., care *Ohio State Medical Journal.*

For Sale—Eye, Ear, Nose and Throat practice; office equipment. In Toledo, Ohio. Highly desirable clientele. Address E. N., care *Ohio State Medical Journal.*

For Sale or Trade—For eye test set lenses. Microscope, new—Spencer. Buffalo 3 objective—Glass Cover Complete. Address H. L., care *Ohio State Medical Journal.*

Civil Service Positions for Physicians

The United States Civil Service Commission has announced the following competitive examinations for which applications must be on file with the commission not later than December 30:

Senior medical officer, salary $4,600 a year; medical officer, $3,800 a year, and associate medical officer, $3,200 a year.

The successful applicants will be used to fill vacancies in the Veterans' Administration, Public Health Service, Indian Service, Coast and Geodetic Survey, and Panama Canal Zone.

From $90,000,000 to $135,000,000 is spent by the American people for the 120,000,000 to 180,000,000 prescriptions which it is estimated are filled annually by the nation's drug stores, according to Wroe Alderson, chief business specialist, Department of Commerce, in an address before the American Pharmaceutical Manufacturers Association.

RADIUM THERAPY
DEEP X-RAY THERAPY
ELECTRO COAGULATION

BEN RENICK KIRKENDALL, M.D.
EDWARD TAYLOR KIRKENDALL, M.D.

137 E. State Street, Columbus, Ohio
Or Mt. Carmel Hospital

Office Phone Adams 7656 Res. Phone Gahana, Ohio 44 F. 14

W. H. MILLER, M. D.

X-Ray

328 East State Street Columbus, Ohio

Complete Diagnosis and Therapy

Diseases of Chest
Gastro-Intestinal Tract
Genito-Urinary Tract
Gall Bladder
High Voltage X-Ray Therapy
Portable X-Ray
Electro-Coagulation
Fractures and Dislocations

PROMPT AND FULL REPORT

Traction in Fractures", illustrated with *X*-ray Plates, by Dr. B. M. Hogle, Troy; discussion opened by Drs. A. J. Bausman and J. F. Beachler. A six-o'clock dinner was served after the session. —Bulletin.

Montgomery County Medical Society held its first meeting for the year 1931-32, with a dinner at the National Military Home, New Hospital, Dayton, on Friday evening, October 2. "The Physical Examination in the Periodic Health Examination" was the subject of an address by Dr. E. J. Gordon, professor of Medicine, Ohio State University College of Medicine.

October 16—The regular meeting of the Montgomery County Medical Society, held Friday evening, October 16, in the auditorium of the Fidelity Building, was addressed by Dr. A. M. Culler, Dayton, who gave an illustrated talk on "Changes in the Eye-grounds in Arteriosclerosis". —Bulletin.

Shelby County Medical Society met Friday afternoon, October 2, at Wilson Memorial Hospital, Sidney. Folowing a meeting of the hospital staff, which includes all physicians in the county, Dr. A. W. Hobby spoke on "Medical Economics". —News Clipping.

Third District

Hancock County Medical Society held its first meeting of the Fall and Winter series, on Wednesday evening, September 2, at the Elks Club, Findlay. "Neurosis of the Gastro-Intestinal Tract" was the subject of a talk given by Dr. Louis A. Levison, of Toledo. The Society, which meets the first Wednesday of each month, is planning a number of interesting and helpful programs for members.—News Clipping.

Logan County Medical Society held a dinner meeting at Hotel Ingalls, Bellefontaine, on Friday evening, September 4. The speaker for the evening was Dr. O. P. Klotz, Findlay, councilor for the Third District of the Ohio State Medical Association. The October meeting of the Society was held Friday evening, October 2, at Hotel Ingalls, with Dr. Robert Drury and Dr. Paul D. Scofield, of Columbus, as speakers.—News Clipping.

Seneca County Medical Society held its annual meeting on Thursday, October 1, at the Mohawk Country Club, Tiffin. Fifty physicians and their wives from adjoining county societies were guests of the Seneca County Society. An afternoon at golf and bridge was followed by a dinner. Charles Milton Newcomb, of Delaware, entertained the guests with a humorous talk on "Laughter."—News Clipping.

Van Wert County Medical Society held the October meeting at the Van Wert County Hospital on Tuesday, October 13th. Dr. W. W. Beauchamp of Lima addressed the society upon the general topic of "Recent Advances In Internal

CHAS. F. BOWEN, M.D.

SPECIALIZES

in

Superficial Malignancies

Removal of Foreign Bodies

Radium and X-Ray

Diagnosis and Therapy

332 E. State Street
COLUMBUS, OHIO

Columbus Radium Laboratory

Radium and Deep X-Ray Therapy

EDW. REINERT, Ph.G., M.D.
350 E. State St., Columbus, O.
Bell, Main 1537

RADON

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

Gold Radon implants for interstitial use. The scientific means of applying radiation intratumorally. Certificate of guarantee furnished with each preparation assuring accurate dosage.

RADON COMPANY, Inc.
1 East 42nd St., New York
Telephones: Vanderbilt 3-2811; 3-2812

RADIUM RENTAL SERVICE

BY

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to Physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

CAREFUL CONSIDERATION WILL BE GIVEN INQUIRIES CONCERNING CASES IN WHICH THE USE OF RADIUM IS INDICATED.

The Physicians Radium Association
1307 Pittsfield Bldg., 55 E. Washington St.,
CHICAGO, ILL.
Telephones Central 2268-2269
Wm L. Brown, M.D., Director.

BOARD OF ADVISORS
William L. Baum, M.D. Bennett R. Parker, M.D.
Frederick Menge, M.D. Walter S. Barnes, M.D
Louis E. Schmidt, M.D. S. C. Plummer, M.D.

X-Ray Film Consultation



A service for Physicians who do their own X-Ray work and are in doubt as to the interpretation. Detailed reports will be made.

A brief case history sent with the films will assist in the diagnosis.

Correspondence solicited.

HUGH J. MEANS, M.D.
683 East Broad St.,
Columbus, Ohio

X-RAY DIAGNOSIS AND THERAPY

LABORATORY

Service and Consultation

James A. Beer, B.Sc., A.M., M.D.

21 East State Street Columbus, Ohio

Telephone, ADams 3847

Medicine". The special subjects discussed were: (a) Mental Psychology or the Mental Factor in Disease; (b) Recent Cardio-Vascular Developments; (c) Laboratory Medicine, and (d) Endocrinology. The meeting was well attended locally with several physicians present from adjoining counties.—News Clipping.

Fourth District

ACADEMY OF MEDICINE OF TOLEDO AND LUCAS COUNTY

(A. P. Hancuff, M.D., Secretary)

October 2—General Meeting of the Academy. "Vaginal Hysterectomy for Cancer of the Cervix", by Dr. Ludwig Adler, Professor of Gynecology and Obstetrics, University of Vienna. As a special feature, Dr. Adler held a dry gynecological clinic at Lucas County Hospital, on the afternoon of October 2. A testimonial dinner in Dr. Adler's honor was held at the Commodore Perry Hotel, at 6 P. M.

October 9—Section on Pathology, Experimental Medicine and Bacteriology. Program: "Dynamics of Urinary Execution", by Dr. E. W. Huffer; "Establishment of a Central Bureau for the Registration and Study of Malignant Tumors", by Dr. J. B. Rucker, Jr.; "Malignancy from a Surgeon's Viewpoint", by Dr. W. A. Neill.

October 16—Medical Section. Program: "The Rationale of the Use of Non-Specific Protein in Medicine", by Dr. J. L. Stifel; "The Clinical Use of the Sedimentation Test", by Dr. L. A. Miller.

October 23 — Surgical Section. Program: "Anatomy of the Female Pelvis and Perineum", a scientific medical talking motion picture prepared at Northwestern University by Drs. W. F. Windle and H. B. Kellog under a grant from Petrolagar Laboratories; "Intro-Uterine Use of Carbon Pencils in Incomplete Abortions", by Dr. B. H. Carroll; discussant, Dr. E. C. Mohr; "Fusion of Sacro-Iliac Joint", (Case Reports), by Dr. Edward P. Gillette.

October 30—Eye, Ear, Nose and Throat Section. Program: "Tetany Cataract" (A Report of Three Cases), by Dr. J. L. Roberts; "A Case of Iridocyclitis" (Case Report), by Dr. Jean Cormier; "Lesion of the Larynx" (Case Report), by Dr. J. E. Minns; "A Case of Unusual Interest" (Case Report) by Dr. J. A. Lukens; "An Unusual Mastoid Case" (Case Report), by Dr. George W. Bond.—Bulletin.

Wood County Medical Society met at the Woman's Club, Bowling Green, on Thursday evening, September 17. Following a short business session, Attorney George R. Effler, of Toledo, spoke on "Medical Ethics from a Legal Standpoint". He has had wide experience in handling malpractice suits, and covered this phase of medical jurisprudence in his talk. Fifteen members were seated for the dinner which preceded the program.—Bulletin.



Wilson's Evaporated Milk is valuable for infant feeding because of its sterility, easy digestibility and uniform composition. It is inexpensive, always available and easy to keep on hand. You can prescribe it with confidence. We'll gladly send you clinical samples, information and literature on request.

WILSON'S MILK COMPANY

728 Chamber of Commerce Building
Indianapolis

URINE
BLOOD
SPUTUM
REFUSIONS
STOMACH CONTENTS
WASSERMAN & KAHN
PRECIPITIN TESTS
GONORRHEAL COMPLEMENT FIXATION TEST
BLOOD CHEMISTRY
PROTEIN SENSITIZATION TESTS
BASAL METABOLISM
AUTOGENOUS VACCINES
FAECES
GENITO-URINARY SURGICAL and GYNECOLOGICAL PATHOLOGY
DARK FIELD ILLUMINATING FOR SPIROCHETA PALLIDA
MEDICO-LEGAL POST-MORTEMS
X-RAY

LABORATORY

Clinical and Pathological

Approved by the American Medical Association

Columbus, Ohio 370 E. Town Street

DIRECTOR

J. J. Coons, B. Sc., M. D., D. Sc.
Dorris Coss, B. Sc., M. Sc.
Frances Coup, A. B.
Flora Moone

PROMPT SERVICE
Immediate Report on Frozen Sections of all Tumors.
ESTABLISHED 1904

THE NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL

(Organized 1881)

(The Pioneer Post-Graduate Medical Institution in America)

We Announce

FOR THE GENERAL PRACTITIONER

A combined course comprising

INTERNAL MEDICINE
PEDIATRICS
GASTRO-ENTEROLOGY
DERMATOLOGY
NEUROLOGY
OBSTETRICS
PHYSICAL THERAPY
PATHOLOGY and BACTERIOLOGY

SURGERY
NEURO-SURGERY
UROLOGY
PROCTOLOGY
GYNECOLOGY (Surgical-Medical)
ORTHOPEDIC SURGERY
TRAUMATIC SURGERY
THORACIC SURGERY

OPHTHALMOLOGY
OTOLOGY
RHINOLARYNGOLOGY

For Information Address

Medical Executive Officer, 345 West 50th Street, New York City

Physicians' Service

QUALITY FIRST

We are exclusive manufacturers of Pharmaceuticals, U. S. P. and N. F. Preparations, Specialties, Tablets, Ointments, Ampoules, Suppositories, Effervescents, etc., for Physicians Dispensing and Prescribing.

NOTHING SOLD AT RETAIL EXCEPT ON ORDER OF PHYSICIAN

Offices and Laboratories
330-336 OAK STREET, EAST
One-half Square North of Grant Hospital and Carnegie Library.

THE
COLUMBUS PHARMACAL CO.
COLUMBUS, OHIO

The Wendt-Bristol Company

Two complete ethical stores in Columbus

51 E. State St. 721 No. High St.

for the convenience of the Physicians and Surgeons—and the many people they serve

Two Prescription Departments

maintained in a high class manner with eight registered Pharmacists

Other Complete Departments

OFFICE EQUIPMENT
PHYSIO THERAPY APPARATUS
HOSPITAL SUPPLIES
HEALTH FOODS

W-B Pharmaceutical Supplies

JOBBING STOCKS ALL LEADING MANUFACTURERS

Antitoxins and Vaccines in Special Refrigeration Plants

Prompt Service on Phone Orders

Fifth District

ACADEMY OF MEDICINE OF CLEVELAND

(Clarence H. Heyman, M.D., Secretary)

October 2—Clinical and Pathological Section. Lakeside Hospital.

October 7—Obstetrical and Gynecological Section. Program: "A Consideration of Cesarean Section, with a Survey of 1047 Cases in the Cleveland Registration Area in Five Years", by Dr. A. J. Skeel; "Diagnosis and Treatment of Uterine Inertia, with Report of 100 Cases", by Dr. M. Garber; "Rectal Instillation of Certain Barbiturates in Oil and Ether for Obstetrical Analgesia", by M. L. Axelrod, D.D.S.

October 9—Experimental Medicine Section. Program arranged by the Department of Hygiene. "The Electrophoresis of Pneumococcus Strains", (by invitation) R. L. Thompson, D.S. in Hygiene; "Action of Some Common Disinfectants on Phagocytosis in Vivo", by Dr. Emerson Megrail; "Seasonal Incidence of Whooping Cough in the United States", by Dr. G. E. Harmon; "Tuberculosis Infection Among Medical Students" by Dr. J. A. Doull.

October 14—Pediatric Section. Program given by the Pediatric and Contagious Disease Departments of City Hospital.

October 16—Regular Academy Meeting. Program: "Diverticulitis", by Dr. G. L. Lambright; "The Problems of Arthritis", by Dr. Robert B. Osgood, Boston.

October 21—Industrial Medicine and Orthopedic Section. "Some Pitfalls of Industrial Practice", by Dr. A. G. Cranch; discussion by Dr. A. L. Brooks; "Peripheral Nerve Injuries", by Dr. Donald C. Bell; discussion opened by Drs. S. Baumoel and James C. Gardner.

October 23—Ophthalmological and Oto-Larygological Section. Program: "Suppurative Labyrinthitis with Recovery", by Dr. C. E. Pitkin; "Pulsating Exophthalmos", by Dr. O. F. Simonds; "(a) A Series of Uncommon Eye Accidents"; (b) "The Tucking Method in Squint Operations", by Dr. M. W. Jacoby; "Neurological Problems in Otology and Ophthalmology", by Dr. D. C. Bell; "Mastoiditis and Nephritis", by Dr. C. E. Kinney; "Intracranial Complications" (by invitation) Dr. A. W. Beale; "Cellulitis of the Neck" (by invitation), Dr. K. H. Lowe; "Foreign Body in the Frontal Sinus", by Dr. G. V. Smith.—Bulletin.

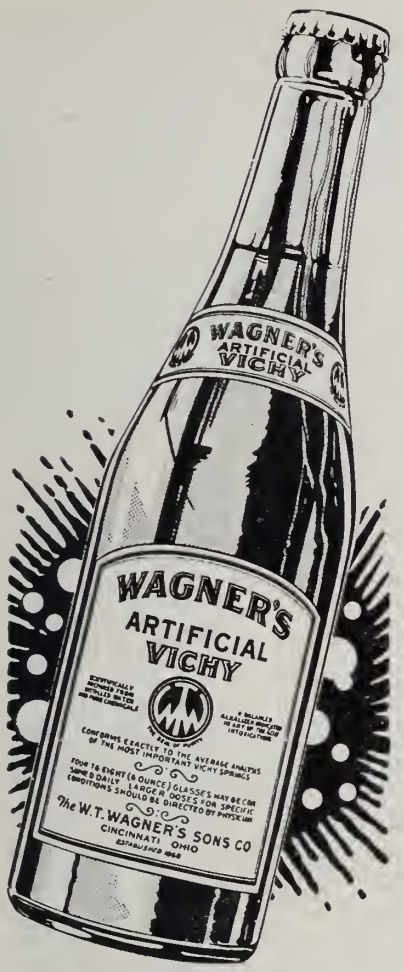
Ashtabula County Medical Society held its regular monthly meeting at the Hotel Ashtabula, Ashtabula, Ohio, on October 13, 1931. The business session was preceded by a dinner. After dinner the society was addressed by Dr. John D. Osmond, of Cleveland, on the subject of "*X*-ray Diagnosis of Benign and Malignant Tumors of

HERE

is one of the advertisements of The Sugar Institute

THE advertisement reproduced here is one of the series appearing in newspapers throughout the country. In order to keep the statements in accord with modern medical practice, they have been submitted to and approved by some of the leading authorities in the field of human nutrition in the United States. The Sugar Institute, 129 Front Street, New York.





Chemistry's Gift to Medicine . . .

In the Wagner Medicinal Laboratories, where improved equipment and tested methods prevail, the elements found in the world-famous French Vichy Springs are reproduced with uniform quality. The manufacturing processes are rigidly controlled throughout, making available to physicians an accepted medicinal water of the very highest standard. A veritable triumph of creative chemistry, Wagner's Vichy possesses unquestioned uniformity, great palatability and absolute purity. Truly, it is chemistry's gift to medicine. . . . The W. T. Wagner's Sons Co., in Cincinnati, Ohio, since 1868.

When to Administer

When excess acids are formed in great amounts in the course of diseases, like influenza and pneumonia, and the body is unable to excrete or neutralize the abnormal acid condition, it is advisable to administer Wagner's Vichy in sufficient quantities to tide the patient over the emergency.

WAGNER'S VICHY (artificial)

the Gastro-intestinal Tract". Dr. Wm. Millberg, of Ashtabula, presented a paper on "Hematuria". —E. H. Merrell, Secretary.

Huron County Medical Society met in the high school auditorium, Norwalk, on Friday, October 9. Dr. C. L. Cummer, Cleveland, Councilor of the Fifth District, addressed the members and invited guests, including school superintendents and athletic directors, on "The Treatment and Prevention of Ringworm Infection.—News Clipping.

Lorain County Medical Society met Tuesday evening, October 13, at St. Andrews Episcopal Church, Elyria, commencing with a five o'clock dinner. Dr. C. L. Cummer, Cleveland, Councilor of the Fifth District, gave a short talk on "Medical Defense", and Dr. S. F. Basinger presented a paper on "Placenta Abruptio".—Bulletin.

Sixth District

Ashland County Medical Society held a special meeting, Wednesday evening, September 30, at Samaritan Hospital, Ashland, for the purpose of discussing a threatened epidemic of infantile paralysis. Dr. C. B. Meuser, director of health of Ashland, spoke on the causes, symptoms and treatment of infantile paralysis. A general discussion of the subject followed.—News Clipping.

Mahoning County Medical Society held its regular meeting on Tuesday evening, September 15, at the Youngstown Club, after a dinner in honor of its speaker and distinguished guest, Dr. John F. Erdmann, of New York City. Dr. Erdmann's paper on "Diverticulitis and Diverticulosis", brought out the fact that the doctor is not an uncommon subject for diverticulitis, and if he is taken with pain in the left side he should call for a surgeon.—John U. Buchanan, Correspondent.

Portage County Medical Society met at the office of Dr. W. B. Andrews, Kent, on Thursday evening, October 1, with three-fifths of the entire membership in attendance. The program, the first after the Summer vacation, was as follows: "Case Report—Lues", by Dr. E. M. Kauffman, of Kent; "The Acute Abdomen", by Dr. Byron B. Colvin, of Cleveland; discussion opened by Dr. S. U. Sivon, of Ravenna.—Bulletin.

Stark County Medical Society held a joint meeting with the Stark County Bar Association on Tuesday evening, October 13, at the Elks Club, Canton. "The Doctor in Court—From the Doctor's Standpoint", was the subject of an address by Dr. Walter G. Stern, of Cleveland. Discussion was opened by Judge H. C. Pontius, and J. C. Ketterer.—Bulletin.

Seventh District

Coshocton County Medical Society met at the City Hospital, Cambridge, on Thursday evening, September 24. Dr. E. M. Wright presented a paper on "Infant Feeding".—News Clipping.

Tuscarawas County Medical Society held its



Cocomalt for...

CONVALESCENTS—The high caloric value and quick assimilability of Cocomalt makes it an especially valuable food for convalescents.

GENERAL DEBILITY—The necessity for a concentrated food of high digestibility in asthenic conditions is met by Cocomalt.

MALNUTRITION—Undernourished children and adults respond splendidly to the balanced ration of Cocomalt mixed with milk. Furthermore, it increases the appetite.

TUBERCULOSIS—Cocomalt is very useful in increasing the caloric value of tubercular diets without throwing an additional strain upon the digestive system. Its mineral content is likewise useful in producing calcification of tubercular lesions.

POST OPERATIVE—Following an operation, Cocomalt meets the demand for a highly nutritious food that does not produce intestinal fermentation or stasis.

FEVER CASES—The high carbohydrate content and caloric value of Cocomalt make it extremely valuable in treating fever cases. It saves body proteins.

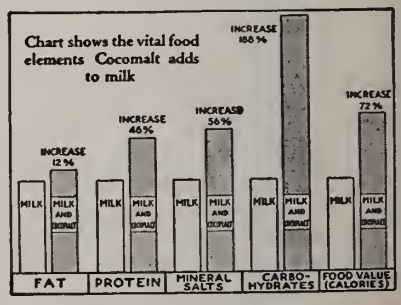
EXPECTANT MOTHERS—During pregnancy, Cocomalt answers the great need for Vitamin D and helps provide the additional food needed by the developing foetus.

NURSING MOTHERS—Cocomalt provides necessary food elements for the production of milk, without inducing constipation.

Cocomalt—the delicious food drink—adds 70% to the caloric value of milk.

FREE to Physicians

We would like to send you a trial can for testing. Coupon brings it to you—*free*.



Cocomalt

DELICIOUS HOT OR COLD



ADDS 70% MORE NOURISHMENT TO MILK

R. B. DAVIS CO., Dept. AT-11, Hoboken, N. J.
Please send me, without charge, a trial can of Cocomalt.
Name .....
Address .....
City ..... *State* .....

Accorded Leadership
Among Corn Syrups

Amaizo

GOLDEN SYRUP

(Corn Syrup and Refiner's Syrup)

was the

FIRST CORN SYRUP

to be accepted by the
American Medical Association
for

INFANT FEEDING

For further information, physicians are invited to write

AMERICAN MAIZE-PRODUCTS CO.
100 E. 42nd St. New York City



DRY BASIS ANALYSIS

Dextrine	40.0 %
Maltose	30.9
Dextrose	19.62
Combined Cane & Invert Sugars	8.5
Ash	.98
	100.00 %

regular meeting on Thursday evening, September 10, in the city council chamber, New Philadelphia. Dr. George Zinninger, of Canton, spoke on "Valvular Heart Disease", and Dr. O. G. Wilson, also of Canton, discussed the subject of "Congenital Heart Disease". Twenty-five members were present.—News Clipping.

Eighth District

Fairfield County Medical Society held a luncheon and business session on Thursday, September 10 at the Florentine, Lancaster, with twenty members in attendance. Dr. Harlan Wilson, of Columbus, gave an ineresting talk on "Fractures".—News Clipping.

Guernsey County Medical Society met Thursday, September 10 in Cambridge, for their semimonthly session. Following a luncheon, Attorney Milton H. Turner gave an informal talk, and a brief discussion of medical jurisprudence.—News Clipping.

Muskingum County Academy of Medicine held its October meeting, on Wednesday evening, October 7, in the American Legion rooms. Dr. George C. Tedrow, who recently came to Zanesville from Crooksville, read a paper on "Chorea and Its Treatment; with Special Reference to the Use of Nirvanol". The paper was excellent, and was widely discussed by all members present, who brought out many ideas in the treatment and management of chorea. Applications for membership for two members were received and referred to the Board of Censors. Applications for membership were also received, with recommendations for transfer from their previous county affiliations. The meeting was well attended.—Beatrice T. Hagen, Secretary.

Perry County Medical Society met in regular monthly session at the Park Hotel, New Lexington, on Monday, September 21. Dr. V. A. Dodd, of Columbus, gave an illustrated talk on "Paralytic Ileum."—News Clipping.

Washington County Medical Society held an interesting and profitable meeting on Wednesday evening, September 16 at Memorial Hospital, Marietta. A number of guests were present from neighboring counties in Ohio and West Virginia. Speakers were Drs. Howard T. Phillips and William J. Morginson, of Wheeling, West Virginia, who spoke on skin disorders. Their talks, which were illustrated with lantern slides, were followed by a general discussion.—News Clipping.

Ninth District

Hocking County Medical Society held its regular quarterly meeting at the Easterling Club House, Logan, on Wednesday, September 16. Following a 12 o'clock dinner, the society with its guests from Athens and Perry County Societies, were highly instructed by a talk by Dr. M. H. Powelson, of Zanesville, on the subject of "Oc-

HYCLORITE

HYCLORITE SOLUTION SODIUM HYPOCHLORITE

Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

To Prevent Infection of Ringworm

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed.

For Hand and Skin Sterilization.

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity.

NON-POISONOUS
NON-IRRITATING

Write for Literature

BETHLEHEM LABORATORIES
INCORPORATED
300 Century Building,
PITTSBURGH, PENNA.

LABORATORY APPARATUS

Coors Porcelain — Pyrex Glassware
R. & B. Calibrated Ware
Chemical Thermometers
Hydrometers — Sphygmomanometers

J. T. Baker & Co.'s C. P. Chemicals

Stains and Reagents
Standard Solutions

BIOLOGICALS

Serums — Bacterins — Media
Antitoxins — Vaccines — Pollens

We are completely equipped, and solicit your inquiry for these lines as well as for Pharmaceuticals, Chemicals and Supplies, Surgical Instruments and Dressings.

The Rupp & Bowman Co.
319 Superior St. Toledo, Ohio



DIABETIC patients require medical attention more or less constantly, so with the increasing number of cases physicians have a growing responsibility to know Insulin and its proper use.

For nine years leading specialists in diabetes have used Iletin (Insulin, Lilly) with good results. It was the first commercial Insulin available in the United States. Its purity, stability, and uniformity are characteristic.

SEND FOR PAMPHLETS ON INSULIN
AND DIET CHARTS

Eli Lilly and Company

INDIANAPOLIS, U. S. A.

The Ohio State Nurses' Association

Official Registries for Nurses

District No. 1—42 Hawthorne Ave., Akron, Ohio. Phone Fr. 7013
District No. 3—601 Mahoning Bank Bldg., Youngstown; Phone 44581; 44582
District No. 4—2157 Euclid Ave., Cleveland, Ohio. Phone: Prospect 1951
District No. 8—Room 1112 Chamber of Commerce Bldg., Cincinnati, Ohio Phone: Main 7142
District No. 9—1930 Robinwood Ave., Apartment 40, "The Scotwood," Toledo, Ohio. Phone: Main 7962
District No. 12—The Normandie Hotel, Room 610, Columbus, Ohio. Phone Adams 1569
District No. 15—2744 Scioto Trail, Portsmouth, Ohio. Phone: Portsmouth 1343

DIABETICS ARE SATISFIED WHEN YOU PRESCRIBE CUURDOLAC FOODS

Curdolac Breakfast Cereal
Curdolac Casein Bran Improved Flour.
Curdolac Casein Compound.
Curdolac Soya-Bran Breakfast Food.
Curdolac Soya-Bran Flour.
Curdolac Soya Cereal Johnny Cake Flour.
Curdolac Soya Flour.
Curdolac Wheat-Soya Flour.

Samples and literature on request.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

CURDOLAC FOOD COMPANY Box 299 Waukesha, Wis.

clusive Vascular Diseases". His address was followed by a general discussion. There were eighteen present at the meeting.—M. H. Cherrington, Secretary.

Scioto County—The regular meeting of the Hempstead Academy of Medicine was held at the Nurses Home, Portsmouth, on Monday evening, October 12. Dr. G. R. Micklethwaite, of Portsmouth, gave a review of Dr. Thomas McCrae's Lectures—Nephritis, Arithritis; Use of Digitalis; Acute Rheumatic Fever. His talk was followed by general discussion. Buffet lunch was served. —Bulletin.

Tenth District

COLUMBUS ACADEMY OF MEDICINE

(James A. Beer, M.D., Secretary)

Otcober 12—Members of the Academy met at Hamilton Hall, the entire building being open for inspection of the various departments, with members of the medical staff as guides. Address of welcome was delivered by Dr. J. H. J. Upham, dean, College of Medicine, Ohio State University, and was followed by a clinico-pathological conference. The subject of "Bacterial Endocarditis" was presented as follows: "Case History", by Dr. L. H. Van Buskirk; "Diagnosis", by Dr. S. A. Hatfield; "Pathology", by Dr. Ernest Scott; Discussion by Dr. G. I. Nelson.—Bulletin.

Crawford County Medical Society met at the Elks Grill, Bucyrus, on Monday evening, October 5. The guest speaker for the evening was Dr. F. M. Douglass, Toledo, who discussed the subject of "Procidentia". Buffet luncheon followed the program.—Bulletin.

Ross County Medical Society held its regular monthly meeting on Thursday evening, October 1 at the Warner Hotel, Chillicothe, with a very good attendance. Dr. H. D. McIntyre of Cincinnati, gave an excellent paper on "Dischronation of Brain Tumor", illustrated by lantern slides.—Walter C. Breth, Secretary.

HOSPITAL NOTES

—More than 1,500 persons visited the new buildings and remodeled portions of the Newark City Hospital at the formal opening of the remodeled institution.

—Bids have been asked for construction of a two-story wing to the Barnesville Maternity Hospital which will give the hospital 40 additional beds.

—Miss Lola M. Phillips, formerly of Cleveland, has been named superintendent of the Bedford Municipal Hospital, succeeding Mrs. Mabel Wyckoff, resigned.

—Superintendent J. A. Dieckmann recently celebrated the 19th anniversary of his services with the Cincinnati Bethesda Hospital. He joined the hospital in 1912 as director of religious and educational work and in 1922 he was named superintendent of the institution, a position he now holds.

—Miss Kathryn Topper has resigned as superintendent of the Galion Good Samaritan Hospital.

—Dr. R. A. Ruhmkorff, formerly medical di-



The new reduced price of Mead's Viosterol in Oil 250 D in the original 50 c.c. bottle now makes vitamin D available to the patient at a cost of only 2 to 2½ cents per day. This economic phase is important at all times but is especially important during times of unemployment and financial stress.

Not only has the price of Mead's Viosterol been reduced, but the bottle has been improved. As packed, it is capped with the metal cap shown at the left. The patient removes this and replaces it with the combination dropper-and-stopper shown in the bottle illustration. This has a screw thread and fits tightly when not in use.

For vitamin D therapy, the new reduced price of Mead's Viosterol when prescribed in the original 50 c.c. bottle, makes it less expensive to the patient than Mead's Standardized Cod Liver Oil or any cod liver oil concentrate. For vitamin A therapy, Mead's Standardized Cod Liver Oil continues to be 4 to 11 times as economical as cod liver oil concentrates.

Mead Johnson & Co., *Pioneers in Vitamin Research,* Evansville, Ind., U.S.A.

rector of a sanitarium at Martinsville, Indiana, has moved to Portsmouth where he will become assistant to Dr. H. A. Schirrman, head of the Schirrman Hosiptal.

—A bequest of $500 to the Chillicothe Hospital was made in the will of the late Elizabeth Goodman, recently probated.

—Murray C. Goddard has resigned as superintendent of the Lake County Memorial Hospital.

—At a recent meeting of the board of trustees of the Springfield City Hospital, the following staff for the institution was approved:

Surgery—Dr. A. H. Potter, Dr. Joseph Webb, Dr. J. H. Rinehart, Dr. E. P. Greenawalt, Dr. H. H. Austin and Dr. W. B. Quinn.

Medicine—Dr. F. P. Anzinger, Dr. C. L. Jones and Dr. R. R. Richison.

Anesthesia—Dr. E. R. Brubaker and Dr. J. H. Riley.

Ear, eye, nose and throat—Dr. D. W. Hodge, Dr. J. C. Easton, Dr. F. A. Hartley, Dr. J. E. Burgman and Dr. C. L. Minor.

Orthopedics—Dr. C. E. M. Finney.

Pediatrics—Dr. H. B. Martin and Dr. H. H. Hildred.

Obstetrics—Dr. C. S. Ramsey and Dr. A. K. Howell.

Neurology—Dr. A. R. Kent and Dr. A. A. Gavey.

Dentistry—Dr. E. G. Benham, Dr. N. C. Farrell and Dr. G. P. Fitzgerald.

Urology—Dr. N. L. Burrell.

X-ray—Dr. E. R. Brubaker.

Pathology—Dr. R. S. Fidler.

Out-patient department—Dr. A. A. Gavey (medicine), Dr. G. M. Lane (medicine), Dr. H. B. Elliott (surgery), Dr. W. D. Beasley and Dr. C. M. Hullinger.

—Appointment of nine members to the medical staff at Cincinnati Jewish Hospital has been announced by Dr. Walter E. List, superintendent. They are: Drs. Robert Heilbrun, Miriam Warm, L. Pastor, R. Raitz, Myer Muskat, Leon Schiff, Stanley Simon, Merrick McCarthy and Henry Gruener.

Funds for Cleveland State Hospital

The state board of control has released $40,000 in emergency appropriations to Cleveland State Hospital and Hawthornden Farm to be used in alleviating crowded conditions at those institutions.

Overcrowding at the institutions was described to the board by W. J. Kennedy, Assistant State Director of Public Welfare, as "serious."

Of the $40,000 set aside, $10,000 is for general construction and equipment at Hawthornden; $20,000 for remodeling wards at Cleveland State Hospital; $5000 for repairs to the roofs and walls, and $5000 for rewiring.

Sixtieth annual meeting of the American Public Health Association was held in Montreal, Quebec, September 14-17. Headquarters for the meeting were at the Windsor Hotel.

A national standard of naming diseases is being prepared at New York City by the National Conference on the Nomenclature of Disease, with which the United States Public Health Service is cooperating.

Mercurochrome 220 Soluble

(Dibrom-oxymercuri-fluorescein)

The Stain Provides for Penetration

—and—

Fixes the Germicide in the Tissues

Mercurochrome is bacteriostatic in exceedingly high dilutions and as long as the stain is visible bacteriostasis is present. Reinfection or contamination are prevented and natural body defenses are permitted to hasten prompt and clean healing, as Mercurochrome does not interfere with immunological processes. This germicide is non-irritating and non-injurious when applied to wounds.

Hynson, Westcott & Dunning

Inc.

BALTIMORE, MD.



THE DOCTOR
THE NURSE
THE PATIENT

NO ONE is immune to perspiration and the discomforts and social implication that go with it, for perspiration often leaves in its wake an odor quite unpleasant.

Here is an opportunity for cooperation between the doctor, who prescribes the remedy, the nurse, who applies it, and the patient who may need it. The remedy is simple enough and safe.

NONSPI

(AN ANTISEPTIC LIQUID)

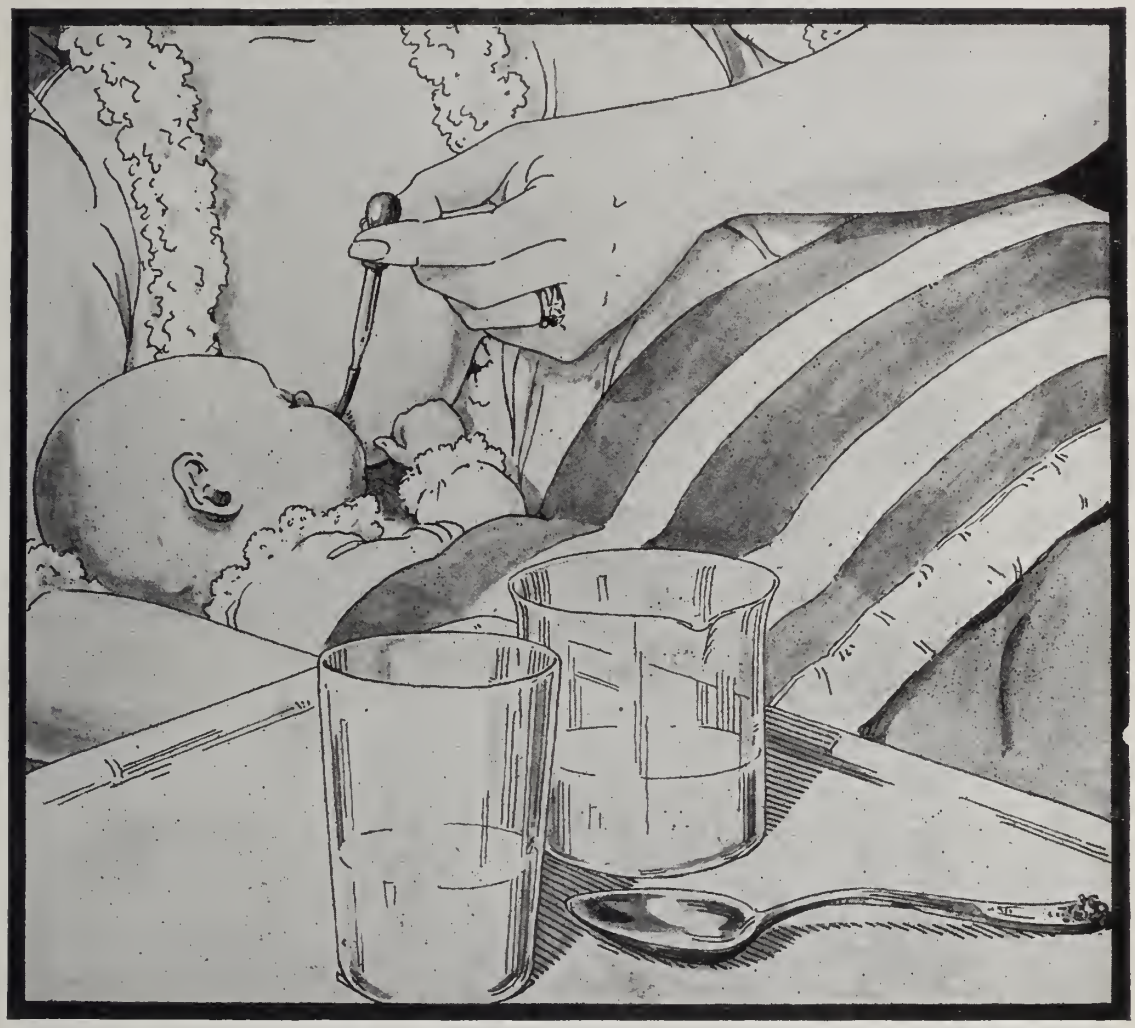
checks the perspiration and prevents the odor, too. It needs to be applied only once or twice a week under the arms and to those parts of the body not exposed to adequate ventilation. Trial supply gladly sent to physicians.

YES, I'd like to try NONSPI. Please send me a free trial supply.

Name .....

Address..... *City*..... *State*.....

THE NONSPI COMPANY, 117 West 18th Street, New York City



MEDICINE-DROPPER METHOD

OF FEEDING THE NEWLY-BORN



SIMILAC fed with a medicine dropper, simultaneously with the breast, during the newly-born period, reduces the initial loss in weight and prevents inanition fever, according to the results reported by a number of physicians.

The use of the medicine dropper instead of the rubber nipple nursing bottle, at this time, teaches the newly-born a very important lesson—that of nursing at its mother's breast.

Ask for Index Card, "Feeding the Newly-Born."

M & R DIETETIC LABORATORIES, INC.,
COLUMBUS, OHIO

OHIO STATE MEDICAL ASSOCIATION

STANDING COMMITTEES
(Constitutional)

PUBLIC POLICY

John B. Alcorn, Chairman, (1933) Columbus
C. W. Stone, (1932) Cleveland
J. H. J. Upham, (1934) Columbus
D. C. Houser, (ex-officio) Urbana
H. M. Platter, (ex-officio) Columbus

PUBLICATION

Andrews Rogers, Chairman, (1934) Columbus
Gilbert Micklethwaite, (1932) Portsmouth
A. B. Denison, (1933) Cleveland

MEDICAL DEFENSE

J. E. Tuckerman, Chairman, (1934) Cleveland
F. P. Anzinger, (1932) Springfield
W. H. Snyder, (1933) Toledo

MEDICAL EDUCATION AND HOSPITALS

Ben R. McClellan, Chairman, (1934) Xenia
R. H. Birge, (1932) Cleveland
John F. Wright, (1933) Toledo

MEDICAL ECONOMICS

J. Craig Bowman, Chairman, (1933) Upper Sandusky
E. O. Smith, (1932) Cincinnati
A. B. Brower, (1934) Dayton

SPECIAL COMMITTEE
Periodic Health Examinations

V. C. Rowland, Chairman Cleveland
Jonathan Forman Columbus
Beatrice T. Hagen Zanesville
R. R. Hendershott Tiffin
J. I. Stephens Ansonia

MENTAL HYGIENE

E. J. Emerick Columbus
O. O. Fordyce Toledo
L. J. Karnosh Cleveland
Wm. H. Pritchard Columbus
T. A. Ratliff Cincinnati

Military Committee

Harry D. Jackson, Chairman Circleville
Louis H. Feid, Jr. Cincinnati
David H. Moore Urbana

COUNCIL COMMITTEES

AUDITING AND APPROPRIATIONS

S. J. Goodman, Chairman Columbus
C. L. Cummer Cleveland
E. M. Huston Dayton

ARRANGEMENTS 1932 ANNUAL MEETING

E. M. Huston, Chairman Dayton
H. S. Davidson Akron
I. P. Seiler Piketon

PROGRAM 1932 ANNUAL MEETING

H. M. Platter, Chairman Columbus
John A. Caldwell Cincinnati
S. J. Goodman, Secretary Columbus

Delegates and Alternates to American Medical Association

DELEGATES

Wells Teachnor, Sr., (1932) Columbus
Ben R. McClellan, (1932) Xenia
E. R. Brush, (1932) Zanesville
C. W. Stone, (1932) Cleveland
J. P. DeWitt, (1933) Canton
C. E. Kiely, (1933) Cincinnati
C. W. Waggoner, (1933) Toledo

ALTERNATES

D. H. Morgan, (1932) Akron
A. C. Messenger, (1932) Xenia

C. L. Cummer, (1932) Cleveland
G. F. Zinninger, (1933) Canton
L. H. Schriver, (1933) Cincinnati
John Sprague, (1933) Athens

SECTION OFFICERS FOR 1931-1932

MEDICINE

Leo C. Bean, Chairman
Gallipolis
C. S. Mundy, Secretary
125 15th Street, Toledo

SURGERY

M. E. Blahd, Chairman
1420 Medical Arts Bldg., Cleveland
C. R. Steinke, Secretary
1027 Second National Bldg., Akron

OBSTETRICS AND PEDIATRICS

E. G. Horton, Chairman
350 E. State Street, Columbus
B. H. Carroll, Secretary
240 Michigan Street, Toledo

EYE, EAR, NOSE AND THROAT

Albert L. Brown, Chairman
2700 Union Central Bldg., Cincinnati
Ivor G. Clark, Secretary
188 E. State St., Columbus

NERVOUS AND MENTAL DISEASES

John D. O'Brien, Chairman
332 Market Ave. N., Canton
J. Fremont Bateman, Secretary
Box 36, Elmwood Place

PUBLIC HEALTH AND INDUSTRIAL MEDICINE

R. C. Engel, Chairman
3102 Independence Rd., Cleveland
R. H. Markwith, Secretary
Court House Annex, Akron

Eighty-Sixth Annual Meeting, Dayton, May, 1932.



VENTRICULIN

(*Desiccated, Defatted Hog Stomach*)

Now available in
100-gram bottles

This new "Economy Package" still further reduces the cost of Ventriculin treatment to the pernicious anemia patient.

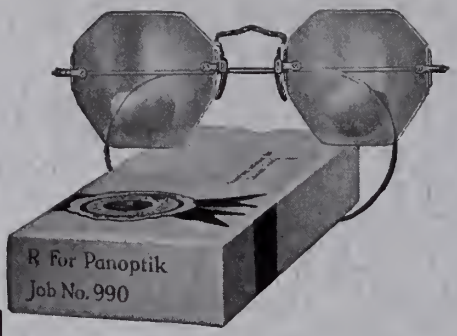
We shall continue to supply Ventriculin in packages of 10 and 25 10-gram vials for those who prefer to obtain the product in this form.

Specific in pernicious anemia . . . Developed by the Parke-Davis research staff in co-operation with the Simpson Memorial Institute, University of Michigan . . . Accepted by the Council on Pharmacy and Chemistry of the A.M.A.

PARKE, DAVIS & CO.

The world's largest makers of pharmaceutical and biological products

DETROIT NEW YORK CHICAGO KANSAS CITY ST. LOUIS BALTIMORE NEW ORLEANS
MINNEAPOLIS SEATTLE *In Canada:* WALKERVILLE MONTREAL WINNIPEG



PANOPTIK
BIFOCAL

via

BLUE RIBBON
℞ SERVICE

70% of the average optical income, doctor, is from bifocal patients. Choosing the right type of bifocals for these patients is as essential as accuracy is to the prescription. Therefore, may we suggest that you check "PANOPTIK" on bifocal prescriptions to make sure your patients derive the greatest possible benefit from your examination. PANOPTIK Bifocals — the latest development of Optical Science—provide your patient with single vision comfort. If you haven't a price list, write us!

The **WHITE-HAINES OPTICAL COMPANY**

"There's a W-H house near you"

Columbus Cleveland Cincinnati Dayton
Lima Zanesville Springfield
Marion Youngstown

ROCKY GLEN SANATORIUM

McCONNELSVILLE OHIO

FOR THE TREATMENT OF TUBERCULOSIS

"Rocky Glen Gets Results"

LOUIS MARK, M.D., Medical Director, 677 N. High St., Columbus, Ohio
D. G. RALSTON, M.D., Resident Medical Director
H. A. PHILLIPS, Superintendent A. A. TOMBAUGH, M.D., Resident Physician
Established 1911 In The Picturesque Highlands of Ohio

STONEMAN PRESS, COLS., O

PRINTED IN U.S.A.

The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY BY
THE OHIO STATE MEDICAL ASSOCIATION
AS A MEDIUM OF SERVICE TO ITS MEMBERS

LIBRARY 1931

DECEMBER 1, 1931

VOLUME XXVII
Number - - 12

Here's Hoping that the Christmas Season May be One of Happiness to You and Yours

For continuous membership, dues for 1932 must be received BEFORE January 1.

Summary of Contents

ORIGINAL ARTICLES

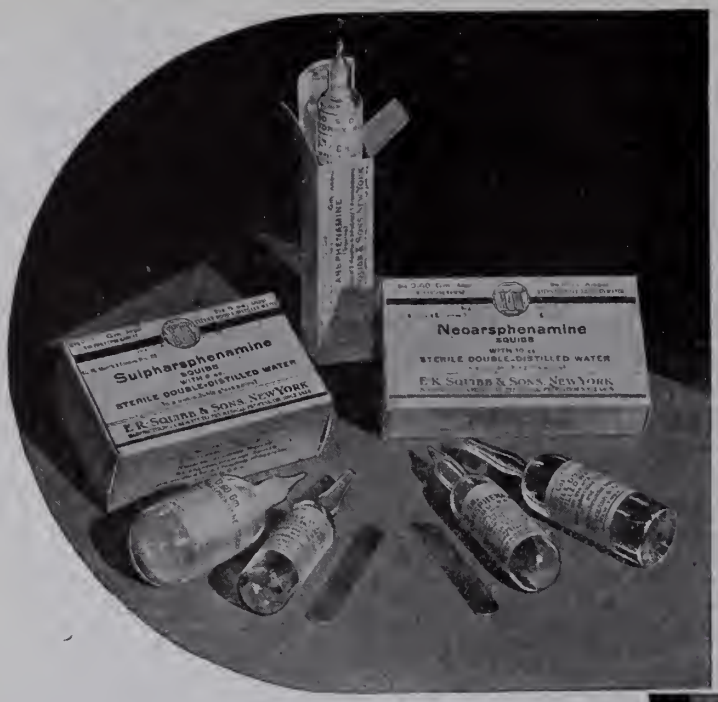
The Causes for Failure in the Treatment of Asthma. Milton B. Cohen, M.D., and J. A. Rudolph, M.D., Cleveland, Ohio 941
Skin Grafting with Reference to Extensive Burns. H. T. Sutton, M.D., Zanesville, Ohio 943
The Influence of Climate on the Female Sexual Functions. C. A. Mills, M.D., Cincinnati, Ohio 949
Tonsils—Anatomy and Treatment. John A. Lukens, M.D., F.A.C.S., Toledo, O. 953
Myasthenia Gravis. C. H. Bayha, M.D., Toledo, Ohio 956
The Relation of the Physician to the Industrial Commission. W. E. Obetz, M.D., Columbus, Ohio 958
Observations on Upper Urinary Tract Infection in Diabetics. Frederick G. Maurer, M.D., (Collaboration) E. H. Hedges, M.D., Lima, Ohio 960
President's Page. D. C. Houser, M.D., Urbana, Ohio 962

EDITORIAL

A Review and Glance Ahead 937
The Business of Giving Away Money 938
Industry Values Scientific Medicine 939
Socialized Program Not a Panacea 940
A Suggestion on the Art of Medicine 940

STATE NEWS

Ohio's New Tax System Governing Returns and Payment on Personal Property, as Classified, Effective, January 1, 1932 965
Interesting Figures and Other Data on Medical Licensure in Ohio 967
Procedure in Immunization—Cooperation Between Physicians and Health Departments 957
Importance of X-ray in Fracture Cases, Suggestions for the Medical Expert, and Court Decisions on Mistaken Identity of Patients are Discussed 969
Recent Summary and Study of Venereal Diseases in Ohio 971
Recent Report on "Christian Healing" Again Focuses Attention on the Distinctions and the Relationship Between Religion and Medicine 973
The 1932 Christmas Sale Campaign 974
Medical Claims Under Workmen's Compensation are Discussed by Chairman Leonard of the Ohio Industrial Commission 975
Socialized Movements Affecting Medical Practice are Multiplied Through Present Economic Crisis 976
Social and Economic Factors Predicate an Inevitable Increased Death Rate, According to One Authority 977
Deaths in Ohio 979
Hospital Notes 982
County Society and Academy News 983
Public Health Notes 990
Classified Advertisements 992



EARLY SYPHILITIC TREATMENT SHOULD BE PERSISTENTLY CONTINUOUS

The healing of syphilitic lesions, and the production of a negative Wasserman following a single course of six or eight arsenical injections, may cause the luetic individual to believe himself protected. The patient, who, because of this false sense of security, discontinues treatment, is in great danger of developing a more serious case of neurosyphilis.

For the full protection of such individuals and of those with whom they come in contact, treatment should be continued and should consist of at least four courses of a satisfactory arsenical at suitable intervals.

The high therapeutic efficacy, low toxicity and ready solubility of Squibb Arsenicals provide as high and permanent a therapeutic benefit to your patients as it is possible to obtain.

Write to Professional Service Department, 745 Fifth Avenue, New York, for booklets giving complete information about Squibb Arsenical Products.

Neoarsphenamine Squibb Improved—Marketed in ampuls of 0.15, 0.30, 0.45, 0.60, 0.75, and 0.90 Gm. and in packages containing an ampul of the arsenical together with a 10 cc. ampul of Sterile Double-Distilled Water Squibb.

Arsphenamine Squibb—For intravenous injection after neutralization. Readily soluble in cold distilled water. Marketed in 0.1, 0.2, 0.3, 0.4, 0.5, and 0.6 Gm. ampuls.

Sulpharsphenamine Squibb—For intramuscular injection after simple solution in distilled water. Supplied in 0.1, 0.2, 0.3, 0.4, 0.5, and 0.6 Gm. ampuls.

E·R·SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

THE SAWYER SANATORIUM

White Oaks Farm, Marion, Ohio

TREATS NERVOUS AND MENTAL DISEASES



THE PATIO

Provides Thorough Diagnosis, Scientific Treatment, Homelike Surroundings, Complete Equipment, Individual and Personal Professional Attention, Splendid Cuisine, all the modern conveniences of the best private homes. Located on an 130-acre farm. Presided over by men and women devoting all their time to the work.

Send for Booklet, Address

SAWYER SANATORIUM WHITE OAKS FARM MARION, OHIO

The Ohio State Medical Association

Ohio State Medical Journal

Entered as second class matter July 5, 1905, at the Postoffice at Columbus, Ohio, under act of Congress of March 3, 1879: Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Oct. 3, 1917. Authorized July 10, 1918.

Published monthly by
THE OHIO STATE MEDICAL ASSOCIATION
131 East State Street, Columbus, Ohio
Telephone: ADams 7045

This journal is published for and by the members of the Ohio State Medical Association. The Publication Committee does not assume responsibility for opinions expressed by individual essayists. It endeavors to maintain a high standard of advertising. Its advertising policy is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

Subscription $3.00 per year; single copies 30 cents.
Issued under the direction of the Publication Committee.

PUBLICATION COMMITTEE

Andrews Rogers, M.D., Chairman (1934)—Columbus
Gilbert Micklethwaite, M.D. (1932)—Portsmouth
A. B. Denison, M.D. (1933)—Cleveland

EXECUTIVE STAFF

Don K. Martin—Editor-Manager
Alice B. Haney—Advertising Manager

Officers 1931-1932

PRESIDENT
D. C. Houser, M.D.—Urbana

PRESIDENT-ELECT
H. M. Platter, M.D.—Columbus

TREASURER
James A. Beer, M.D.—Columbus

EXECUTIVE SECRETARY
Don K. Martin—Columbus

State Council

First District
John A. Caldwell, M.D.—Cincinnati

Second District
E. M. Huston, M.D.—Dayton

Third District
O. P. Klotz, M.D.—Findlay

Fourth District
B. J. Hein, M.D.—Toledo

Fifth District
C. L. Cummer, M.D.—Cleveland

Sixth District
H. S. Davidson, M.D.—Akron

Seventh District
E. B. Shanley, M.D.—New Philadelphia

Eighth District
E. R. Brush, M.D.—Zanesville

Ninth District
I. P. Seiler, M.D.—Piketon

Tenth District
S. J. Goodman, M.D.—Columbus

Ex-Officio, The Ex-President
C. W. Waggoner, M.D.—Toledo

CORRECTED ROLL OF DISTRICT AND COUNTY SOCIETIES

Societies	President	Secretary	
First District			
Adams	Ray Vaughn, West Union	O. T. Sproull, West Union	3d Wednesday in April, June, Aug., Oct.
Brown	R. B. Hannah, Georgetown	Geo. P. Tyler, Jr., Ripley	4th Wednesday in Feb., May and Nov.
Butler	P. E. Decatur, Hamilton	H. N. Ward, Hamilton	2d Wednesday, monthly.
Clermont	H. E. Cover, Bantam	Allan B. Rapp, Owensville	3d Wednesday, monthly.
Clinton	Kelley Hale, Wilmington	Robert Conard, Wilmington	1st Tuesday, monthly.
Fayette	E. H. McDonald, Bloomingburg	J. F. Wilson, Washington C. H.	1st Thursday, monthly.
Hamilton	Wm. M. Doughty, Cincinnati	H. H. Shook, Cincinnati	Monday evening of each week.
Highland	J. D. McBride, Hillsboro	W. B. Roads, Hillsboro	1st Wednesday in Jan., April, July and Oct.
Warren	J. E. Witham, Waynesville	James Arnold, Lebanon	1st Tuesday in May, June, July, Sept., Oct. and Nov.
Second District	Cyril Hussey, Sidney	H. R. Huston, Dayton	
Champaign	E. W. Ludlow, Urbana	L. A. Woodburn, Urbana	2d Thursday, monthly.
Clarke	D. W. Hogue, Springfield	Wm. M. Runyan, Springfield	2d and 4th Wednesday noon.
Darke	E. A. Fisher, Yorkshire	W. D. Bishop, Greenville	Friday each month.
Greene	W. C. Marshall, Yellow Springs	Marshall M. Best, Xenia	1st Thursday, monthly.
Miami	M. I. Miller, Troy	G. A. Woodhouse, Pleasant Hill	1st Friday, monthly, except July and August.
Montgomery	F. K. Kislig, Dayton	Miss M. E. Jeffrey, Dayton	1st and 3d Friday each month.
Preble	J. I. Nisbet, Eaton	C. M. Treffinger, Eaton	3d Thursday, monthly.
Shelby	M. F. Hussey, Sidney	B. S. Stephenson, Sidney	1st Friday, monthly.
Third District	V. H. Hay, Lima	C. E. Hufford, Toledo	Lima, 1932.
Allen	W. W. Beauchamp, Lima	E. B. Pedlow, Lima	3d Tuesday, monthly.
Auglaize	F. F. Fledderjohann, New Bremen	C. C. Berlin, Wapakoneta	2nd Thursday, bi-monthly.
Hancock	E. E. Rakestraw, Findlay	J. H. Marshall, Findlay	1st Wednesday, monthly.
Hardin	R. C. McNeill, Kenton	W. N. Mundy, Forest	1st Thursday, monthly.
Logan	Ben S. Leonard, West Liberty	O. C. Amstutz, Bellefontaine	1st Friday, monthly.
Marion	F. E. Mahla, Marion	Kenneth D. Smith, Marion	1st Tuesday, monthly.
Mercer	M. L. Downing, Rockford	F. E. Ayers, Celina	2d Tuesday, monthly.
Seneca	R. E. Hershberger, Tiffin	Robert Benner, Tiffin	3rd Thursday, monthly.
Van Wert	S. A. Edwards, Van Wert	R. H. Good, Van Wert	3d Tuesday, monthly.
Wyandot	B. A. Moloney, Upper Sandusky	J. Craig Bowman, Up. Sandusky	1st Thursday, monthly.
Fourth District	(With Third District in Northwestern Ohio District)		
Defiance	Geo. DeMuth, Sherwood	D. J. Slosser, Defiance	3d Thursday, monthly.
Fulton	L. C. Cosgrove, Swanton	Harold Heffron, Metamora	Semi-monthly.
Henry	T. P. Delventhal, Napoleon	F. M. Harrison, Napoleon	3d Wednesday, monthly.
Lucas	B. G. Chollett, Toledo	A. P. Hancuff, Toledo	Friday, each week.
Ottawa	Geo. Boon, Oak Harbor	Gordon S. Sloan, Elmore	2d Thursday, monthly.
Paulding	L. R. Fast, Paulding	Gaile L. Doster, Paulding	3d Wednesday, monthly.
Putnam	P. D. Bixel, Pandora	A. L. Fipp, Glandorf	1st Tuesday, monthly.
Sandusky	J. L. Curtin, Fremont	L. N. Bates, Fremont	Last Thursday, monthly.
Williams	H. W. Wertz, Montpelier	H. J. Luxan, Montpelier	3d Thursday, monthly.
Wood	O. S. Canright, Haskins	F. V. Boyle, Bowling Green	3d Thursday, montbly.
Fifth District	C. L. Cummer, Councilor	Cbrm. Com. on Arrangements	Cleveland.
Ashtabula	P. J. Collander, Ashtabula	E. H. Merrell, Geneva	1st Tuesday, monthly.
Cuyahoga	S. C. Lind, Cleveland	Clarence H. Heyman, Cleveland	3d Fri. March, May, Sept., Nov., Dec.
Erie	H. W. Lehrer, Sandusky	G. A. Stimson, Sandusky	Last Thursday, monthly.
Geauga	W. C. Cory, Chardon	Isa Teed-Cramton, Burton	Last Wednesday, Apr. to Dec.
Huron	John A. Sipher, Norwalk	B. C. Pilkey, Norwalk	2d Thursday, monthly.
Lake	W. R. Carle, Perry	F. J. Dineen, Painesville	4th Tuesday, monthly.
Lorain	J. P. Rankin, Elyria	W. E. Hart, Elyria	2d Tuesday, monthly.
Medina	Harry Street, Litchfield	J. K. Durling, Wadsworth	3d Thursday.
Trumbull	H. J. Meister, Warren	R. H. McCaughtry, Warren	3d Thursday, montbly, except June, July, August.

Societies	President	Secretary	
Sixth District	J. G. Blower, Akron	J. H. Seiler, Akron	2d Wed., Jan., April & Oct.
Ashland	G. B. Fuller, Loudonville	H. M. Gunn, Ashland	1st Friday, bi-monthly.
Holmes	L. E. Anderson, Mt. Hope	C. T. Bahler, Walnut Creek	1st Tuesday, quarterly, Jan., April, July, October.
Mahoning	A. W. Thomas, Youngstown	J. P. Harvey, Youngstown	3d Tuesday, monthly.
Portage	A. O. DeWeese, Kent	E. J. Widdecombe, Kent	1st Thursday, monthly.
Richland	D. C. Lavender, Mansfield	C. H. Bell, Mansfield	3d Thursday, monthly.
Stark	H. M. Schuffell, Canton	F. S. VanDyke, Canton	2d Tuesday monthly except July and August.
Summit	C. C. Pinkerton, Akron	A. S. McCormick, Akron	1st Tuesday, monthly.
Wayne	W. B. Turner, Wooster	R. C. Paul, Wooster	2d Tuesday, monthly.
Seventh District			
Belmont	A. T. Hopwood, Holloway	C. W. Kirkland, Bellaire	2d Wednesday, monthly at 1:45 p.m.
Carroll	(With Stark Co. Society)		
Columbiana	E. W. Miskall, East Liverpool	T. T. Church, Salem	2d Tuesday, monthly.
Coshocton	J. G. Smailes, Coshocton	J. D. Lower, Coshocton	4th Thursday, April, June, Sept., December.
Harrison	J. M. Scott, Scio	R. P. Rusk, Cadiz	3d Wednesday, monthly.
Jefferson	M. H. Rosenblum, Steubenville	John Y. Bevan, Steubenville	Last Friday, monthly.
Monroe	G. W. Steward, Woodsfield	A. R. Burkhart, Woodsfield	2d Wednesday, monthly.
Tuscarawas	Jay W. Calhoon, Uhrichsville	R. E. Wolf, Uhrichsville	1st Thursday, monthly.
Eighth District			
Athens	H. T. Phillips, Athens	T. A. Copeland, Athens	1st Monday, monthly.
Fairfield	W. B. Taylor, Pickerington	C. W. Brown, Lancaster	2d Tuesday, monthly.
Guernsey	O. R. Jones, Cambridge	W. L. Denny, Cambridge	1st and 3rd Tuesday each month
Licking	C. J. Dillon, Newark	D. A. Skinner, Newark	Last Friday, monthly.
Morgan	D. G. Ralston, McConnelsville	C. E. Northrup, McConnelsville	3d Wednesday, monthly.
Muskingum	O. I. Dusthimer, Zanesville	Beatrice Hagen, Zanesville	1st Wednesday, monthly.
Noble			
Perry	W. D. Porterfield, Junction City	F. J. Crosbie, New Lexington	3d Monday, monthly.
Washington	C. A. S. Williams, Marietta	E. W. Hill, Jr., Marietta	2d Wednesday, monthly.
Ninth District			
Gallia	O. A. Vornholt, Gallipolis	Milo Wilson, Gallipolis	1st Thursday, monthly.
Hocking	H. M. Boocks, Logan	M. H. Cherrington, Logan	Quarterly.
Jackson	Gomer E. Jones, Oak Hill	W. R. Riddell, Jackson	1st Tuesday, monthly.
Lawrence	F. R. Stewart, Ironton	Chas. H. Gallagher, Ironton	1st Thursday, monthly.
Meigs	P. A. Jividen, Rutland	Byron Bing, Pomeroy	1st Thursday, April, July and Oct.
Pike	Paul Jones, Stockdale	L. E. Wills, Waverly	1st Monday, monthly.
Scioto	Geo. Martin, Portsmouth	C. M. Fitch, Portsmouth	2d Monday, monthly.
Vinton	O. S. Cox, McArthur	H. S. James, McArthur	3d Wednesday, monthly.
Tenth District			
Crawford	K. H. Barth, New Washington	A. E. Loyer, New Washington	1st Monday, monthly.
Delaware	D. S. James, Delaware	F. M. Stratton, Delaware	1st Tuesday, monthly.
Franklin	Joseph Price, Columbus	James A. Beer, Columbus	1st four Mondays.
Knox	W. H. Eastman, Fredericktown	J. Shamansky, Mt. Vernon	Last Thursday, monthly.
Madison	R. H. Trimble, Mt. Sterling	H. P. Sparling, London	4th Wednesday.
Morrow	C. E. Neal, Cardington	Todd Caris, Mt. Gilead	1st Wednesday, monthly.
Pickaway	Glenn D. Sheets, Williamsport	E. S. Shane, Circleville	1st Friday, monthly.
Ross	John Franklin, Chillicothe	W. C. Breth, Chillicothe	1st Thursday, monthly.
Union	E. J. Marsh, Broadway	Angus MacIvor, Marysville	2d Tuesday, monthly.

A PRIVATE SANATORIUM WITH HOSPITAL FACILITIES

A quarter century of efficient operation



RATES: $25.00 PER WEEK AND UP

ALCOHOLIC treatment destroys the craving for alcohol, restores the appetite and sleep, and builds the patient up physically and mentally. Whiskey withdrawn gradually. Not limited to one pint of whiskey in ten days.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

DRUG treatment is one of GRADUAL REDUCTION. It relieves the constipation, restores the appetite and sleep. Withdrawal pains absent. No Hyoscine or rapid withdrawal methods used unless the patient desires same.

MILD mental cases have every comfort that their own home affords.

FEMALE PATIENTS: Mild mental separated from mild nervous. Female attendants only; absolute privacy; comfortable, well-appointed ladies' lounge.

Cherokee Road (Long Distance Phone East 1488)

DR. STOKES' SANATORIUM LOUISVILLE, KENTUCKY

Situated in the choice highland section of Louisville, just 20 minutes' ride from all railroad stations

BACKWARD and PROBLEM CHILDREN

Require Intensive Scientific Training in a Suitable Environment

The Bancroft School

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. Winter quarters in New Jersey, summer camp on the coast of Maine. An incorporated educational foundation, operated not for profit, controlled by a Board of Trustees, offering the highest type of education attainable at rates within the reach of all. Organized to give the fullest possible cooperation to physicians.

Illustrated Catalog on Request

The Bancroft School Haddonfield, N. J.

"MESCO" Laboratories

The "MESCO" Laboratories manufacture the largest line of Ointments in the world. Sixty different kinds. We are originators of the Professional Package. Specify "MESCO" when prescribing Ointments. Send for lists.

MANHATTAN EYE SALVE CO.
Louisville, Kentucky

Windsor Hospital

THE Windsor Hospital and Sanitarium is completely equipped with all the best apparatus for giving Hydrotherapy, Occupational Therapy, and other treatment for all types of Nervous diseases, acute and chronic.

Herbert Sihler
Director

Phone RAndolph 2744

4415 Chester Ave., N.E.
(Formerly 4415 Windsor Ave., N.E.)

CLEVELAND, OHIO
ESTABLISHED 30 YEARS

Any one can make belts, but belts which give compression without uplift may do serious injury

"STORM" The New "Type N" STORM Supporter



Pleases doctors and patients. Long laced back. Soft extension, low on hips. Hose supporters attached.

Adapted for ptosis, hernia, pregnancy, obesity, relaxed sacro-iliac articulations, kidney conditions, high and low operations.

Ask for Literature

KATHERINE L. STORM. M.D.

Originator, Owner, and Maker

1701 Diamond Street Philadelphia

THE COLUMBUS RURAL REST HOME

AT WORTHINGTON, OHIO—JUST NORTH OF COLUMBUS



One of The Cottages—Forty-five Acres of Woods and Lawn

NERVOUS AND MILD AFFECTIVE DISORDERS

A Secluded Spot for Rest and Treatment. Good Accommodations—Kind and Efficient Nursing. Medical—Physical—Psychotherapeutic Measures.

Medical Director
G. T. Harding, Jr., M.D.

Laboratory
Geo. T. Harding III, M.D.

Resident Physicians
Fred'k H. Weber, M.D.
Mary J. Weber, M.D.

Grandview Hospital

MENTAL AND NERVOUS DISEASES

2700 GLENWAY AVENUE, PRICE HILL
TELEPHONE, WARSAW 1784
CINCINNATI, OHIO

T. A. RATLIFF, M. D., Resident Medical Director

Especial feature of treatment

INDIVIDUAL CARE

with Modern Hospital Service

Equipment—modern; **Location**—accessible.
Grounds—a park of 25 acres, well wooded and retired.
Descriptive Circular on request.

THE ORCHARD SPRINGS SANITARIUM
near DAYTON, OHIO

A Private Hospital For Mental and Nervous Diseases — Established in 1911

This institution, with its modern facilities, its delightful and restful suburban location, and its well-trained efficient organization, has for 15 years been in a splendid position to render skilled beneficial service at reasonable rates.

GEORGE V. SHERIDAN
President

For detailed information, address
CHARLES B. ROGERS, M. D.
Resident Medical Director
R. F. D. No. 13, Dayton, Ohio
Telephone: Lincoln 213, Dayton City Exchange

HILLSVIEW FARMS

A sanitarium equipped for diagnosis and follow-up in convalescent cases.

Physical therapy department equipped and staffed by trained technicians for treatment of such Orthopedic conditions as Torticollis, Congenital or acquired Postural changes, Arthritis, anterior Poliomyelitis, Neuritis and allied Bone and Joint conditions.

We are especially interested in the Anemias, Diabetes and Arthritis.



WASHINGTON, PA.

Laboratory and X-Ray investigations under direction of Physicians of known and recognized ability.

Food preparations under direction of graduate dietitian. Dining-room and tray service. Milk and cream from our own herd of registered tuberculin tested Jerseys.

Mental cases and drug addicts not admitted.

Located high on the edge of Washington, thirty miles south of Pittsburgh.

Write for particulars, or telephone 2650.



THE OXFORD RETREAT
OXFORD, OHIO

For

Nervous
and
Mild Mental Cases

R. HARVEY COOK,
Physician in Chief

Write for Descriptive Circular

New Fire Proof Bldg. Opened June 1926



WHITING MINERAL SPRINGS
Sanitarium and Baths

Hydrotherapy scientifically applied for the treatment of rheumatism and allied diseases together with cases for elimination and rest cure.

Medical department thoroughly proficient and STRICTLY ethical.

First class and modern in every department with moderate rates.

DR. U. G. WHITING, Phy. & Mgr. MARTINSVILLE, INDIANA

THE MERCER SANITARIUM · MERCER, PENNA.

For Nervous and Mild Mental Disorders. Located at Mercer, Pa., 30 miles from Youngstown. Farm of 75 acres with registered tuberculin-tested herd. Re-educational measures emphasized, especially arts and crafts and outdoor pursuits. Modern laboratory facilities.

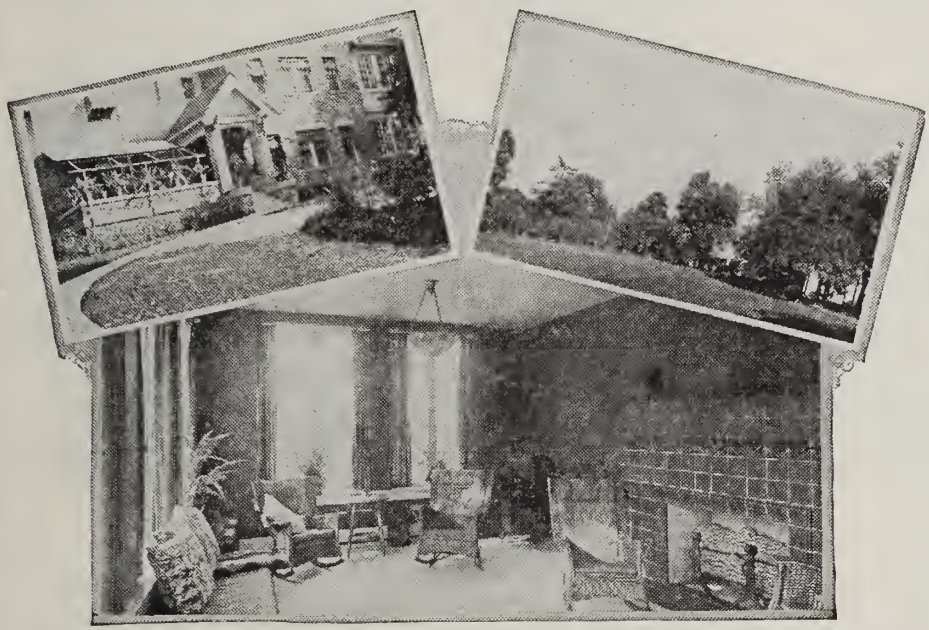
Address

W. W. Richardson, M.D., Medical Director
(Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.)

"REST COTTAGE"

College Hill, Cincinnati, Ohio

STAFF
F. W. Langdon, M.D. ..... Consultant Emeritus
Emerson A. North, M.D. ..... Visiting Consultant
Chas. E. Kiely, M.D. ..... Visiting Consultant
D. A. Johnston, M.D. ..... Medical Director
H. P. Collins ..... Business Manager
Box No. 4, College Hill, Cincinnati, Ohio



For purely nervous cases, nutritional errors and convalescents.

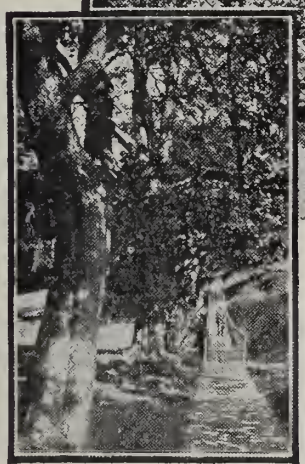
Completely equipped for hydrotherapy, massages, etc.

Cuisine to meet individual needs.

THE CINCINNATI SANITARIUM

INCORPORATED 1873







A strictly modern hospital fully equipped for the scientific treatment of nervous and mental affections. Situation retired and accessible. For details write for descriptive pamphlet.

For Mental and Nervous Diseases

STAFF
Charles E. Kiely, M.D.
Emerson A. North, M.D.
Visiting Consultants
D. A. Johnston, M.D. ..... Medical Director
H. P. Collins ..... Business Manager
Box No. 4, College Hill, Cincinnati, O.



Receiving Hospital 2102 Cherry Street
MILD MENTAL AND NERVOUS DISEASES AND GENERAL INVALIDISM

THE TOLEDO SANITARIUM, Toledo, Ohio

2102 Cherry Street — Phone Jeff. 3979
JAS. A. BELYEA, M.D., Manager — LOUIS A. MILLER, M.D., Neurologist, Supervising Physician

Ferguson-Droste-Ferguson Sanitarium

✣

Ward S. Ferguson, M.D. - James C. Droste, M.D. - Lynn A. Ferguson, M.D.

✣

PRACTICE LIMITED TO
DIAGNOSIS AND TREATMENT OF

DISEASES OF THE RECTUM

✣

GRAND RAPIDS, MICHIGAN
6 Park Ave.—on Fulton Park

✣

Sanitarium Hotel Accommodations

Digitan

TRADE MARK

A digitalis preparation of dependable potency, stable, accurately assayed and physiologically standardized. Digitan is manufactured from carefully selected leaves by special processes. It retains its activity unimpaired for years; is dependable and exceedingly uniform in its action. Digitan contains the active glucosides, digitoxin and digitalin, in high concentration. It is free from digitonin and substantially free from other inert substances. Your prescription pharmacist can supply Digitan in four convenient forms permitting very accurate administration of the drug. Write for literature.



MERCK & CO. INC.

MANUFACTURING CHEMISTS

RAHWAY, N. J.

"COUNCIL ACCEPTED"

COPYRIGHT, 1931 MERCK & CO., INC.

TRADE **PYRIDIUM** MARK

Phenylazo-Alpha-Alpha-Diamino Pyridine Mono-Hydrochloride (Manufactured by The Pyridium Corporation)



A URINARY ANTISEPTIC

Pyridium given orolly offords a quick ond convenient method of obtaining bactericidal oction when treating gonorrhea, non-specific urethritis, and other chronic or acute genito-urinory infectians. Pyridium penetrotes quickly through denuded surfaces and mucous membranes and is rapidly eliminated through the urinary tract. In therapeutic doses Pyridium is neither toxic nor irritating. The Council on Pharmocy and Chemistry of the American Medicol Association has accepted Pyridium for inclusion in New and Non-Official Remedies. You can therefore prescribe this drug with full confidence thot its theropeutic oction will conform to the claims made for it. Avoid substitutes. Your prescription phormacist can supply Pyridium in four convenient forms: os toblets, powder, solution or ointment. Write for the new 30-page booklet which fully describes the clinical use and opplication of Pyridium.

MERCK & CO. Inc.

MANUFACTURING CHEMISTS

RAHWAY, N. J.

"COUNCIL ACCEPTED"



COPYRIGHT, 1931 MERCK & CO. INC.



DR. GAVER SANITARIUM
71 Winner Ave. Phone Fairfax 8315 Columbus, Ohio
DRUG ADDICTION AND ALCOHOLISM NERVOUS AND MENTAL DISEASES
RATES REDUCED
EARL E. GAVER, Medical Sup't.

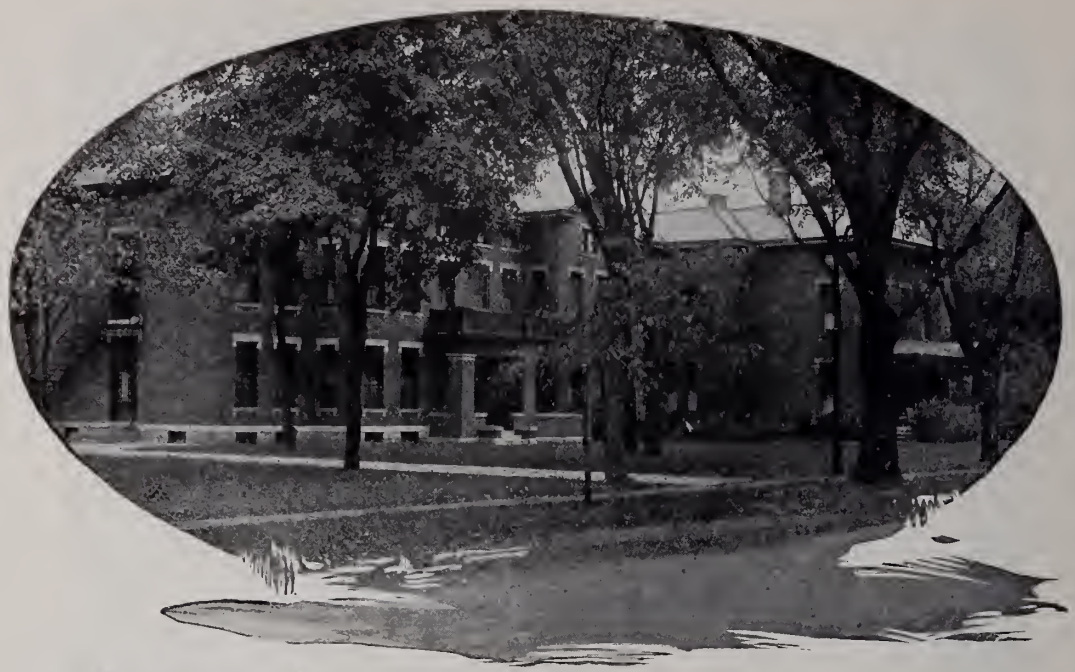
H. IRVING COZAD, M.D.
G. DEAN TIPTON, M.D.

FAIR OAKS VILLA
AND
COTTAGES

¶Any NERVOUS or MENTAL CONDITION which in the judgment of the attending physician needs our care, protection or treatment will be received at any time that we have the suitable environment available.

CUYAHOGA FALLS, OHIO
28 Miles from Cleveland
4 Miles from Akron

Reached by
Pennsylvania Lines
B. & O. R. R.
Akron, Bedford, Cleveland Interurban
Kent, Ravenna Interurban



THE McMILLEN SANITARIUM

Cor. Nelson Road and East Fifth Ave.
SHEPARD—COLUMBUS, OHIO

R. A. KIDD, M.D., Superintendent

A PRIVATE NEUROPSYCHIATRIC HOSPITAL, modern in all particulars. Ideal location at the east edge of Columbus. Specialists services, laboratory facilities and well trained nurses. Fifty individual rooms. Patients taken for observation. Phone or write for information. ALCOHOLISM GIVEN SPECIAL ATTENTION.

PAUL W. PALMER, M. D.

21 E. State St. COLUMBUS, OHIO

Practice Limited to

DISEASES OF THE RECTUM

Hospitalization Arranged If Necessary

Office, Adams 2958 Res., Evergreen 1838

from the laboratories of

HOFFMANN-LA ROCHE

Makers of Medicines of Rare Quality



DIGALEN *'Roche'. . for the heart*



THE BOY WHO FOUND RAINBOWS IN COAL-TAR

ONE Easter vacation in 1856, 17-year-old William Henry Perkin, a student-assistant in the Royal College of Chemistry, was toiling in an improvised laboratory under the eaves of his English home.

"Throw the rubbish away!" croaked unimaginative Common Sense, when the boy poured in a red fluid and got a dirty, sticky, dark mass at the bottom of his test tube. "Examine it!" whispered Science. "It may be worth something!"

Science was right. Out of that ugly dark mud came a lovely violet-purple dye. This "Mauve" was the first aniline dye ever made from coal-tar.

But young Perkin did more than found an industry. His experiments, and the experiments of other men in those early days, showed the way to a new, *creative* chemistry.

Men began to *build* with atoms.

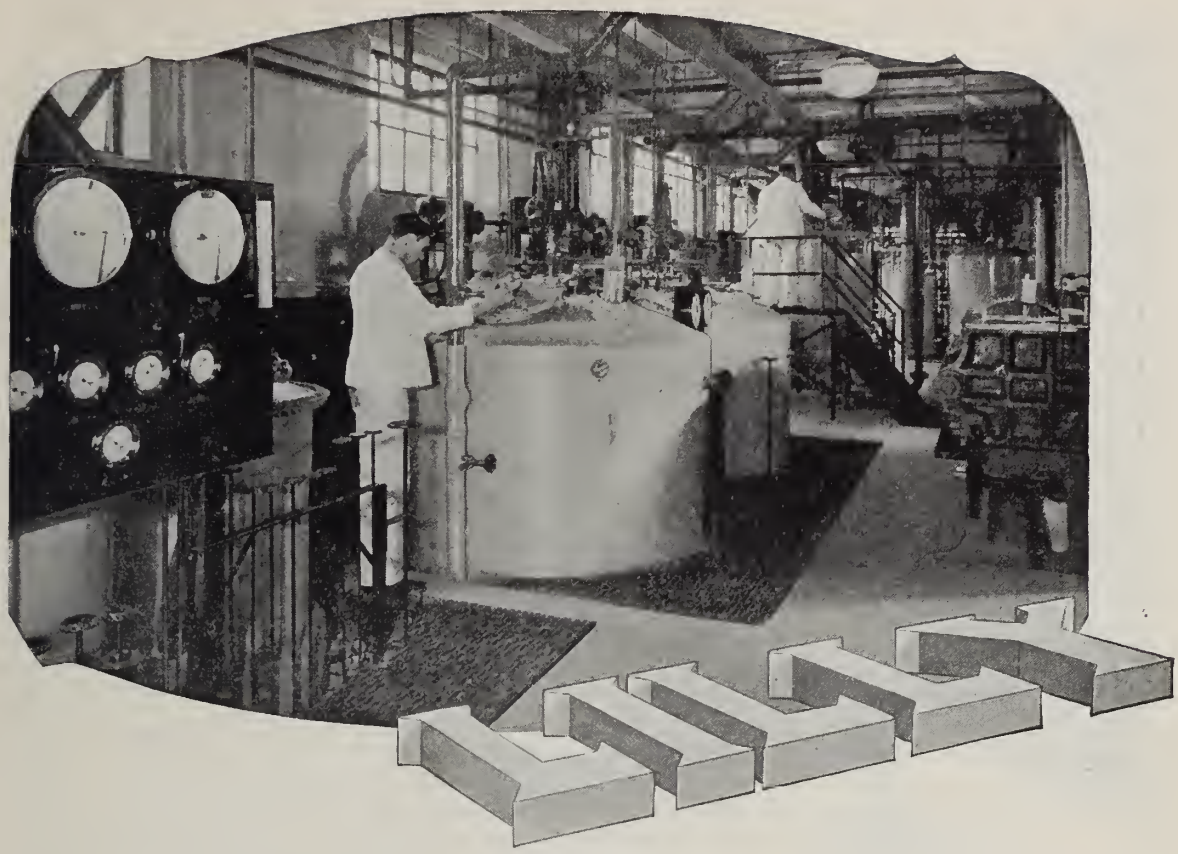
THE HOUSE OF RESEARCH

PARKE-DAVIS research chemists often spend years in producing a single synthetic chemical compound. For example, in a recent search for a synthetic drug to accomplish a certain purpose, hundreds of compounds were patiently built up. Each in turn was put to the severest tests. Finally *one* was obtained that met our exacting requirements.

Such is the spirit of the Parke-Davis laboratories. Steadfastly adhering to the high ideals that are woven into the fabric of the organization, stubbornly refusing to compromise with quality, the loyal men and women of our staff feel a keen personal pride in the confidence that the medical and pharmaceutical professions so willingly repose in the products which bear the Parke-Davis label.

PARKE, DAVIS & CO.

The world's largest makers of pharmaceutical and biological products



ALTHOUGH Iletin (Insulin, Lilly) is a delicate product, much ponderous equipment is required to produce it. These storage tanks are seen from their second floor level.—Laboratories of Eli Lilly and Company, Indianapolis, manufacturers of

Iletin (Insulin, Lilly)

THE FIRST INSULIN COMMERCIALLY AVAILABLE IN THE UNITED STATES

Among other important products of the Lilly Laboratories are

LIVER EXTRACT No. 343 — TABLETS AMYTAL

PULVULES SODIUM AMYTAL — PARA-THOR-MONE

EPHEDRINE PREPARATIONS

and an extensive line of pharmaceutical and biological products for use under the direction of physicians and advertised through professional channels only.

PROGRESS THROUGH RESEARCH



A Maternity Garment *Proportioned to the Figure Type*

Model No. 3061, with a higher top line and suitable groin and cupped buttock length, is built for the long-bodied woman. Low abdominal lift to remove bladder pressure and hold the organs firmly yet comfortably to place. The Camp Patented Adjustment provides dependable and adjustable sacro-iliac support. Extra abdominal lacings provide for body development.

There is a Camp Support proportioned to every figure type—suiting body outlines and stature as well as the special maternity condition.

CAMP TRADE MARK *Supporting Garments*

Sold at Department Stores, Surgical Section, and Corset Specialty Shops. Write for Physician's Manual.

S. H. CAMP *and* COMPANY

Manufacturers, JACKSON, MICHIGAN

CHICAGO 1056 Merchandise Mart
NEW YORK 330 Fifth Avenue
LONDON 252 Regent Street, West

LABORATORY APPARATUS

Coors Porcelain Pyrex Glassware
R. & B. Calibrated Ware
Chemical Thermometers
Hydrometers Sphygmomanometers

J. T. Baker & Co.'s C. P. Chemicals

Stains and Reagents
Standard Solutions

BIOLOGICALS

Serums Bacterins Media
Antitoxins Vaccines Pollens

We are completely equipped, and solicit your inquiry for these lines as well as for Pharmaceuticals, Chemicals and Supplies, Surgical Instruments and Dressings.

The Rupp & Bowman Co.

319 Superior St. Toledo, Ohio

HYCLORITE

HYCLORITE SOLUTION SODIUM HYPOCHLORITE

Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

To Prevent Infection of Ringworm

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed.

For Hand and Skin Sterilization.

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity.

NON-POISONOUS
NON-IRRITATING

Write for Literature

BETHLEHEM LABORATORIES

INCORPORATED
300 Century Building,
PITTSBURGH, PENNA.

"Loose Talk"

There has been much commendable criticism, of late, in professional publications and elsewhere, of "loose talk" by physicians and dentists as a principal cause of the marked increase in malpractice litigation — particularly where the "mass-selling" plan of professional protection has been called to account.

The emphasis placed on the dangers of "professional" loose talk, however, serves to reveal the advantage of likewise eliminating the discussion of alleged professional errors (or malpractice claims and suits resulting from them) by large armies of insurance agents — particularly those handling multiple lines and contacting the laity as well as the professions. Loose talk is not always confined within the professional ranks.

The Medical Protective Company enjoys a unique position. It employs specially trained representatives, writing professional protection exclusively. It teaches respect for the professional ethics of its patrons. It considers its relations with its clients inviolate. It stresses the importance of keeping the insurance feature in the background — the danger of parading insurance before damage-suit lawyers and juries. It operates with noteworthy success, as a secret but powerful ally to the Doctor in trouble.

Recent developments in the general malpractice situation serve to emphasize the advantages to the professions of supporting a Company which understands professional problems, respects professional ethics, and, withal, safeguards the professional purse.

Professional Protection Exclusively

Specialized Service

The Medical Protective Company

of Fort Wayne, Ind.

360 North Michigan Avenue : Chicago, Illinois

MEDICAL PROTECTIVE CO. 360 North Michigan Ave. Chicago, Ill.	*Name*_____
	*Address*_____
Kindly send details on your plan of Complete Professional Protection	City_____

11-31

ENZYMOL

For Topical Application

Observations of the action of gastric juice outside the body show a usefulness for a properly prepared product of this nature. An example of one of its indications is solution of necrotic and carious bone tissue.

ENZYMOL is an extract of the fresh stomach tissue juice, specially designed for topical application.

ENZYMOL is put up in convenient vials. It requires ordinarily for use, dilution with an equal volume of water; also with hydrochloric acid especially for cases in which this may be desirable—refractory tissue, large cavities, etc.

Originated and Made by

Fairchild Bros. & Foster

NEW YORK

PUBLIC HEALTH - SOCIAL WELFARE MEDICAL ECONOMICS and ORGANIZATION PROBLEMS

With Editorial Comment by D.K.M.

A Review and Glance Ahead

Within a few weeks, medical organization in Ohio will have completed another year of activity, the aims and purposes of which have been to advance the science and art of medicine, to foster and support that which is beneficial to the health of the public, individually and collectively, and to safeguard the professional and material interests of physicians.

Appraisement of the record of medical organization in this state since the founding of the Ohio State Medical Association nearly 86 years ago to the present time, reveals that its accomplishments and achievements have surpassed many times the hopes and expectations of those far-sighted pioneer physicians who, long before present-day machine and industrial age was thought of, recognized united activity and organized endeavor as prime essentials to advancement.

There has been no alteration in the basic purposes of medical organization since the beginning of the State Association. The doctrines and principles promulgated more than three-quarters of a century ago by the leaders of the Ohio medical profession were fundamentally sound, far-reaching and all-inclusive. They have weathered the storms of many years and continue to be the guide posts for the present-day activities of organized medicine.

Naturally, with the passing of time, the activities of medical organization have been broadened and expanded to meet changing scientific, economic and social conditions, but the fundamental purposes for organized effort on the part of the profession have remained unchanged.

No sales talk is necessary to emphasize the importance and usefulness of medical organization, both from the standpoint of the public and the medical profession. The record of medical organization speaks for itself. The substantial and tangible achievements of the State Association during the past year, for example, clearly evidence what may be accomplished through systematic and efficient organization of the active interest, cooperation and effort of the physicians of Ohio. It is doubtful if the medical profession could have achieved as much, and solved satisfactorily, as many complex and perplexing questions and problems during the past year, had its potential strength and ability not been molded into concerted endeavor and unity of action under able leadership, and expressed through efficient organization machinery. The interrelationship of purpose toward accomplishment and the organization machinery necessary for that purpose, is obvious.

At no time has the need for solid coordination and cooperation, harmony and unity, and unselfish, efficient activity in the ranks of the medical profession been more acute than now. Each year witnesses the birth of new and more complex problems, the result of social and economic evolution, vitally affecting scientific medicine, medical practice and public health work. New

"SUBSCRIPTIONS EXPIRE"

Also Membership Dues

The envelope containing this issue of your *Journal* bears the admonition "Annual Subscriptions Expire With This Issue". Subscription to *The Journal* is included in your annual dues to the Ohio State Medical Association.

Dues for the calendar year are payable in advance. Dues should be paid *now* to the secretary-treasurer of your County Medical Society in order that the proportion of annual State Association dues may be transmitted by him before January 1.

Postal regulations permit the subscription announcement to be carried on the *Journal* envelope, but do not permit reference to the "annual dues"; hence, the wording as it appears. Annual dues in the State Association for 1932 paid and transmitted before the first of the year, mean continuous good standing in medical organization; continuous receipt of *The Journal;* and material assistance to your local and state officers and committees.

and complicated questions in the relationship between the medical profession and other groups, both lay and governmental, are constantly arising. Some of these have been solved through concerted effort in accordance with the sound principles and policies of medical organization. Others are at present awaiting solution. Still others, equally as confusing and perplexing, undoubtedly will arise.

To meet future challenges and solve satisfactorily new questions of vital importance, medical organization in Ohio must function with as much efficiency as it has in the past. To be able to maintain that high degree of efficiency, medical organization must have the enthusiastic and undivided interest and support of every eligible physician in Ohio. Members of the State Association should transmit their 1932 dues to the secretary-treasurer of their county medical society at once. Continuous good standing is contingent on receipt of 1932 State Association dues at the State Headquarters *before* the beginning of the New Year.

As indicated previously, there are numerous reasons why a physician should maintain membership in medical organization. Briefly, some of these are:

It is an assurance of the physician's standing in his community, before the public, the law and the profession.

It helps to maintain organization machinery for the service of the members.

It makes possible the publication of the *Ohio State Medical Journal*, a consecutive record of scientific, economic, social, legal and legislative developments of direct interest to every practitioner.

It provides the means for contact with state and federal departments and for impressing upon the executive, administrative, judicial, and legislative branches of the government the concerted medical viewpoint.

It provides the means for cooperation with other state-wide, and national, groups and organizations interested in common problems of public health and professional practice.

It affords protection against unwarranted malpractice suits, and the maintenance of a service which makes unpopular various attempts to swindle physicians.

It makes possible the maintenance of State Association bureaus, departmental and committee activities for the benefit of the entire membership.

It provides a unanimity of effort in medical and health questions and a united force to combat paternalism, impractical features of state medicine, radicalism, and cultism.

Medical organization in Ohio can accomplish much good, during the coming year, in the interests of the public and of the practicing physician, if two important factors are present, namely: The active support, interest and cooperation of every eligible physician in the state, and harmony and unity among individual physicians in their relationship with each other and with the public.

As the editor of *The Bulletin of the Toledo Academy of Medicine* recently asserted, editorially:

"Our wish and hope is that medicine shall continue to serve humanity. That it shall remain in the hands of the profession which founded it and brought it to its present high estate. That its enemies may be confounded. That it shall grow and improve, and spread its beneficence to all people, everywhere.

"And now shall these things come to pass, and, having come to pass, remain? Not by professional bickering and by self-aggrandizement, or by cliques, or by petty jealousies and gossiping. These will kill the best efforts of any profession, and will tend to spread state medicine and paternalism without any assistance from so-called reformers. It has been said that cooperation is better than competition. Competition may be the 'life of trade', but some of its byproducts are death to true achievements."

The Business of Giving Away Money

Steady increase in the number of millionaires and the growth of American fortunes have resulted in a new business, namely the business of giving away money.

Like all other businesses, this new vocation, commonly known as philanthropy and operating through corporate structures known as foundations, has its trials and tribulations, its problems and questions to be solved. In fact some of the methods pursued by a number of the foundations established within the past quarter of a century have been severely criticized and have tended to cast the shadow of doubt on the whole idea of foundation philanthropy.

Some of the problems and questions facing American foundations are discussed by Edwin R. Embree, president of the Rosenwald Foundation, writing in Harper's Magazine.

Following a lengthy analysis of some of the ins and outs of the business of giving away money and a few of the projects that have been undertaken by the larger foundations, Mr. Embree offers the following observation:

"If one were making general criticisms", he writes, "he might say that aside from a few notable instances, foundations have not found sufficiently capable men for their directors and that there is still some tendency on the part of founders to dictate or exert pressure as to the expenditure of funds which legally they have turned over completely to trustees and their elected officers. The potential power of these con-

centrations of wealth can be realized only if there is freedom of action, coupled with imagination and resourcefulness in their direction. * * *

"The fear that foundations will subvert democracy is pretty well answered. They have neither money enough nor brains enough to do it if they wished. The real danger is that they will have no influence of any consequence in any direction; that they will fritter away their potential power in small and insignificant enterprises. * * *

"Underlying the various activities of practically all the foundations is a common philosophy which is the essence of modern philanthropy and the antithesis of traditional almsgiving. The aim is to give as little as possible for as short a time as possible. * * *

"It is a safe rule never to do anything for the public, any more than for an individual, that the public will do for itself. Private funds should be used not to satisfy existing 'social appetites' but to stimulate new appetites. Thus benefactors can create energy in the only fundamentally possible way—by creating fresh needs and by getting these new needs recognized by the public.

"Inertia and human contentment with things as they are often prevent or postpone new movements, though these movements may promise much for the welfare and happiness of men. The chief contributions of foundations are in the creation of new knowledge through scientific research and in getting new enterprises started and proving to society that these proposals are desirable and feasible."

Some of the points mentioned by Mr. Embree are the very ones on which many base their doubtful attitude regarding the methods pursued by some of the existing foundations.

Take in the field of medicine and public health, for example, a field in which foundations are taking an active and energetic interest.

Several foundations have made a dismal failure of their undertakings in this kind of work because of incompetent leadership and poor judgment on the part of those directing the activities. Failure to cooperate with existing agencies and especially with the medical profession has been one of the outstanding mistakes made in some instances by foundation directors.

Also, some foundations have had an utter disregard for the "safe rule" of refusing to do anything for the public that the public will not try to do for itself. Paternalism and unadulterated socialism are not unheard of in the business of giving away money. Projects launched as experiments and demonstrations have been on many occasions continued indefinitely, resulting in a spirit of dependence on the part of the community and killing off any desire on the part of the beneficiaries to undertake the job themselves.

Neither is it a secret that some of the so-called experiments and demonstrations financed by foundations have from the start been based on unsound principles and on the personal whims of those who have been too shortsighted to comprehend the end results and dangerous ramifications.

The business of giving away money as it is practiced in this day and age has some serious problems before it for solution, as Mr. Embree suggests. That some of these are in need of immediate solution is obvious.

Industry Values Scientific Medicine

"We regard the good health of the company's employes as a vital element in the company's operations and well worthy of its enthusiastic support", declared Paul Shoup, president of the Southern Pacific Railroad, in a recent magazine interview, describing the elaborate medical and health service supplied by his company to approximately 60,000 workers.

In other words, Mr. Shoup considers the interest that his company has taken in the health of its employes a sound investment. His opinion in this matter is no doubt an echo of the beliefs of hundreds of other industrial executives throughout the country.

A study of the highly organized medical and health system established by the Southern Pacific reveals a number of practices that are not in keeping with the theory of individual, competitive medical practice; it reveals a number of practices which many of the medical profession consider socialistic and paternalistic, and therefore unsound and impractical.

On the other hand, what the Southern Pacific has done and is doing in the matter of preventive and curative medicine is a definite example of the prominent part medicine is playing in this modern industrial era and how industry has reached the conclusion that the size of the dividend depends largely on the health of the men on the payroll.

Another slant on the growing tendency of the business world to utilize the benefits of modern medicine to its own advantage is found in the following comment published recently in Ohio Public Works, official publication of the Ohio Contractor's Association:

"In connection with the safety contest, in which many of the members of the Association are participating, attention is directed to the growing practice among conservative employers of requiring every employe to take and pass a physical examination before being permitted on the job. Not infrequently slight injuries result in serious complications because of physical ailments of which the workman was a victim before the accident. One of the members of the Association was charged with a heavy loss under conditions where a careful review of the facts would satisfy any one that there would have been no accident if the workman had not already been the victim of

a rupture. Impure blood conditions are another source of danger along this line. Infection or gangrene may set in after a small cut or scratch, by reason of the fact that the injured workman was already suffering from some other disease.

"Possibly the time will come when compulsory physical examinations will be required of all workmen as a prerequisite to their participating in the benefits and advantages of compensation. In the meantime wise and careful employers are giving serious consideration to the requirement that all their employes be physically examined before going to work and that these examinations be repeated from time to time."

Business and industry are "sold" on the benefits to be derived from skillful and proper care of sick and injured employes. Business and industry are looking to the medical profession for aid in their attempts to increase efficiency by keeping men on the job and returning them to work promptly following injury or illness.

It is obvious that the medical profession must meet this challenge.

The physician in private practice, the family physician, or the surgeon, as well as the industrial physician, can continue to play a leading role in industrial medicine providing he produces adequate scientific service and providing he constantly strives to increase his skill in treating and knowledge of those cases resulting from the hazards of industry.



Socialized Program Not a Panacea

One of the fundamental weaknesses of popular democracy has been clearly revealed during the present economic depression, namely: That mythical faith which people have in the government's ability to provide a remedy for everything and to do for them what they should be doing for themselves.

The minute depression and unemployment began to be felt, the loud clamor for the government to hasten to the rescue started. Many of those who insist on complete freedom to do exactly as they please in the conduct of their business and other commercial enterprises or think the government has gone too far in restricting personal initiative—perhaps it has—were in the vanguard of those who started to howl for action at Washington.

The unemployment situation alone has created a problem of the first magnitude. Unemployment insurance, government doles, unemployment surveys, unemployment bureaus, unemployment commissions, state health insurance pensions, bonuses, and the like, have been suggested. The government must do something about it, the social reformers insist.

These problems are especially serious just now with the organized lobbies centering their pressure upon the Congressmen and U. S. Senators as they assemble at the National Capital this month for a new session, which observers think will be the most important of the past half century.

It would be dangerous for too loud howling at present for that mysterious and seemingly all-powerful creature called government to play the job of wet nurse. Government already has too many fingers in the public's pie.

As former President Coolidge has pointed out the people must bear the burdens of their own mistakes, for self-government means self-reliance and if the people want to be free to run their own affairs they must also be free to accept the consequences without whining.

As one business journal has well said: "It is time to forget reformers, politicians, theorists and 'the government' and go to work."



A Suggestion on the Art of Medicine

There are certain subjective elements in the "Art of Medicine" which the physician must recognize and master in order to render the most efficient service to his patients, according to Dr. David Riesman, professor of clinical medicine, University of Pennsylvania, School of Medicine.

Dr. Riesman, in a recent address to the student body of the Harvard Medical School, mentioned the following as the most important of these elements.

1. Understanding the patient on a psychological basis, as opposed to maudlin sympathy.
2. Confidence, which begets imperturbability.
3. Ambition and enthusiasm, which will make the doctor a life-long student.
4. Intellectual honesty, which scorns deceit and bluff.
5. Dignity, which is now attainable by other means than a Vandyke beard.
6. Punctuality, without giving the appearance of haste.

This brief but comprehensive code set up by Dr. Riesman probably will be approved by those who are devoting serious study to some of the important questions of clinical training for the student-physician.

The tendency of recent years to ignore the patient because of absorbing interest in his disease and laboratory investigations has been the source of no little anxiety to those experienced in the practice of medicine as an art as well as a science. The newest studies in the field of medical education seem to indicate, however, that there has been a change of viewpoint in medical schools and among students generally, and that the effort to train the new generation of physicians in the art of considering the patient as a whole is gaining momentum.

The Causes For Failure in the Treatment of Asthma

MILTON B. COHEN, M.D., and J. A. RUDOLPH, M.D., Cleveland, Ohio

BRONCHIAL asthma, its related conditions and complications, are responsible for an enormous morbidity. The disease, though chronic and rarely fatal in itself, is followed by pulmonary changes which ultimately incapacitate the patient.

These complications and sequelae can be prevented and symptomatic cure obtained in the majority of cases if physician and patient cooperate for a sufficient length of time in carrying out the necessary clinical and laboratory procedures. Study of a cured group leads to increased knowledge of methods to be used in diagnosis and treatment, and is of great value. However, progress in the knowledge of a disease can also be made by studying those cases in which poor results have been obtained.

It is our custom to review the condition of each patient under our care every three months, so as to evaluate our work intelligently. From the results of these reviews we have listed the causes for failure in the treatment of asthma as follows:

1. Those related to the diagnosis:
   (a) Too narrow a conception of the disease.
   (b) Inadequate or incomplete investigation of the patient.
   (c) Improper evaluation of the history and clinical findings.
2. Those related to treatment:
   (a) Too narrow a conception of the disease.
   (b) Lack of cooperation of the patient.
   (c) Lack of sufficient treatment.
3. Those at present beyond our knowledge.

Asthma is regarded today as a manifestation of hypersensitivity of the bronchial tree. The cells of the bronchial mucous membrane have learned to react in an abnormal manner when brought into contact with substances ordinarily harmless. The reaction is a hive and the symptoms are the result of the swelling of the bronchial mucous membranes and the out-pouring of secretion, an apparent defense mechanism; the swelling occurs in an attempt to dilute the toxic material formed in the cell as a result of contact with the causative substance, and the secretion is poured out to wash it away.

These two conditions must be fulfilled before an attack can occur:

1. The patient must be in the allergic or hypersensitive state, and

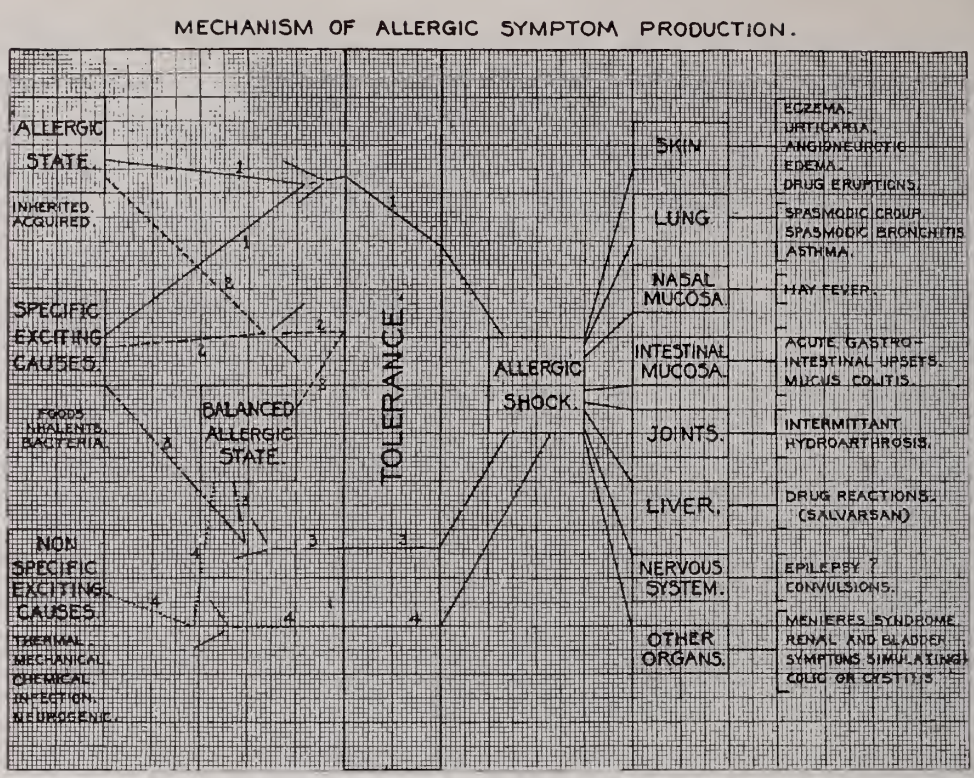
2. The dose of the offending substance which reaches the bronchial cells must be large enough to induce the reaction.

The ability of a given person's body to acquire the allergic state is controlled by the heredity, the tendency descending is a Mendelian dominant. The allergic state is acquired by contact with the offending substance usually called the allergen. These are the fundamental immunological concepts which are the background of our scientific knowledge of asthma. However, when one deals with patients many conditions are found which are capable of speeding up or retarding the allergic reaction. Among these are weather changes, certain infections and certain nervous influence. These factors are so prominent in some cases as to be considered causes in themselves and for many years asthma was considered to be a nervous disease. At present there is a small group of physicians, who consider all asthma to be secondary to infections chiefly in the nose and accessory sinuses and who treat all asthmatics in accordance with these views. Our experience with several thousand cases has led us to the conclusion that these factors operate only after the patient is in the allergic state and has received at least a small dose of some specific offending substance. No patient is to be considered cured until these factors will no longer produce an attack. However, during the study and treatment of the patient they must all be considered and treated in a logical manner. (The chart on page 942 illustrates this point graphically).

1. (b) It is unfortunate that some workers believe so implicity in the immunological concept of asthma, that they treat the disease and not the patient. Often they consider their study of a patient complete when they have made some skin tests with a few or many proteins, have found some positive reaction and have removed these substances from the patient's environment or have attempted to raise his tolerance to them. This is only a small part of the problem. One must be a clinician first, and a specialist afterward. The most important part of the care of an asthmatic is the history. Many clues are obtained when the patient, having been educated as to the nature of his disease, begins to remember instances showing the relationship of certain contacts to his symptoms. The physical examination is also important since it allows one to judge the amount of residual pulmonary and cardiac damage which will remain even though the attacks are controlled. All sources of chronic infection should be searched for and their relationship to the symptoms determined. Scratch and intradermal tests should be performed with stock proteins and extracts made from dusts obtained from beds, carpets and furniture in the patient's home and workshop.

1. (c) When all of this information is available one is ready to evaluate it in relation to the

Read before the Medical Section, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.



A Simple Chart Based on the Study of Four Hundred Cases which Illustrates Our Present Knowledge of Allergy. (Jour. Lab. and Clin. Med., XIII; 1006, Aug., 1928.)

patient. Such evaluation cannot be done in a few minutes or even days. It requires painstaking clinical experimentation to determine the relationship of each factor elicited in the diagnostic study to the patient's symptoms. And such experimental work often requires months before a definite answer can be given.

For example, we may cite the case of D. C., a girl of nine years who was first seen in May, 1928, with a history of attacks of asthma and eczema which began following whooping cough at four years of age. During this time the longest period of freedom from asthma was three months; the eczema never cleared up completely. The attacks were always worse in the summer months. There was a history of asthma in each parent's ancestry.

Physical examination revealed a child of nine years, 10 pounds underweight, with eczema in the folds of the elbow and knees and a typical asthmatic habitus. The tonsils were out; there was no demonstrable sinusitis; the lungs showed no marked residual changes. The allergic workup revealed positive reactions to a number of foods and to wool, cat dander and certain house dusts. Exposure to these substances was eliminated; the eczema cleared up but attacks of asthma of a mild form persisted throughout the winter of 1928 and 1929. In June of 1929 there was an exacerbation of asthma in a severe form. At this time it was discovered that the child's father was foreman of an extract plant, and that during the summer months vanilla extracts were made. Investigation showed the patient markedly sensitive to vanilla bean dust. The father was instructed to bathe and change clothes before leaving the plant for home. The asthma ceased promptly and has not recurred. The child is now above normal in weight and has been well for one year.

2. After considering the foregoing discussion it is apparent that therapy for an asthmatic must be based on broad lines and that treatment based exclusively on any one narrow conception of the nature of the disease will fail in proportion of cases directly in ratio with the narrowness of the doctor's conception.

When the physician has the necessary knowledge and equipment, and skill in its use, to study asthmatics correctly, a very common cause of failure is the unwillingness of the patient to cooperate in carrying out the doctor's instructions. Obviously if a certain food must be excluded from the diet, the patient must exclude it and if certain animal contacts are to be avoided the patient alone must avoid them. Often it is difficult to impress upon the patient that even the smallest contact with tabood substances must be avoided and sometimes the physician himself fails to stress this point sufficiently.

The case of infant R. W. illustrates this point very well. He was seen by us at one year of age weighing sixteen pounds, unable to sit up, with no teeth, with skin covered with eczema and in an attack of bronchial asthma. The eczema had been present since six weeks of age. Many diets had been tried by a number of good physicians. Starvation was always followed by relief of the eczema. Some of the physicians who had him in charge suspected milk as the cause of the difficulties but no one seemed to be willing to under-

take the problem of feeding him without milk.

Since this seemed to be the logical point of attack this child was placed on a milk, egg and cereal free diet consisting of beef, cauliflower, carrot, spinach, gelatin, olive oil, cod liver oil, calcium lactate, and dipotassium phosphate in proportion to furnish a balanced diet with plenty of vitamins. He began to improve at once. In one month there was a gain of three pounds in weight; the eczema was gone. At two years of age the weight was thirty pounds, there was a full complement of teeth, the child was normal in every respect.

In other instances following study of a patient the physician outlines a plan of treatment which requires therapeutic injections of one or more allergens over a long period of time to raise the patient's tolerance to them. Obviously the patient must follow the plan or failure is certain to follow.

The necessary cooperation is difficult to obtain unless the physician constantly educates his patient in the nature of his disease and the principles to be followed in its treatment, and is willing and able to arrange the cost within the patient's capacity to pay.

Another, and very important cause of failure in the treatment of asthma may be discussed under the heading, "Lack of sufficient treatment". It is very unfortunate that the treatment of asthma, particularly of pollen asthma has been so popularized that physicians are urged to purchase treatment sets consisting of 15 to 20 doses for administrations to their patients. Most of these treatment sets have a fixed dosage schedule and none of these have final doses sufficiently large to protect more than a small per cent of patients in districts where the pollen concentrations are large.

It is axiomatic in biology that there is a large variation in individual response when a group is subjected to the same stimulus. This fact is overlooked when standardized doses of pollen extract are given to patients and accounts for many of the severe local and general reactions which occur. And because of the danger of such reactions, most firms supplying these materials keep the final doses small enough to be safe in the average patient. In this way many patients do not receive doses large enough to protect them in the communities where they live.

When therapy is given to a patient to increase his tolerance to some allergen it must be remembered that it is the final dose which gives the protection and that the doses leading up to that final dose are used merely to prepare the body to stand it. There is a considerable variation in the amount of pollen in the air in different parts of the United States and to treat pollen diseases correctly one must be familiar with the amounts of extract necessary to protect against it.

Even when adequate pollen dosage is administered there may be poor results because of some other complicating sensitivity; such as one to some food, or dust has not been relieved.

Attention to these points enables the physician to relieve most asthmatics. There are, however, a great many factors in the so-called modern immunology which are beyond our present scientific knowledge. Undoubtedly these contribute in a large measure to the failure to get uniformly good results.

10616 EUCLID AVENUE.

Skin Grafting With Reference to Extensive Burns

H. T. SUTTON, M.D., Zanesville, Ohio

THE following series of estimates are arbitrarily given, namely, all burns of the first degree are fatal if two-thirds of the body surface is involved. All burns of the second degree are fatal if one-half of the body surface is involved. All burns covering one-third of the body surface are extremely serious if not fatal. All burns covering one-tenth of the body surface should be considered serious. Burns of the fourth and fifth degrees cause the most severe toxemia because of the amount of tissue destruction. They command consideration because of the cicatricial contractions and deformities consequent to the healing. To the new born infant a third degree burn of one-tenth or one-twelfth of the body surface is sufficient to cause almost certain death. In burns of the extremities or the back where the thick dorsal muscles protect the viscera, the outcome is encouraging. Burns of the abdomen with the dangerous proximity of the viscera have the highest mortality. Burns of the genitalia the anterior thoracic surface and the face, covering the area of the trigemial, cause symptoms out of proportion to the area of allotment. Mucous membrane involved, especially the pharynx and the larynx, add to the gravity of the case. Burns of the flexor surfaces are very much more serious than burns of the extensor. The first week after the accident is the most fatal period in burns.

Repeated estimates of the concentration of the blood, as measured by hemoglobin value, give excellent estimate for prognostic evaluation. An increase of 40 per cent if maintained for any length of time is incompatible with life. When it reaches 125 per cent of the normal value, life is precarious.

Read before the Surgical Section, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

TREATMENT

In all cases of severe burns, prophylactic antitoxin against tetanus should be used. The initial dose should be from 1000 to 1500 milo. This can be repeated within a week.

The good surgeon will offer to nature, defense and protection. After all, it is the balsam within the body that heals. In the handling of burns, it has been said that if there is any time that a lady's hand is required, it is in the management of burns. The management of burns has profited so little from medical progress that it led one surgeon to remark that "if the mummy of Rameses should awake to reanimation, he would find that the treatment of burns had slept with him during the long intervening centuries". To attempt a line of treatments for all burns is unthinkable. Each burned patient merits individual attention. The depth of the burn, the area involved, the temperament of the victim, the age, the presence of shock, or toxemia, the environment in which the patient rests, are among the factors which must be considered before selecting the method of treatment.

It has been said that a patient extensively burned needs not one but 20 varieties of treatment, of operative procedure, of forms of skin graft, and that no one procedure as a local measure will prove equally valuable in all cases and all stages of burns.

The indications for treatment are to relieve pain and shock, to guard against complications involving internal organs, to guard against exhaustion which so often follows from suppuration and sloughing of tissues involved, to promote healing and to afford as early as possible the return of normal function and appearance of the burned area. Surgical literature abounds in the discussion of many forms of dressings, some commendable, others worthless. It should be of such a nature as not to adhere to the wound and can be removed without causing pain. If medicated, it should be non-toxic and not capable of interfering with epidermitization. It should promote healing.

In severe burns, the systemic treatment often requires more skill and thoughtful attention than the local wound. Usually the first indication is a hypodermic of morphine and atropine to relieve pain. The patient should be rolled in a blanket to be removed to the hospital. Cold air greatly increases the pain of a burned area. The initial treatment may be so painful as to require an anesthetic. The burned area should be thoroughly cleansed together with the normal surrounding skin. If in shock, 1000 cc. of normal salt solution glucose solution should be given intravenuously, then start a local treatment best suited to the case. Supportive drug therapy is useful. Daily cleansing baths are essential. The prevention of deformity, of defects and contractures require ingenuity and careful attention. Skin grafting is the final attempt at functional and cosmetic restoration. Oxygen inhalation in severely shocked patients is an adjunct. Caffein sodium benzoate in 2 to 5 grains hypodermatically, or one of the digitaloids are good cardiac vascular tonics. Hot coffee, hot water, hot tea or bouillon may be given if the patient is able to swallow. Hot black coffee enemas are found useful if the buttocks are not burned.

In severe cases, the physician has the choice of five general procedures:

1st. The use of occlusion dressings such as paraffin and oil.

2nd. Antiseptic wet dressing. This is quite successful in inhibiting sepsis but does not prevent toxemia resulting from absorption of the products of the burned tissue. Such drugs as phenol or bichloride should never be used. Such strong antiseptics injure the normal tissues and destroy any chance of survival of the injured tissues.

3rd. The use of digested solutions such as Dakin's sol dil acetic acid and other substances hasten liquifaction of the Eschar and its early separation.

4th. The use of coagulants or drying measures such as picric acid, tannic acid and open air exposure to prevent the absorption of toxins.

The tannic acid applications, open air, radiant and ultra violet light therapy are in great favor at this time.

The treatment known as debridement has limited application but has one peculiar advantage in it. That is, it removes for all time the dead necrotic burned tissue. This prevents toxic absorption and simplifies the later treatment in the care of the granulative tissue and skin grafting.

It has been proved that severe and rapid concentration of blood follows extensive cutaneous burns. This must be met by forcing fluids, water by mouth when possible, together with small quantities of sodium bicarbonate. The quantity of water taken will vary for different patients. Following the blood concentration there is sure to be a fall in hemoglobic content. Water in sufficient quantity will restore blood concentration to within normal limits. With the introduction freely of fluids in burned patients, very few will show toxic intoxication such as delirium, coma, gastrointestinal disturbance, hemoglobmia, et cetera, for the fluid introduction causes prompt elimination of the toxic material. Fluid introduction improves blood pressure to a notable degree. The fluid gives rise to vascular tone by diluting the inspicated vicid blood. The heavy fluid intake should be continued until the tendency to toxemia disappears and the burned area becomes a clean granulating wound. Patients in stupor and complete suppression of urine have recovered quickly

after intravenous infusion with saline solution repeated daily for several days. Another remedy of value whenever the urine is high colored and cloudy is to give citrate of potassium in 20 gr. doses in water three times a day together with 30 gtts. of sweet spirits of nitre. Glucose enemas are useful at times as is rectal instillation of 5 per cent sodium bicarbonate solution.

The intravenous medication has much to recommend it. Its effect is immediate. Frazier prefers the alkaline soda phosphate 20 to 30 gr. every four hours. He states that it is not excreted as quickly as sodium bicarbonate. It is not advisable when giving fluid intravenously to give it faster than 25 cc. a minute. If sugar is being given, it should be even slower, 6 to 12 cc. per minute. The temperature of the saline or glucose when given intravenously should be 105 F. It will be lowered 2 per cent from the container to the vein. The value of intravenous saline lies not only in its diluting and diuretic abilities but in the addition of sodium chloride to the blood. Davidson observed that the blood chlorides remain low as long as there is any slough going on. He also advised sodium chloride taken by mouth. Glucose solution has certain advantages over salt solution. It is not only diluting and diuretic but is also a source of nourishment. It is an efficient means of alleviating acidosis and serves to relieve toxemia.

Blood transfusion is par excellence in some instances of traumatic shock. It speedily restores the blood pressure to normal levels. It is especially satisfactory if hemorrhages accompany the injury or in septicemia complications of burns although the toxemias are not hindered by transfusion. Most authors advise the use of the unmodified blood inasmuch as citrate blood increases the coagulability of the blood and clotting, and thrombosis of small vessels throughout the viscera is a common finding. One should hesitate about introducing anything which might aggravate this pathologic process.

The value of vaccine has not been positively determined except that it might isolate the organism from the infected area. *Vaccine* should be *prepared.* It is believed that such vaccine may prevent bacteriemia or septicemia, but has little influence if any on the progress of the surface infection of the burn.

The same degree of doubt exists with regard to serum therapy. Robertson and Boyd met with negative results in their attempt to produce antibodies in animals by the injection of lethal doses followed by the administration of increasing doses of toxic substance. Serologists have not identified any burn antibody to which would be attributed an important role, in passive immunity. It is better policy to inactivate by precipitation with tannic acid or to remove the slough by such a surgical procedure as debridement.

DIET

In severe burns, the diet for three or four days should be liquid. The diet will depend more on the systemic condition than on the extent of the burned area. Constipation is likely to occur for three or four days and should be met with enemas rather than cathartics. When the temperature reaches 103 it is best relieved by tepid baths.

Drugs are contraindicated because they handicap the already depressed nervous system. Also diaphoretic drugs tend to concentrate the blood, as has been shown by Underhill and Roth in experimental work.

The kidneys are better excretory organs than the sweat glands in bad burns. The chief objects in the local treatment of burns are to mitigate pain and prevent effusion. Tannic acid is considered one of the most important contributions to the burn therapy during the twentieth century. The use and origin of this is to the credit of Davidson of Detroit. When a dilute solution of tannic acid is applied to a burned surface, it exerts its astringent effects upon the most superficial tissues, coagulating them and thereby preventing further penetration into the deeper structures. Burned patients under tannic acid treatment suffer less from toxemia than under other treatments. It precipitates the poisons in the burned tissues and hinders their absorption. The burned area is covered with dry sterile bandages. The dressing is then soaked with 2 per cent aqueous solution of tannic acid. It is important that the tannic acid solution be made fresh, just before using because it deteriorates upon standing. A small section of the dressing may be removed at the 12th, 18th or 24th hours. As soon as the red inflamed appearance of the area has subsided and the parts have assumed a light brown color, all dressings should be removed. The wound is thereafter exposed but must be carefully protected from bacterial invasion by a suitable draped cradle with sterile linen. The wound is sprayed every half hour until it becomes a mahogany brown. It may be sprayed with an atomizer. Tannic acid is especially well suited to burns about the buttocks and the genitalia which were formerly so difficult to keep clean and uninfected.

Tannic acid solution may be made by the laity in emergency use of four teaspoonfuls of the dry powder dissolved in a glass of water to secure a 2½ per solution. The tanned crusts usually separate about the fourteenth or twentieth day, leaving a clean granulating wound. Oil is preferable for removing the crusts. The advantages of tannic acid treatment may be summarized as follows: It is easy to apply; it is analgesic. The burning sensation is relieved within a half hour. To some extent it prevents the absorption of toxic material which is formed in the necrotic tissue. The waterproof coagulation formed by the protein tannatis prevents further loss of tissue

fluids. It prevents infection of the wound, combats undue radiation of body heat from the wound surface, protects the sensory nerve endings, provides covering under which the new epithelium re-forms without the constantly recurring transudation of the daily dressings required by other methods.

Picric acid has been much used but when it is applied to a large area, toxic symptoms may occur. It is all right in small burns of limited area. Picric acid should be limited to the emergency treatment of small burns. Robertson claims that bicarbonate of sodium is the only chemical application which possesses any value in diminishing the toxemia and retarding secondary shock. However, this statement was made prior to Davidson's epochal discovery of the tannic acid treatment. Roundtree advises a 10 per cent of bicarbonate of sodium. Bicarbonate theoretically inhibits autolysis because of its alkaline nature. Hartwell in 1917 suggested the application of 2 per cent acetic acid for the removal of necrotic tissue. He observed the digestion of this material with the resulting establishment of clean, healthy granulations. The initial application should be 5 per cent sterile acetic acid applied by moist compresses. Turkish toweling is better than gauze because it retains heat moisture longer. Dorance and Bransfield cross cut the hardened, tanned, charred skin with safety razor blades. The cuts extend through the entire skin thickness. This scheme avoids to a large extent the reabsorption of the necrotic tissue. Subsequently, the acid is increased to 2 per cent which is sufficient to debride the eschar and leave a clean granulating surface suitable to skin grafting.

No application of antiseptic solution should be made to prevent infection for it will lead to hard and contracting scars. Dakin's solution is valuable after infetcion has taken place. It quickly cleans up the infection and causes rapid dissolution of the necrotic tissue.

SUNLIGHT AND OPEN AIR TREATMENT

Dr. Bimie of St. Louis in 1920 relates a story of a steamer carrying a large load of coolies in the far East. It exploded and many of them were badly burned. There was a surgeon on board but his supplies were very limited and he was obliged to leave most of his patients on the deck with their burns exposed to the elements. To his delight and surprise, the untreated patients did much better than those who were supplied with dressings. The exposure to sun and air dried the injured area and rendered it more unsuitable for bacterial cultivation.

There is no doubt but that this is one of the very best methods of treating burns and scalds. It is simple. It leaves the wound at rest. It causes a minimum disturbance of the patient. It permits nature to heal the wound in her own way. It is particularly applicable for children who frequently will not tolerate heavy and troublesome dressings. It abolishes the stench which often occurs in suppurating wounds. It prevents the absorption of toxins by drying the burn and imprisoning the poison within. It improves the local and general circulation. It maintains granulating wounds in a healthier condition. In some instances, the necessity for skin grafting is avoided. It is particularly suited to face burns.

To apply the open air treatment, one needs an inverted cradle to support the linen sheets and blankets. It may be made of wooden hoops, metal, frame or wire form, just so it leaves the body untouched. The patient is kept nude under the cradle. A feasible plan is to distribute electric light bulbs along the roof of the cradle. Inside the cradle, the temperature should be kept between 95 and 100 F.

MacLeod advises the use of ultra violet light in the treatment of all septic granulating burns. Short exposures of from 10 to 15 minutes at a distance of six inches. He claims that a few treatments will clear up edema and swelling, and that the discharge is lessoned and new granulating tissue will form. Lawson Tait used melted paraffin which he applied with a painter's brush with the help of a sponge and ice water. When paraffin is used, it should be a refined product. Hard raw paraffin should not be used because of its physical properties. Paraffin contains sulphuric acid which should be extracted in order that the base paraffin be neutral. It should be of such composition that it is not altered by heat. Its non-irritating contact will favor epithelial proliferation. It is necessary for paraffin to be impregnable to air, moisture and heat. Ambrine has been used extensively with good results but it is a proprietary preparation, the formula of which is kept secret. It is claimed it consists of paraffin wax, oil of amber and oil of sesame.

Almost every kind of ointment has been used on burns. They all possess the same disadvantage. They macerate the tissues and prepare fluid for the multiplication of bacteria which are always present, also seal the wound secretion and inhibit drainage. It is almost impossible to clean the wound after the application of an ointment if an antiseptic is added of sufficient strength to prevent the growth of bacteria. It will then interfere with the normal epidermization. They may be used for the relief of pain in small burns. Any form of powder when applied to a discharging wound will inhibit the normal exudation of serum and facilitate the absorption of toxins. The powder with serum forms crusts or artificial scabs which soon become hard and painful. Powders have no indication in burn therapy and should be particularly condemned if infection exists.

During the World War, British and American Surgeons used an operation that attempted to sterilize war wounds by the excision of all contaminated tissues.

Quarry Irving was the first to practice wound incision. The same operation has found widespread usage by radical surgeons in the treatment of burns. This operative procedure has been termed debridement. This operation means the full incision of the skin and fascia to release tension in contaminated muscles. In burns it means the surgical excision of the burn eschar leaving a fresh raw bleeding surface. It is well known that the early removal of crushed muscle tissue will prevent shock.

In experimental work on animals, when the burned area is excised the blood changes are slight or absent, recovery is more rapid and there is no evidence of structural visceral damage such as is found in untreated control. When burned tissue is removed from animals before the toxins have permeated the organism and when this excised tissue is transplanted to a normal animal of the same species, shock symptoms develop in the second animal with lethal effect whereas the burned animal from which the graft was removed recovers with insignificant symptoms. The immediate debridement prevents the absorption of toxins, the specific symptoms of burns and possible death, and gives the body a chance to regain its immunity. Even delayed removal is beneficial as proved by the rapid subsidence of fever and decline in the pulse rate. It also gives great relief from pain as compared to the use of the older and more conservative methods, but many surgeons hold excision as an ultra radical course of action.

SKIN GRAFTING

In burns of severe degrees, early skin grafting is the most efficient preventive measure for thickened scars, contractural deformities and cosmetic disfiguration. When skin grafting is delayed there is formed an unhealthy anemic granulation tissue with a scar tissue base. Chronic granulation is the parent to scar tissue. Nature tends to affect a cure but normally is too slow and should be supplemented by skin grafting. The blister has been advocated but it is very unreliable. Autograft is the method par excellent. Homografts have an uncertain outcome, even when the blood of donor and recipient matches. The most successful grafts are those of near zoological relationship. Homoplastic grafts have been shown to take better from brother to brother than from cousin to cousin. Heteroplastic skin grafts (skin from another) are frequently unsuccessful as they are destroyed by tissue ferments which are inimical to their presence.

When a wound gap is small, the area may be closed by direct approximation of the edges. The so called sliding graft is obtained by the detachment of skin from muscles and fascia by means of undermining incisions. The skin tension may have to be relieved by relative incision parallel to the long axis of the burn wound. These sliding grafts are not so good because their blood supply is not good on account of the adjacency of the burned area. Interpolation is borrowing skin elsewhere and transferring it to the gap to be filled. Several methods have been devised by which interpolation may be successfully employed. The principles of all of them are about the same. In the use of skin grafting burns as a therapeutic measure, the surgeon has to consider the wound which is to be grafted and the field from which the graft is to be taken. Only a few of the commonly recognized methods will be discussed here. If a burned area is covered by chronic granulations tissue that is not conducive to healing. Wilcox cleans the area by washing with green soap, then applying 50 per cent hydrogen peroxide compresses.

This is followed by 1 per cent formaldehyde solution for eight or ten hours which converts the upper layer into a dry leathery tissue. This precipitates crusts which are removed by a sharp scalpel. Bleeding is checked by pressure and the area immediately skin-grafted. No attempt at skin grafting should be attempted unless the number of bacteria are six or less to the high power field. The presence of any hemolytic streptococci positively contraindicates skin grafting. An antiseptic field and sterile plasma compose the correct culture medium for successful skin transplantation. If the granulations are exuberant they should be cut away and the hemorrhage checked by compresses of normal saline solution. Imperfect hemostasis is a great obstacle to success. The best time for skin grafting is when the bordering skin begins inward growth. The field from which skin is taken should be as close to the wound as possible and free from hair. The Ollier Thiersch grafts consist of longitudinal strips of skin which contain the epidermis, the rete and part of the true skin. The Ollier Thiersch are easiest to apply but give poor cosmetic results and contract on healing more than the full thickness of skin. They are best obtained from the thigh.

The Reverdin or pinch grafting is the method that I have used extensively in large area. A number of straight needles are placed in as many hemostatic forceps. Each needle is placed into the skin, transferring it to a small cone the base of which should not be over a quarter of an inch in diameter. These pinch grafts are now severed with a sharp knife, taking care not to cut below the corium. Each tiny graft impinged on a needle point is transferred to the granulating area upon which it is placed with its fellows one-fourth of an inch apart. More than 50 per cent of these grafts will usually take on a healthy granulation tissue. The Reverdin may be used as an alterna-

tive in cases of incomplete success with the Thiersch graft or as a primary method in skin grafting.

"WOLFE KRAUSE"

The field from which the Wolfe Krause graft is to be taken must possess available skin which bears resemblance to the skin which is to be replaced. These whole thickness grafts must not be cut too wide or one cannot approximate with ease the cut edges of the wound. A full thickness skin graft may contract one-fifth to one-half of its area. In view of this, it is best to remove a graft 1-1/3 times the size of the defect to be filled.

In the aftercare of skin grafts, never be in a hurry to remove them when they appear not to be taking, for even if the major portion sloughs away, some few cells may remain here and there and start epidermization.

Reverdin and Thiersch do well when exposed to air. Judd has called attention to the fact that wounds were treated by exposure to air as early as the days of Caesar's Gallic Campaign. It has been my experience that Reverdin and Thiersch take more often and quickly if no dressing is applied.

CASE REPORTS

Case No. I—Walter G.—Age 25. Farmer. Married, living with his wife and children. A lamp full of kerosene oil exploded. He grabbed it and threw it into the open fire, spilling the oil over rugs and other house furnishings and over his own clothes. He fought the fire out, but in the fray at least one-third of his body surface received third degree burns, including his right arm which was so badly burned that in four weeks the fingers had to be amputated and a month later the forearm had to come off. A month later, we skin grafted from his brother using the Reverdin or pinch graft. The grafts took so well that in a couple of months the raw surface was nearly covered with skin.

Imediately after the accident ambrine was applied until the slough came off. Then the wound was cleansed with peroxide of hydrogen and boracic solution. After the cleansing, a mild ointment thinly spread on sterilized old muslin was put on for the rest of the day. His pain was so great that repeated hypodermics of morphia had to be resorted to for several weeks. We pushed fluid into his system in every possible way: viz: By proctoclysis, hypodermoclysis and by mouth. We also gave him bicarbonate of soda in 30 gr. doses three times a day. He ran a temperature through it all ranging from 100 to 102. He developed ugly bed sores and was delirious at times. We regarded his case as hopeless, but he left for home at the end of four months well on the road to complete recovery.

Case No. II—Angeline B—Age 13 years. Fell backward into a tub of boiling water and received a third degree burn from her heels to her hair, covering her entire back, and well around her sides. We held no hope of saving her life. We managed her much the same as we did Case No. I. We did not attempt skin grafting until about the eleventh month. Again we used the Reverdin or pinch graft obtained from an older brother, using nearly a thousand (1000) grafts. Enough of them took to skin over more than half of the raw surface. Four months later, we repeated the skin grafting covering all the raw surface and again using the pinch graft but from another brother. A sufficient number took to cover entirely the remaining raw surface in about four months. Like Case No. I, she suffered much pain and restlessness, and at such times we promptly gave her small hypodermics of morphine. She likewise ran a temperature ranging from 100 to 102 degrees. She was in the hospital just one year and most of that time had to lie on her stomach. She has a perfectly healthy and comfortable coat of skin over the entire burned area.

Case No. III.—Warren M.—Aged 6 years. Son of a farmer. He took an old oil stove out of the barn, found some coal oil, and put it in the stove and lighted it. No one was in sight, but it was thought that he got his knickers and stockings very much saturated with the oil. His mother heard him screaming. She found the lower extremities in a blaze of fire. He was brought immediately to the hospital, 10 miles. We found both legs had a fourth degree burn from his ankles to high up on his thighs. His shock was taken care of in the usual manner. Awaiting my arrival, the nurses had applied septol, a proprietary preparation, that they had used frequently when no physician was at hand. I gave orders to apply tannic acid, two per cent solution, which was done, but the boy complained that it gave him pain, and continued to complain until the septol was again applied with most gratifying results. About the fourteenth day, the burned tissue began to loosen and came off like bark off of a dead tree. It left the tendons and muscles exposed. Both legs were drawn up by contractions. The raw surface was so extensive that it prohibited the application of splints or extension so I gave him ether about every two weeks and made extensions. A half dozen such treatments brought the legs down very satisfactorily. After the slough came off, the legs were cleansed with peroxide of hydrogen and boracic acid daily. After the cleansing we applied sterile vaseline on old soft muslin, just enough vaseline to fill the meshes, and he was quite comfortable the rest of the day. His appetite was good and bowels moved every morning without laxatives. His temperature ran from 99 to 101. He slept well and complained of very little pain. Of course, he was weak and in a delicate state. After a time his muscles and tendons were covered over with ganulations. Four months after the burn we made two skin grafts, taking part of the grafts from his brother's thighs and part from his own abdomen. The grafts took in an astonishing manner, but the grafts from his own abdomen were much more thrifty than the grafts from his brother's thighs. After four weeks, finding considerable raw surface, I did a second skin grafting taking all the grafts this time from his own body. The grafts came along fine. At the end of eight months, his left leg was covered with skin except a space the size of the palm of my hand and the right leg was covered except narrow strips on either side and the knee cap. He was doing so well that I assured the parents that within a week or two the left leg would be entirely well, and that the right would take some time before it would close up, but that it was out of the woods and sure to come all right, when one morning the legs were tremendously swollen and the raw surface poured out plasma in torrents. His little scrotum was as large as his head. We filled him up with fluids, gave him proctoclysis hypodermoclysis of salt solution and Glucose and had him drink freely of water but

his condition did not improve and he died in ten days after the swelling occurred, which swelling was due of course to thrombosis.

DISCUSSION

JOSEPH PRICE, M.D., Columbus: As a discussant of the paper, I may give briefly our experience with burns and their treatment and with skin grafting.

We see very many cases of burns of varying degree, both in depth and extents of surface involved. We have used, I think, about every remedy that has been tried and favorably reported on by the men of longest experience.

Picric acid years ago—various ointments for years—then came the Paraffin treatment. We were so pleased with this, applied it by spray and by brush, with sheets of very fine cotton. The results were good. We have many pictures taken on admission and again at end of treatment. Some of them were severe burns involving the face and soon were healed.

Then at the Detroit meeting of the Interstate Postgraduate Society, many cases of children with burns of all degrees were shown being treated with tannic acid. Results were excellent. Since then we have recommended and used it. Exact procedure determined by case at hand.

In severe, extensive burns of the body, we are very apt to immerse the body at once in a bath tub filled with creosote water, giving, of course, full doses of morphine and if need be an inhalation anesthetic to relieve pain while awaiting action of opiates.

General condition of patient is, of course, looked after as the essayist suggests. Especially do we guard against adhesions of the raw surfaces that would result in crippling deformities as chin to chest or between walls of axillary fold. I recall one extremely distressing case in a woman who had previously lost one arm by amputation, then later had sustained severe burn of remaining arm and chest and the raw surfaces were allowed to adhere.

As to skin grafting, I think every case is different because of location and other factors involved. For example, when the destruction of tissue has been deep, oftentimes larger, massive grafts are necessary. Also over tendons in flexures as under the great toe and at wrist and hand, we have used in the past week rather thick grafts to cover up and protect. For the most part, however, I think new raw surfaces left by superficial skin loss from burns or from other causes are covered after suitable preparation of the ground base, as to sterility and dryness by pinch grafts. We believe that since using the five per cent of tannic acid treatment that both mortality and the need of skin grafting has been minimized.

The Influence of Climate on the Female Sexual Functions

C. A. MILLS, M.D., Cincinnati, Ohio

For the last three years I have been interested in the relation of climate to health and disease. A few of the results of this study were published some months ago[1], tending to show a marked over-stimulation, or exhaustion, of the glands of internal secretion by too changeable a climate. Areas of too frequent and severe weather fluctuations seem to coincide with areas of high death rates for diabetes mellitus, pernicious anemia, exophthalmic goiter and Addison's disease, while in areas of less vigorous weather the death rates for these diseases remain low, whether these latter areas be in the subtropics or in the far north.

Since the pancreas, adrenals, and thyroid present such marked evidence of over-stimulation, it was considered advisable to see if the sex glands were also affected. We have already published graphs showing the dependence of the conception rate in any locality on seasonal temperatures[2]. The maximum conception rate is always found when the mean monthly temperature is around 60° F. Mean temperatures above 70° F. produce a definite depression in conceptions, as do also mean temperatures below 40° F. We presented evidence that this seasonal variation in conceptions is not dependent on the marriage rate nor on variations in the male sexual urge. It would seem to represent a definite biological variation in fertility at the different temperatures.

It is a well known fact that women marry and bear children earlier in the warmer countries than in the colder regions. This has led to the belief that girls mature sexually at an earlier age in the tropics than in the cooler regions. Stark[3] in 1866 pointed out that the reproductivity of Swedish women showed a four year lag when compared with women in Scotland. Statistics show about the same difference between women of our northern and southern states. Duncan[4], however, suggested that this northern lag in productivity, pointed out by Stark, might not be a matter of fertility, but only be due to later marriages. Statistics at that time (1871) were not available for Duncan to prove his point. We have gone into this phase of the question and show below that, not only is the fertility of married women not greater at early ages in the South, but that exactly the reverse is the case. We will show that fertility is greatest in the northern states up to 25 years of age, but that it declines rapidly thereafter. In the South, on other hand, it is lower than in the North in early married life, but is more sustained, so that the total productivity of the child-bearing period is much greater. In Table I are presented the data upon which these statements are based.

In compiling Table I, use was made of the 1920 census report to get the distribution of the

Read before the Section on Obstetrics and Pediatrics, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

From the Department of Internal Medicine, University of Cincinnati.

married women by age groups in the various states. Only the native-born white married women were considered. The birth statistics for 1921 were used in calculating the fertility for the various age groups of married women. Thus if Michigan had only 46 children born to mothers of age 15 to 19.9 years for every 100 married women of this age group, then the fertility of this group of married women would be expressed as 46 per cent. Only three southern states were in the birth registration area in 1921, so I have compared these three with six northern states.

TABLE I.

Fertility of Native-born White Married Women by Age Groups in the North and South.
Percentage fertility of married women.

	15-19.9 Years Age %	20-24.9 Years Age %	25-34.9 Years Age %	35-44.9 Years Age %	45-54.9 Years Age %	15-60 Years Age %
South Carolina	35.96	31.12	21.48	10.44	0.47	15.62
North Carolina	39.35	33.93	23.93	11.41	0.55	16.98
Virginia	42.34	32.43	21.01	10.22	0.45	14.44
Pennsylvania	47.71	32.07	19.69	8.32	0.32	12.60
Minnesota	47.35	33.15	20.02	8.70	0.42	12.15
Michigan	46.04	30.82	18.15	7.28	0.26	11.72
Connecticut	46.21	32.38	20.42	7.82	0.25	12.13
New Hampshire	50.36	34.43	19.90	7.19	0.19	10.65
Vermont	44.74	30.54	18.42	6.64	0.25	9.78

Population distribution from 1920 Census Report.
Birth statistics from 1921 report.

$$\text{Percentage fertility} = \frac{\text{(Number of children born in 1921 to mothers of given age group) multiplied by 100}}{\text{Number of Married Women of given age group.}}$$

Several points are evident on examination of the figures in Table I. First, up to age 20 the percentage fertility is considerably higher in the northern women; second, after age 25 the decline in fertility is most rapid in the North; and, third, the total productivity of the married women is considerable higher in the South than in the North. The reason for this high total productivity in the South may well be due to the earlier age at which most marriages take place, thus affording much greater numbers of married women at the ages when productivity is highest. In the North, on the other hand, the economic conditions that lead to late marriages may tend to keep all girls below twenty years of age unmarried, except those who are most highly sexed. The high percentage productivity below age 20 in the North may, then, be only the result of early marriage of the girls with most active sex glands. Analyzed in this fashion the data in Table I possess little significance. But when considered together with later points their value is evident.

The second phase of female sex activity investigated was the time of beginning menstruation. It is commonly believed that girls mature earlier in warmer countries and later in cooler regions. This belief probably arose from the difference in age at marriage and the age of mothers at the time of greatest productivity. However Table I has shown that, of the women married before twenty years of age, the percentage fertility is higher in the North instead of in the South. If this indicates more active sex glands in the North at this age, one should find the menses beginning at an earlier age here also. On investigation the following figures on this point were obtained:

Mean Age at Time of First Menses.	
*186 Southern born white women (New Orleans 1930)	14.12 years
*329 daughters of these women (1930)	13.53 years
250 University of Cincinnati girl students (1930)	13.39 years
92 Cincinnati girl scouts (1930)	13.16 years

*Data from New Orleans were supplied by Dr. Harley N. Gould in a personal communication, and concern mainly present women students in Newcomb College of Tulane University, together with their mothers and sisters. The ages of the girls range from high school age up to college.

Although the mean age differences here are not great, a definite trend is in evidence. Not only is the age of beginning menses earlier in the North, but in each locality it is becoming earlier with the passage of time.

Engelmann[5] has made extensive studies on the age of onset of the menses in North America by race, social condition and nationality. He points out that with all nationalities found in America (Irish, French, Germans, etc.) the age of beginning menses is earlier than that of the parent stock remaining in Europe. The mean age in Europe is about 15.5 years while Engelmann found it in America to be about 14 years. The age for the native Indians he found to be between 12 and 13 years, so that it seemed as though some factor were causing the immigrant white race in America to approach the condition of the native Indians in the age of beginning menses. The figures quoted above for New Orleans and Cincinnati would furnish evidence for such an adaptation. Thus Engelmann in 1900 found the menses to begin usually at about 14.2 years in all classes of the white race throughout America, and 13.8 years in the school girls, while it is now shown in 1930 to be 14.12 years in New Orleans adults, 13.53 years in New Orleans high school and college girls, 13.39 years in Cincinnati college girls and 13.16 years in Cincinnati girl scouts, the youngest group examined. The Indian level of 12 to 13 years for the onset of the menses is therefore almost reached by the white race on this continent.

Engelmann stated that his figures showed no evidence of climatic effects on the onset of puberty, which is true with the exception of his negro statistics. Here he found the menses to begin at 15.6 years in Jamaica and Barbados negroes, at 14.05 years in New Orleans, St. Louis, and Baltimore negroes, and at 13.24 years in Boston. This agrees very well with the differences recently noted for Cincinnati and New Orleans white girls and women. Not only are the menses starting earlier in life as the decades pass, but this change is progressing most rapidly

in the New England and Great Lakes areas where the greatest storm frequency and temperature variability exist.

TABLE II.

Trend of Fertility Changes in Married Women of Norway. Percentage fertility by age groups.

	Age 15-19 years %	Age 20-24 years %	Age 25-29 years %	Age 30-34 years %	Age 35-39 years %	Age 40-44 years %	Age 45-49 years %	Age 50-54 years %
1889-1892	50.40	45.99	39.33	33.52	27.72	16.58	3.64	0.21
1899-1900	59.26	48.46	38.19	33.34	26.44	15.93	3.33	0.08
1910-1911	56.42	46.19	35.80	28.37	22.72	13.08	2.35	0.02
1920-1921	78.44	45.46	33.53	25.43	19.82	10.66	1.89	0.06

This same effect of the passage of time is in evidence in Norway, as indicated in Table II. Here is shown the percentage fertility of the married women of different age groups from 1889 to 1921. In the passage of 30 years the fertility of the 15-19 year age group has risen from 50.40 per cent to 78.44 per cent, while beyond age 25 there has been a steady decline in fertility. There seems little doubt, then, that the female sex glands are showing increasing activity at earlier and earlier ages with the passage of time. Whether the increasing rate of decline in their function after age 25 represents increasing sophistication or a real decline in functional capacity is difficult to say.

Taking the picture as a whole, one would be inclined to say that some element in life in America is acting to stimulate the female sex glands to greater activity at increasingly early ages, as evidenced by the trend shown for the onset of the menses, and for the percentage fertility at different ages. This force in life, whatever its nature, seems to be affecting the women of our northern states to a greater extent than in the south.

These findings of increasing stimulation of the sex glands fit in well with those previously presented for the pancreas, thyroid, and adrenals. In the South, where the climatic stimulation is less severe and the long summers depressing to body metabolism, we find the function of these various glands of internal secretion least disturbed, with the incidence and severity of the metabolic and degenerative diseases distinctly low. But in the North, particularly in the Great Lakes area with its high storm frequency and great temperature variability, just the reverse is true. Here the stimulation is too severe and metabolic breakdown follows, with early exhaustion of the glands of internal secretion. Diabetes mellitus, exophthalmic goiter and Addison's disease increase in incidence and earlier exhaustion of the sex glands takes place

One may surmise that it is the increasing speed of living, with its restlessness and lack of relaxation, that is bringing about these metabolic disturbances But what is responsible for the increasing hurry of life? The automobile and other mechanical features of life may be factors, but I believe we have them in such common use only because of our restlessness, and that the basic cause lies deeper. The changes seem to correlate best with the weather variability, particularly wtih the frequency and severity of temperature fluctuations.

What the final result will be for the sex glands is difficult to foretell. Will the onset of the menses continue to come earlier with the passage of each decade? Will the reproductive period finally be peaked in the very early years of adult life? With fertility highest early in life but declining sharply after age 25, and the increasingly late age at which marriage takes place, it cannot be long before reductions in the birth rate will occur. Most women will have passed the greater portion of their fertile period before marriage. Thus we may see the problem of overpopulation solved without recourse to contraceptive practices. The problem of the unmarried girl, however, becomes intensified under these same influences.

BIBLIOGRAPHY

1. Mills, C. A., Arch. Int. Med., 1930, XLVI, pp. 569 and 741.

2. Mills, C. A., & F. A. Senior, Arch. Int. Med., 1930, XLVI, 921.

3. Stark, James, Report to Registrar General, contained in Eighth Detailed Annual Report of Registrar General of Scotland, 1866.

4. Duncan, Matthews, "Fecundity, Fertility and Sterility," second Edition, 1871, William Wood & Co., New York.

5. Engelmann, George J., Trans. Amer. Gyn. Soc., 1901, vol. 26, p. 77.

DISCUSSION

HENRY JOHN, M.D., Cleveland, Ohio: Dr. Mills has presented a large series of very interesting data in such a concise form—carefully tabulated and charted—which speak for themselves. I really feel that there is nothing I can add to the discussion inasmuch as there are no other comparable data to offer. I wish to congratulate Dr. Mills on the tremendous effort he has put forth in acquiring this means of information which throws further light on the problem of the relation of climate to human fertility. Anyone who has worked in statistics knows how much work these data represent. I have only one question to ask: The preceding paper by Dr. Fullerton on sterility, in which he stressed the point of attack in investigation of this, namely, that such an investigation should start first of all with the husband and if he is found active, only then proceed on to the investigation of the female—a very logical procedure—whether during the course of such an investigation one should not take into consideration also the problem of climate—i. e. whether there are times of year when such an investigation would not bring forth more positive findings in certain months of the year and thus make the problem simpler and more positive. I should like to know whether Dr. Mills can throw any light on this point.

DISCUSSION

E. R. HAYHURST, M.D., Columbus, Ohio: Speaking of the possible climatic relations to various diseases, important factors naturally interpose themselves whose possible effects are difficult to differentiate such as temperature, humidity, sunshine, diet, racial complexions, etc.

Albeit, the relative importance of these, our speaker has endeavored to weigh. It is, however, a most difficult problem. For instance, in the case of diabetes, where exceptions are found in the relation between high sugar consumption and high diabetes death rates in Hawaii and Cuba, and to a less extent in Italy, one has to take into consideration the use of sugar-substitutes by a large percentage of the population of these places, in the nature of sugar-cane, wines, grapes, and sweet fruits and vegetables. I recall a statement somewhere to the effect that the diabetes rate in the Barbadoes is high among the sugar-consuming population of foreign extract but very low among the sugar-cane-eating natives.

Deductions from national statistics on mortality are only as reliable as the diagnosis, and the absence of post-mortem findings in most countries in the world must jeopardize reliance on many of them. On the other hand, I think we can accept the statistics on birth rates for countries having official registration areas which means accuracy of 90 per cent or thereabout in securing the registration of births. For many countries and states, unfortunately, 90 per cent efficiency is not obtained, although in the usual registration areas the percentage of accuracy is considerably higher than 90 per cent. The actual number of births is invariably higher, also, than official statistics indicate. This phenomenon is influenced by such factors as illegitimacy, by rural as compared to urban residence and, in this country, by race and geographical location.

Regarding the sole factor of atmospheric temperature influences on endocrinal diseases and conception rates, it should be pointed out that the standards for *artificial* temperatures in the winter season vary in different countries. Temperatures well over 70° are customarily maintained in the United States,—a Porto Rican condition, therefore, the year round—as contrasted with temperatures of 65° and below in England and middle Europe, and of 80° and above, according to Stefansson, in the Eskimo igloo. It would seem therefore that if temperatures influence glandular activities, including the sexual glands, mean *artificial* temperatures might have some influence.

Changes in the apparent ages of beginning menstruation and in fertility in the past decade or so in this country, may be, perhaps, definitely related to changing dietary habits, such as the increased use of milk and its products, vegetables and fruits, and the decreasing use of meats, and certain forms of cereal foods. Some of these changes are reported to be as much as 50 per cent within the past decade and if there is a fertility vitamin or similar food constituent influencing human conception, this factor of changing diet may be an important one.

As Dr. Mills indicates, his figures on the age of beginning menstruation are rather too small for definite conclusions as yet, but reliable figures upon this phase of the subject may ultimately be accumulated in magnitudes sufficient for reliable deductions. It is, of course, a surprise to most of us to learn that the age of menstruation and the preponderance of sexual fertility in this country are, respectively, earlier and greater in the Northern as compared to the Southern States. We have always assumed the opposite to be true, influenced by the preponderance of early marriages in the South. It would seem to me, however, that the relative sexual activity of males in the South as compared to the North, should be investigated as a factor in early marriage, if not in relative fecundity.

While the speaker's paper offers evidence to show that the time of the year for marriage does not affect the conception rates more than partially so far as the season for most births are concerned, still, in large sections of the civilized world, marriages are seasonal and first births are seasonal. Whereas the June weddings predominate with us, the Registrar General's *Annual Statistical Review of England and Wales*, 1929, shows that the number of marriages recorded in the July-September Quarter were double those recorded in the January-March Quarter. I am informed by a physician who has practiced for years in China that the Japanese summer season is one of excessively hard work, particularly for the men. May not this be a factor in the unusual seasonal depression of Japanese conception rates as well as the humid heat of the summer season there? It is, of course, difficult to say.

If the reproduction period, because of some deep basic factor, is occurring earlier in life, as illustrated by the figures recited for Norway and the figures for menstruation compiled by the writer, and if marriages are occurring later in life, students of population economics must seriously consider what the consequences are to be. What will be the influence on the birth rate and on population? Other questions likewise arise: What is the influence of modern literature upon earlier sexual activity and especially the influence of the spread of birth-control upon sophistication after the first baby comes and particularly after 25 years of age? After all, have not these artificial factors perhaps come in as greater influences than natural phenomena such as climate, temperature and geography?

It is evident that this valuable paper contributes surprising facts and at the same time raises many questions as to the underlying causes of these facts.

CLOSING DISCUSSION BY DR. MILLS

Several points have been raised in the discussion, requiring a few further remarks on my part.

I realize the inaccuracies resident in all mortality statistics, but in dealing with large masses of population as I have, and only with states within the Registration Area, I feel that the errors have been reduced as much as possible. At the present time mortality statistics in the Registration Area afford us the best index available for the severity of the metabolic diseases.

One of the other questions raised was as to the effect of hard work on the part of the adult population during the summer months in relation to seasonal changes in conceptions. I need only point out that in Kansas the number of conceptions markedly diminishes in the harvest months of hard labor, while in Canada the same months of most severe labor show the highest conception rates of the whole year. During winter in the North, when physical labor is at a minimum, conceptions are lowest.

Recent changes in diet in America have been suggested as perhaps producing the earlier onset of the menses and increase in fertility early in life, but this cannot be playing much of a role. The change in age of beginning menses from the European level of 15.5 years down to our present low level of 13.1 years in America was noted almost two centuries ago in the American Colonies, long before the recent dietary changes were a factor. Furthermore this change in puberty is only progressing down toward the Indian level of 13+ years, so that there must be some deep fundamental force at work bringing about this adjustment in the immigrant people of this continent.

Mention has also been made that if climate is a factor, then we in the northern states should behave as do the Porto Ricans, since our indoor winter temperature is usually above 70° F. This only emphasizes what I have previously said about the stimulating qualities of weather: that it is the frequency and severity of temperature changes that determine the degree of stimulation. Therefore, if we live in houses kept at such a high temperature during the cold months, but make frequent excursions into the outer winter air, then we must develop a most active metabolism in order to meet the sudden changing in environment at frequent intervals. In other words our high indoor temperatures only serve to afford more severe contrasts with the outdoor conditions, and to result in the maximum of stimulation. Europe, with indoor temperatures much lower than ours, shows fewer evidences of the severe metabolic over-stimulation that is becoming so evident in America.

This same argument applies to the Eskimos. Although the temperature in their igloo is around 80° F., this only affords the more marked contrast to the external conditions. Their bodies must be adapted to meet very widely diverse conditions. Their basal metabolic rate is high and the onset of puberty early, fitting them in very well with our ideas as to climatic effects.

Tonsils ≠≠≠ Anatomy and Treatment

JOHN A. LUKENS, M.D., F.A.C.S., Toledo, Ohio

IN the discussion of the anatomy of the palatine tonsils, I shall mention only the main points and some of the newer developments brought out by recent dissections. Time will not permit a detailed description.

The palatine tonsils are two masses of lymphoid tissue partly imbedded, one in each lateral wall of the oro-pharynx. They vary in size and shape in different individuals, and at different ages.

Each tonsil lies in the lower part of a recess, the "sinus tonsillaris", which is bounded behind by the mucous membrane covering the pharyngo-palatine muscle and anterior by the glosso-palatine muscle. The sinus is limited above by the soft palate and below by the margin of the tongue. On drawing the anterior pillar forward there is exposed a triangular fold of mucous membrane passing backward to the tonsil. This is known as the "plica triangularis". Above is a reduplication of mucous membrane across the "supratonsillar fossa", which is called the "plica semilunaris". Below and connected with it is the plica infratonsillaris or retrotonsillaris. This is also spoken of as the pharyngeal branch of the palatine tonsil.

Relations: The medial or free surface of the tonsil is covered by mucous membrane, and is studded with small crypts, from which numerous follicles branch out into the tonsillar substance. The lateral surface is adherent to a so-called fibrous capsule which is continued into the plica triangularis. It is separated by loose connective tissue from the inner surface of the superior constrictor muscle of the pharynx, this muscle intervening between the tonsil and the external maxillary artery with its tonsillar and ascending palatine branches. The internal carotid artery lies behind and lateral to the tonsil at about 2 cm. from it.[1]

In the earlier literature tonsils were spoken of as almost shaped masses of lymphoid tissue and having a definite capsule. Robert H. Fowler[2] describes the tonsil as consisting of two main lobes or pockets: the upper lobe, which is a hood-like pocket, and a smaller lower lobe from which there is a protruding central lymphoid mass. Between the upper and lower lobes he describes and demonstrates what he calls the "hour glass" constriction. This is a groove running antero-posterior, belting the tonsil below the middle. To this there is a muscular attachment which he has called the "tonsillopharyngeus". The so-called capsule is really a separate layer stripped from the adjacent pharyngeal aponeurosis. Quoting Fowler:

"The tonsil is separated from the muscles of its bed by thin, delicate areolar connective tissue interspersed with straying muscle fibers. The areolar tissue nearest the body of the tonsil tends to adhere to it in form of a sheet, while the similar tissue nearest the muscles tends in its turn to adhere to them, forming a second sheet. Between these two outer and inner denser sheets the fibers of the areolar tissues are loosely organized, thus permitting motion and forming a potential space where cleavage makes surgical dissection possible". This is the usual site of pus from quinsy. This space becomes obliterated by adhesions after such attacks, making tonsillectomy difficult.

The arterial supply of the tonsil is from several sources and the vessels are irregular in arrangement. All are ultimately from the external carotid artery and for the most part pierce the capsule to enter the lower half of the organ. 'The ascending palatine and tonsillar branches of the facial artery, enter the base of the tonsil; anteriorly the tonsil receives branches from the lingual, posteriorly from the ascending pharyngeal branch of the external carotid; above from the descending branch of the internal maxillary together with a twig from the small meningeal.'[3]

The veins form a tonsillar plexus and drain through the descending pharyngeal plexus into

Read before the Eye, Ear, Nose and Throat Section, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

the internal jugular, and upward through the posterior palatine to the pterygoid plexus and into the external jugular.[2a]

The lymphatics of the tonsillar region pass chiefly to the upper cervical lymph nodes. One of these which is located just behind the angle of the jaw is constantly enlarged in tonsillar infection. There are also connections with the submaxillary and superficial cervical nodes.

Infection may cause these glands to break down and form a phlegmon which may descend into the mediastinum or may erode large vessels in the neck.[25]

The nerves are derived from the sphenopalatine ganglion, and from the glosso-pharyngeal.[1] It is reported that in some cases the glossopharyngeal approaches so closely to the field of operation that it is exposed after the tonsil has been removed.[2]

TREATMENT

I will discuss the treatment under the following headings: surgical, medical, *X*-ray, radium, ultra violet rays and diathermy or electrical coagulation. In going over the literature I have found many contradicting reports given. I shall endeavor to present an unbiased summary and hope that the discussants may be charitable.

Under surgery we have two main types of operations with many variations. One is the guillotine and its modifications, the other is dissection. Under these two heads are numerous modifications and variations, but both types have as their objective the complete removal of the whole tonsil and nothing but the tonsil. Painter[4] believes in complete dissection of tonsil including the capsule with it, as he thinks that the capsule has power of reproduction and that there may be a recurrence of tissues if left in. Stevenson[5] uses careful dissection of tonsil, using no snare at any time in his operation. On the other hand Stein,[6] using a Beck-Schenk snare, reports his observations after six years of constant use of the Sluder method for tonsillectomy as follows: "I am firmly of the opinion that there is no operation that is as thorough and complete, does the least damage, causes the least bleeding and gives the prettiest end results as does the Sluder operation". Hansel[7] cites Dutron as advocating dissection as the method of choice and also Poras as preferring dissection in adults, but in children Sluder's method.

In the surgical treatment of tonsils the question of removing the plica triangularis must be considered. Here, too, opinions differ. Fowler[8] believes in leaving the upper two-thirds of the mucous membrane of the plica attached to the anterior pillar, and removing the lower third with the infratonsillar nodules. Leshin-Pearlman[9] have been removing the plica triangularis with the snare following tonsillectomy with the Beck guillotine for several years and have noticed no severe contractions or any unusual complications. This last has been the usual procedure and results the essayist has had when using the Beck-Schenk instrument. However, in cases of singers I leave the plica intact. French[10] does a radical removal of the plica along with any infratonsillar lymphoid tissue present and reports no bad results.

Kaiser[11] reports the late results seen in 2200 children ten years after surgical operation for removal of tonsils and adenoids. He claims the benefits are evident only in the reduction of sore throat, cervical adenitis, otitis media, scarlet fever, diphtheria, rheumatic fever and heart disease.

Medical treatment other than radiation is limited. It may consist of massage and pressure applied locally to the tonsil to express debri from the crypts and also "boring" out the crypts with various antiseptics. Taylor[12] describes a trumpet shaped glass tube which fits over the tonsil. This contains medicated cotton through which compressed air forces medication into the tonsil. Barnett[13] recommends "London Paste" to be used where for some reason surgical removal can not be done. This paste consists of equal parts of caustic soda and hydrated lime mixed with a little alcohol. This is applied locally after a local anesthetic and acts as a caustic, similar to a cancer paste.

Treatment of diseased tonsils by *X*-ray according to Murphy[14], Witherbee, Craig, Husey and Sturm of the Rockefeller Institute brings about a definite diminution in size of the hypertrophied tonsils; that there is less occluded debris in the crypts, less exudate and sepsis, particularly in reference to hemolytic streptococci. However, Whiters[15] points out danger of temoprary or permanent epilation and cutaneous atrophy of the area of skin. Lafferty and Phillips[16] report excellent results with *X*-ray therapy, but in discussion of their paper Dr. Joseph Beck claims that he has examined tonsils that have been rayed a number of times and found pus sacs. He believes *X*-ray removes lymphoid tissue but does not remove infection. Scal[17] claims that in getting the Roentgen rays to act on the tonsil it also acts on adjacent lymph glands, and dry mouths resulted. Other men, including Paccini,[18] Simpson,[19] Denman,[20] combine the use of *X*-ray with other radiations of radium, or ultra violet ray and claim good results.

Radium has been used by several in preference to other non-operative methods. Withers[15] claims it has the advantages that its radiation is constant and it may be distributed in plaques, tubes, needles or bare tubes of emanation may be applied directly where the effect is desired without injury to the surrounding parts. Scal[22] also has preference for radium in non-surgical cases but feel that the radical operation of tonsillectomy ha been found to be the most efficient. Robinson,

however, feels that radium cleans up the whole throat and in this manner is superior to surgical operation.

Electrocoagulation for removing tonsils is the application of high frequency current from a diathermy machine. This method is recommended by many, including Tomlinson[22] and Dan McKenzie.[3] However, these men who advocate this method feel that it requires a fine technique and proper judgment. If the whole tonsil be removed at one operation the post-operative pain is too severe and there is risk of bleeding. Novak[24] reports all of his cases had a very stormy convalescence, including difficulty in swallowing, edematous palate, inability to speak and an unusual amount of sloughing. He feels this method cannot compete with present day surgical methods.

CONCLUSIONS

1. In studying the literature on the recent methods of eliminating diseased tonsils, I feel that the present day surgical procedure is the quickest, safest and most efficient.

2. In cases which can not have surgery for any reason, radium seems to present the second choice with *X*-ray following a close third.

3. The ultra violet ray seems to have only a local germicidal action. It may have some tonic effect when used for general radiation of the body.

4. I am not convinced from the literature that I have covered, that electro-coagulation is ever preferable to the methods already mentioned.

316 MICHIGAN ST.

BIBLIOGRAPHY

1. Gray's Anatomy.

2. Fowler, Robt. H.: "Tonsil Surgery", Philadelphia; F. A. Davis Co., Pub., 1930, page 271, 2A, page 39.

3. Herbert O. Birkett in Jackson and Coates: "The Nose, Throat and Ear and Their Diseases", 1929, page 283.

4. Painter, A. M.: Important points in tonsillectomy. Am. Otol., Rhiniol., and Laryngol., St. Louis 39: 815-823, 1930.

5. Stevenson, R. S.: The surgical anatomy of the tonsil and its bearing on complete tonsillectomy. Practitioner, Lond., 124: 82-91, 1930.

6. Stein, E. J.: My observations after 6 years of constant use of the Sluder method for tonsillectomy. Laryngoscope, St. Louis 32: 961-965, 1922.

7. Hansel, French K.: Progress in Otolaryngology. A summary of the bibliographic material available in the field of Otolaryngology; Tonsils and Adenoids. Arch., of Otolaryngology, Chicago; Volume 11, April, 1930, page 507.

8. Fowler, R. H.: The advisability of including the Plica Triangularis in tonsil removal. Laryngoscope 37: 775, 1927.

9. Leshin, N.; Pearlman, S. J.: Are Tonsilar Recurrences entirely due to Faulty Operative Technic? Arch., of Otolaryngology, Chicago, 13: Jan., 1931, page 44.

10. French, T. R.: Expanded Tonsillectomy in Jackson C., Coates G., and Jackson C. L.; Nose, Throat and Ear and Their Diseases, Philadelphia, W. B. Saunders Company, 1929, page 278.

11. Kaiser, A. D.: Results on Tonsillectomy. A comparative study of 2200 tonsillectomized children with an equal number of controls 3 and 10 years after operation. J. Am. M. Assoc., Chicago, 95. 837-842, 1930.

12. Taylor, J.: An instrument for suction, medication and massage of tonsils with uses in general medicine. Boston, M. & S. J. 187; 539, 1922.

13. Barnett, H. N.: A note on the nonoperative treatment of tonsils. Lancet London 1; 872, 1929.

14. Murphy, James B.: Witherbee, W. E.: Craig, L. L.: Husey, R. G.: and Sturm, Ernest: New York, Rockefeller Institute for medical research. Induced atrophy of hypertrophied tonsils by Roentgen Ray, J. Am. Med. Assoc. Vol. 76, No. 4, page 228, Jan. 22, 1921.

15. Withers, S.: On the use of radium to affect an atrophy of pharyngeal lymphoid tissues. A topical review. Laryngoscope, St. Louis 32: 163-179, 1922.

16. Lafferty, Robert H. and Phillips, C. C.: Radiotheraphy of Diseased Tonsils. J. Radiol., Omaha 3: 132-134, 1922.

17. Scal, J. C.: The Inoperable Tonsil, treatment with radium in preference to other non-operative methods. Arch. Otolaryngeol., Chicago 11: 459-562, 1930.

18. Paccini, A. J.: Washington, D. C. The X-ray treatment of tonsils with conjoint use of ultra violet radiation. (Paper presented to the Radiological Society of North America, Dec. 7, 1921.) J. Radiol., Omaha 3: 131, 192.

19. Simpson, C. Augustus: Washington, D. C. Atrophy of lymphatic and tonsillar tissue by radium and X-ray. The Journal of Radiol., Vol. 11, No. 8, page 35 to 38, Sept., 1921, read at the midsummer meeting of the Radiological Society of North America at Boston, June 3, 1921.

20. Denman, I. O.: Triad of radiation in pharyngotonsillar infections. Am. J. Phys. Therap., Chicago 1: 121-125, 1924.

21. Robinson, C. F.: A non-surgical treatment of diseased tonsils. Am. J. Clinic, M. Chicago 29: 180, 1922.

22. Tomlinson, G. M.: High-frequency in tonsil pathology; Phys. Therap., Balt. 47: 317-322, 1929.

23. McKenzie, Dan.: Gradual diathermy destruction of the faucial tonsils. J. Laryngol., and Otol., London 45; 686-690, 1930.

24. Novak, F. J.: The electro-coagulation method of treating diseased tonsils. J. Am. M. Asso., Chicago 80; 1842-1923.

25. Lukens, John A.: Fatal type of hemorrhage following throat infection. Ohio State Medical Journal, Nov., 1929.

BOOKS RECEIVED

Gynecology and Urology for Nurses. By Samuel S. Rosenfeld, M.D., F.A.C.S. Adjunct Obstetrician and Gynecologist, Lebanon Hospital, New York City; Lecturer in Obstetrics and Gynecology to Lebanon Hospital. School for Nurses; Diplomate of the American Board of Obstetrics and Gynecology. William Wood and Company, New York.

Surgical Pathology of the Skin, Fascia, Muscles, Tendons, Blood and Lymph Vessels. By Arthur E. Hertzler, M.D., Surgeon to the Agnes Hertzler Memorial Hospital, Halstead, Kansas; Professor of Surgery, University of Kansas. 260 illustrations. J. B. Lippincott Company, Philadelphia, Montreal and London.

The Nurse's Medical Lexicon. For the Use of Graduate and Student Nurses, of Premedical and Dental Students, and of the General Public. By Thomas Lathrop Stedman, A.M., M.D., editor of the "Twentieth Century Practice of Medicine", of the "Reference Handbook of the Medical Sciences", and of "A Practical Medical Dictionary"; formerly editor of the "Medical Record." William Wood and Company, New York.

How's Your Blood Pressure. By Clarence L. Andrews, M.D., Attending Physician and Medical Chief at the Atlantic City Hospital. The Macmillan Company, New York.

Myasthenia Gravis.

C. H. BAYHA, M.D., Toledo, Ohio

THE syndrome of myasthenia gravis has been known a little over fifty years, the first case being described by Wilkes in 1877. According to Keschner and Strauss, who wrote a monograph upon the disease in 1927, about 300 cases had been reported at that time.

The most important contributions to the literature on the subject since it was first described have been made by Oppenheim in 1887, when he reported "a case of chronic progressive bulbar paralysis without anatomic findings" and regarded it as a neurosis; a chronic progressive and fatal neurosis. This view was held by many until cases were reported with definite pathologic findings and it was then abandoned.

Goldflam, in 1891, found that in his cases no actual paralysis of muscles was present, but only a too ready exhaustion. Jolly, three years later, investigated this muscle exhaustibility in great detail, and described the myasthenic reaction, which bears his name. This reaction consists in the rapid tiring of the muscle when stimulated by a faradic current.

Buzzard, in 1905, described the lymphocytic infiltrations, seen chiefly, in muscles of patients with this disease and gave them the name of "lymphorrhages"; but was not inclined to ascribe the functional disturbances to these changes. He emphasized the fact that slight changes in the muscle fibre are frequent; but severe muscular atrophy is rare. He also stated that proliferative and degenerative changes in the thymus were frequent, but not constant findings.

Markeloff, in 1912, reported that the abnormal fatigue was not confined to striated muscle, but involved the smooth and cardiac muscle and even the psychic lives of these individuals.

Foxe, in 1928, contrasts the ready exhaustibility of the somatic musculature in myasthenia gravis with the infatigability of dystonia musculorum deformans, reviews the visceral symptoms, which have been reported in myasthenia gravis and reports a case of his own which had marked palpitation and dyspnea. Bowel atony, which was studied fluroscopically, gave rise to constipation and incontinence of feces when a laxative had been taken, was observed. A slight retention of urine occurred in the evening and disappeared in the morning in this case. The visceral symptoms, like the weakness of the voluntary muscles, were all better with rest, worse when the patient was tired.

Querido, in 1929, after careful study of the perivascular cells, described by many authors, comes to the conclusion that the cells are not all lymphocytes, and thinks the essential pathologic process is a chronic proliferating perivasculitis, which is seen not only in muscles, but in parenchymatous organs, such as the liver, kidney and lungs.

Read before the Section on Nervous and Mental Diseases, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

ETIOLOGY

According to Kerschner and Strauss the disease is more common in females than males; it is a disease that may occur anytime, but is more commonly seen between the ages of 20 and 50 years.

It has been reported as following influenza, typhoid fever, diphtheria, scarlet fever and acute articular rheumatism. Lead poisoning, excessive physical exertion have been reported as preceding the onset of the disease and a number of cases have been associated with pregnancy.

SYMPTOMATOLOGY

The characteristic feature of the disease is the abnormal tiring or exhaustibility of the muscular system. The disease begins insidiously and the most common early symptoms are those arising from weakness of the ocular and facial muscles and the muscles of mastication, so that diplopia, ptosis and difficulty in chewing are very common early symptoms. Disturbances of swallowing are troublesome and tend to become worse. These patients are commonly unable to chew solid foods and have to be fed soft or liquid diets. Regurgitation of fluids through the nose is most annoying, and in the acute or late phases of the disease one must resort to tube feeding. The facial expression is characteristic, there is likely to be a unilateral or bilateral ptosis, the corners of the mouth are turned down, and on attempting to smile there is a peculiar nasal snarl. The voice is apt to be nasal because of tongue and palatal weakness, and when the weakness is pronounced they are aphonic and the mouth hangs open, because of the weakness of the masseter, temporal and pterygoid muscles.

In contrast to the exaggerated positive lip and palate reflexes, and pathologic arm and finger reflexes seen in pseudobulbar palsy, in myasthenia gravis these reflexes are normal. There is usually no gross atrophy and no true paralysis of any of the muscles nor are any fibrillary twitches seen in the tongue, findings so prominent in true bulbar palsy. Dyspnea due to a weakness of the respiratory muscles is common and occasionally causes death. Atrophy, which is possibly from disuse, may be seen in the more chronic cases.

As emphasized by Keschner and Strauss there is a permanent weakness of the muscles affected as well as an increased tendency to exhaustion in muscles of these patients. The muscles of the

trunk and extremities are often involved, but weakness of these muscles is usually later in onset and less marked in degree than that in the facial or ocular muscles.

PATHOLOGY

Keschner and Strauss say that in about 50 per cent of the cases investigated, small foci of cells, called by Buzzard "lymphorrhages", are found throughout the skeletal muscles and in other organs.

Wiegert was first to regard these collections of cells as metastases of a thymic tumor, and thymic tumors have been found in a surprising number of cases of the disease, but many cases in which the "lymphorrhages" are seen no thymic tumors can be found. Other observers, including Querido, regard the pathologic changes as a chronic proliferative perivasculitis. Other pathologists have reported that the muscles examined show only a simple or degenerative muscle atrophy.

The pathologic changes reported in the nervous system have been slight or inconstant. Attempts to link up the disease to endocrine disease other than disease of the thymus have been futile.

The prognosis in myasthenia gravis is rather bad ultimately, although the patients are prone to have remissions in the course of the disease and live for long periods. Cases have been reported as living as long as twenty years with the trouble.

CASE REPORT

CASE 3366—Miss M. C., age 65; first seen February 2, 1929. Family history good, her mother and father living to be 78 and 82 years old respectively, and seven siblings being alive and in good health at the present time. No history of any nervous diseases or diseases of the endocrine glands in the family.

Past History: Diphtheria and scarletina as a child, influenza without complications in 1918. Pleurisy affecting left side of chest two years prior to admission. Bleeding peptic ulcer, which had not been operated 20 years ago. No symptoms now.

Present Illness: About six years ago she began having transient diplopia, or double vision, and drooping of the right eyelid. These have been very annoying symptoms throughout the illness. Always worse in afternoons, worse when she is tired, better when she is rested. She has been to a number of ophthalmalogists, who were unable to give her any relief.

She began next, about three years ago, falling unexpectedly, and has had a number of rather bad falls, although she never injured herself seriously. Several times she fell while climbing stairs. Six months prior to our first observations she began having trouble in chewing, which was worse with the evening meal and better in the morning. About the same time also experienced some difficulty in swallowing liquid foods, and began regurgitating liquids through her nose. The difficulty in chewing and swallowing has become more marked in recent months.

She has had a number of remissions of all her symptoms since her trouble started and in these instances her health was quite good. Once following an illness called "grippe" by the attending physician she had a recurrence of weakness which lasted several months.

Physical Examination: She is fairly well nourished with no apparent atrophy of any muscles and has some drooping of the eyelids, more marked on the left than on the right side. She apparently has some weakness of the muscles of her forehead and cannot wrinkle the forehead or raise her eyelids well. She wears a patch over the right eye to eliminate the double vision.

The general physical examination is negative. Her blood pressure, pulse and temperature are within normal limits. Her urine is normal. The blood count, including a differential count, is normal. The blood Wassermann is negative.

Several determinations of the blood urea, creatinine and sugar are normal. X-rays of the chest showed no mediastinal widening or other pathology, and those of the stomach were normal. The gastric analysis was also essentially normal. An electrocardiogram shows a slight sinus tachycardia, right ventricular preponderances and an inversion of the T wave in the third lead. These findings are of little significance.

Her speech was indistinct and she tends to mumble words. Neurological examination, done late in the afternoon, disclosed a marked weakness of the facial muscles, most marked in forehead and eyelids. The masseters and temporal muscles were also lacking in power and she was unable to raise her hands high enough to comb her back hair. She was unable to walk on either her toes or heels and she was, also, unable to step up upon a step 4 inches high with either leg. She was unable to rise after falling in an attempt to step up upon a higher step.

The reflexes, including those of the palate and lip, were all normal and sensation was intact throughout the body. The deltoid muscles, when stimulated by a faradic current, gave a positive myasthenic reaction.

She was referred to an ophthalmologist for consultation, and he reported that examination of the eyes externally was negative with the exception of a bilateral ptosis of each upper lid. The pupillary and fundus examination were negative in each eye. The muscle balance showed an esophoria of 10 prism diopters and a right hyperphoria of 4 prism diopters. These findings changed, however, even during the examination. Using a red glass she had a definite diplopia at a 5 meter range, but monocular vision at ½ meter distance.

She was sent to Flower Hospital for further observation and treatment. Blood calcium studies at the hospital were done, the first reading being 7.4 mg/100 cc., a value somewhat below normal. Two other readings taken later after she had been on a high vitamin, high caloric diet with calcium lacto-phosphate, were normal. While in the hospital she had a gastro-intestinal upset characterized by nausea and vomiting, which rather nullified our attempts at treatment.

Ephedrine sulphate, in 25 mg. doses, was given several times daily, and she seemed to think that her strength improved following its use, but the side effects, i.e. nervousness, tachycardia, general shakiness were so disagreeable to her that she refused to take more than 75 mgs. daily.

She was discharged somewhat improved from the hospital and sent home where she was advised to have sunlight, rest and proper dietary measures. She continued taking ephedrine intermittently until the present time.

In 1930 we obtained some of Koehler's suprarenal cortical extract, but after a months' trial

its use was discontinued, as we were unable to see any improvement following its use.

Still later in 1930 she went to upper New York state, and while there she suffered an attack of what was thought to be a bowel obstruction, and she was sent to the Albany City Hospital, where it was said that she had a prolapsed rectum.

An autobiographic account of a personal experience with ephedrine was reported by Harriet Edgeworth, a laboratory technician, who has had myasthenia gravis for several years, was reported about a year ago. She has been studied intensively in several institutions, and is very dependant upon ephedrine, which she feels definitely relieves some of the muscular weakness. While at the Mayo Clinic she was given Koehler's extract, but like the case reported here, she failed to obtain any relief from its use.

Greene, in a personal communication, tells me that the new cortical suprarenal extract of Swingle and Pfifner, which so markedly relieves the asthenia of Addison's Disease, has also failed to relieve the asthenia of myasthenia gravis in the few cases where it has been used. Miss Edgeworth has taken at least 6/8 grains of ephedrine daily for several years without untoward effect.

CONCLUSIONS

A case of myasthenia gravis is presented with a short summary of what is known of the syndrome.

Ephedrine sulphate was the most satisfactory agent that we tried in relieving the asthenia of the syndrome.

2001 COLLINGWOOD AVE.

REFERENCES

E. F. Buzzard: Brain 28: pg. 438.
Moses Keschner and Israel Strauss: Arth. Neurol and Psychiatry, Vol. 17—1927—Pg. 337.
Goldflam: Neurol. Central bl. 21:97—1902.
G. I. Markeloff—quoted by Keschner and Strauss.
Arthur N. Foxe: J. N. and Ment. Dis., Vol. 68, Pg. 134, 1928.
Arie Querido: J. N. and Ment. Dis., Vol. 69, Pg. 522, 1929.
Harriet Edgeworth: Personal Communication.
C. H. Greene: Personal Communication.
A. H. Koehler: Tr. Assoc. Amer. Physicians 44; Pg. 300, May, 1929.
Carl Wiegert: Neurol. Central bl. 20:597, 1901.

The Relation of the Physician to the Industrial Commission of Ohio

W. E. OBETZ, M.D., Columbus, Ohio

THE consideration of this subject should be of interest not only to the members of this section on Industrial Medicine but to all physicians practicing in the state.

The truth of this statement is evident when it is considered, first, that the Ohio Compensation Law gives the injured employee the right to choose his own physician (except in a few self-insuring plants which furnish medical care) and, second, that industry in some form is present in every community and any physician may be called to treat industrial injuries.

At the present time there are more than 42,000 employers contributing to the State fund and depending on the physicians of the state to treat their employees. There are also about 260 self-insuring companies, some employing thousands of workers.

While it is true that most reports of accidents come from the industrial centers, yet workmen in various occupations travel into the remote rural communities in the course of their employment. Four examples may be mentioned, highway employees, telephone linemen, well drillers, gas line workmen, miners, etc.

Then of course, there are the public employees, such as school teachers, janitors and others employed by the public.

Two such injuries requiring prolonged treatment are recalled; one a school teacher who fell from a stepladder and the other a public health nurse who was injured while digging her car out of the mud.

There were 212,750 claims filed during 1930, or an average of about 590 claims for each day of the year. These, of course, include all types of injuries, from a smal laceration or a foreign body in the eye to the severe or fatal injury.

There were probably a number of other injuries, treated by nurses or at first aid stations, for which claims were not filed. In over 1800 of these injuries there was a loss of some member of the body and 1258 were fatalities.

These figures are given to show the great amount of medical care that is necessary in the treatment of industrial injuries.

The next figures will be probably more interesting to you, as physicians, showing what the Commission pays for "services rendered." Our Auditing Department reports that in 1930 the sum of $3,390,547.24 was paid for medical care and $1,500,927.56 for hospital care.

It is impossible to state to what number of physicians this money was paid but it makes an average of nearly $16.00 per claim filed. It must be understood, of course, that the money spent in any year does not pay for the claims filed during the same period. Other estimates which have been made show that the average medical cost per claim is about $20.00.

*Read before the Section on Public Health and Industrial Medicine, Ohio State Medical Association, at the 85th Annual Meeting, Toledo, May 12-13, 1931.

The physician who treats only a few minor injuries may not reach this average but one who treats 100 injuries would probably receive more than $1,600 in fees. There are no doubt many physicians who do not file many industrial claims, but those who do have found their industrial work quite a nice source of income, especially during the past months when collections have been difficult.

It is a rule of the Commission that, if a claim is found compensable, the bills for all necessary medical and hospital care shall be paid in accordance with the provisions of the fee schedules.

Therefore, it is a safe conclusion, that if a physician is reporting a definite injury, sustained in the course of employment, he is almost certain to be paid for his services.

Now, let us consider what the Commission requires of the physician. Briefly, this can be summed up in two short sentences: first, File the report; second Treat the injury.

The filing of reports is mentioned first for the sake of emphasis and because this feature needs most comment in this discussion.

Practically every claim must have a medical report and medical proof to show that an injury was sustained resulting in the disability for which compensation is requested. Without this medical evidence a claim is practically worthless. The fact that the medical report is so important, is the chief reason why the Commission always has sought the cooperation of the physicians of the state in carefully examining the injured workman and the filing of complete, comprehensive reports. An unsatisfactory medical report always means delay and additional time and effort on the part of the Commission before the claim can be passed. This means delay in compensation for the injured man and also in the payment of medical bills.

Quite often instead of a description of the injury the medical report simply states "swollen ankle", "inflamed eye", "abscess on hand" or some such general statement which gives no information as to whether or not the condition is the result of an injury or occupational in origin. While such a report may serve as a basis for medical treatment, yet it is not medical proof of injury. Much valuable time and effort on the part of clerks, investigators, referees and others is lost in the investigation of doubtful and incomplete claims.

Much of this trouble could be avoided and the work of the department greatly accelerated, if each medical report would give a definite opinion as to the cause of disability and its relation to industry.

In death claims, especially, it is noticed that medical reports are quite often very incomplete and unsatisfactory.

It often seems that the physician, in his desire to help the dependents, tries to stretch the medical facts beyond all possible limits and occasionally gives an entirely different report than that given to the bureau of vital statistics.

To decide the compensability of such a claim often requires investigations, oral hearings, rehearings, and occasionally disinterment of the body for autopsy.

It also happens that the physician overlooks part of the injury or fails to mention it in his report. This afterwards leads to much confusion, especially if the part not mentioned is claimed to result in prolonged disability.

For example a claimant was treated in a hospital for a fractured leg. The results were fine but the man was unable to resume work because of a hernia which he claimed was a part of the same injury, but never reported by the physician. Fractured ribs and even crushed vertebrae have been omitted in the primary reports of injuries.

This emphasizes the need for thorough examinations and detailed reports.

On the subject of treatment there is but little to be said. The treatment of the injured man is left entirely to the physician in charge with no restrictions except that he render only such treatment as is necessary and file his bill in accordance with the schedule.

As to the efficiency of medical services, many opinions are expressed by the claimants. Some go about praising their doctor for excellent services; others very vigorously condemn; and still others have deserted the medical profession entirely and have turned to limited practitioners.

One of the most common complaints, especially from hospital cases, is that doctors put them in the hospital and then give them no further treatment except to look in the door occasionally while passing along the hall. This happens frequently and it was in one of these instances in which some fractured ribs were said to have been overlooked, not only in the first examination but during the entire period of hospital care.

Since this section is especially interested in industrial hygiene, the value of medical advice in the elimination of industrial hazards must not be overlooked.

Many times the employers or the plant officials do not realize the dangers to which their men are subjected and it takes a doctor to view the situation and explain the hazards.

The plant physician can also be of great assistance to the employees in assigning the proper man to the proper task. Whenever a workman is assigned to a job for which he is physically or mentally incapable, something is sure to happen; either the job will break the man or the man will break the job and perhaps injure himself and others.

The work of the Commission has greatly increased during the last few years. Many more claims are contained in the files and new duties have been added by law.

Occupational diseases have been made compensable, additional awards for violation of codes have been provided; the preparation of codes and their interpretation are all duties which have been added to the functions of the Commission.

The work has increased to such an extent that it is very difficult for the Commission to consider all the claims presented and keep up with its schedule. Only those who visit the department or appear before the Commission have any idea of the amount of work which is necessary in the administration of compensation law.

It is because of this great amount of responsibility, and the benefits to be obtained by the proper administration of this excellent law that the Commission needs the whole-hearted cooperation of the physicians of the state.

The reports of your secretary and the Committee on Economics will show that there is a very pleasant relation between the Commission and this Association.

During the past few years this relation seems to be closer and serving a better purpose than ever before. The continuation of this spirit of cooperation will not only be of great assistance to the Commission in the discharge of its responsibilities, but will bring more speedy relief to the injured and their dependents together with prompt and more satisfactory financial returns to the physician.

Observations on Upper Urinary Tract Infection In Diabetics

FREDERIC G. MAURER, M.D., (Collaboration) E. H. HEDGES, M.D., Lima, Ohio

Griffiths[1], in *The British Medical Journal* of October, 1930, reported a case of "Marked Hyperglycemia without Glycosuria." Three days antemortem, although sugar free, his patient showed a marked rise in blood sugar (633 mgs.) The occurrence was considered rare, and the possibility of such a contradictory state questioned by the observer.

Exclusive of those cases of diabetes associated with nephritis, and very often high renal thresholds, the occurrence of hyperglycemia without glycosuria while seemingly contradictory, is by no means rare, especially when infection complicates the diabetic state. Analogous to Griffiths' case, the writer also encountered a similar paradox. (Case 1.) Final analysis disclosed a cryptogenic urinary tract infection responsible for the apparent "locked threshold".

Prompted by Griffiths' report, this occasion presented itself as opportune to outline in a superficial manner, certain observations made over a period of two and a half years on diabetics presenting variable renal thresholds, and periods of carbohydrate imbalance, not to be accounted for by the usual foci of infection common to diabetics as a class.

That upper urinary tract infections, very often insidious in mode of onset and symptomology can and do play an important role in disturbing the diabetic renal threshold and carbohydrate metabolism, has been the subject of the observations referred to. No attempt will be made to classify in detail the cases studied. However, a brief synopsis of several case histories will serve, for the time alloted, to suggest further the necessity of direct urological examination in all diabetics giving the slightest suggestion of a urinary history. This is equally true in mild diabetics with a well balanced carbohydrate tolerance, as a prophylactic measure, and all the more important in those cases showing tendencies to disturbed thresholds, and carbohydrate imbalance.

No originality is to be assumed in considering the urinary tract as an infective agent in diabetics, since the role of infection anywhere in the body of a diabetic invariably increases the severity of the disease, and tends to lower carbohydrate tolerance. However, in reviewing the more prominent diabetic literature, one is impressed by the apparent lack of any specific reference to the urological field, per se, as a frequent complicating factor disturbing carbohydrate tolerance, other than text book mention, of such major pathological states as prostatic abscess; pyonephrosis or the nephritides—all with rather definite clinical signs.

Although the somewhat broad title of "Urinary Tract Infections" has been employed at this moment, observations have been primarily in those cases exhibiting such urinary tract pathology that possess a more or less "silent" symptomology. "Silent", in that they are devoid of any definite clinical signs, and when symptoms are present, they are usually reflex in character. For certainly in diagnosis, therefore, direct urological examination provides the most specific means. Only a small series of twelve cases has been observed in detail, and the principal lesions found have been, chiefly, chronic pyelitis, ureteral stricture with dilatation and subsequent hydronephrosis, and low grade renal pelvic inflammation.

CASE 1. Female, aged twenty-three years, referred to one of us by Dr. Guy Noble during the month of October, 1928. Symptoms of impending coma were evident. She had been classed a severe diabetic several years previously, having been in

*Read before the 12th Annual Clinic, St. Rita's Hospital, April 26th, 1931.

coma once before. Several weeks prior to hospitalization, she had complained of headache, lassitude, and occasional nausea. Repeated urinalysis for sugar by her physician revealed no glycosuria. On two occasions however, blood sugar estimations were made despite the negative urinalyses. Both tests showed 400 mgs. per 100 cc. of blood. Upon admission the blood sugar was 250 mgs., glycosuria two per cent, acetone and diacetic acid heavy. There was a moderate albuminuria with occasional hyaline casts. Pus cells were numerous. N.P.N. was 30 mgs. Wassermann was negative. Skin was dry, breathing Kussmaul in character, and temperature subnormal.

The usual pre-coma treatment was instituted with the patient responding favorably during the next twenty-four hours. Marked fluctuation in the blood sugar curve was noted, however, despite small insulin dosage. Patient finally showed signs of stabilization during the following three days with the acidosis apparently well in hand. On the twelfth day she was allowed up at intervals—seemingly ready for discharge. On the fifteenth day she was again nauseated, and complained of severe abdominal cramps radiating to the left lumbar region. The urine, pre-breakfast, showed 0.4 mgs.; blood sugar 200 mgs. Albumin and microscopical examination of urine negative. Acetone was faint throughout the day. General condition of the patient throughout the day and night appeared well. At 7:30 the following morning the patient passed into a state of collapse requiring active stimulation. The urine was sugar free. Two hours later, however, a glycosuria of 2 per cent, and a blood sugar of 400 mgs. was recorded. Fifteen units was sufficient to improve the patient decidedly by mid-afternoon. Small doses of insulin at supper, midnight, and early morning hours, balanced with gruels and orange juice, kept the urine sugar free with a pre-breakfast blood sugar of 130 mgs. Condition throughout the day was excellent. At four p. m. the urine was sugar free. Regular feedings were instituted wtih 10 units per meal. At ten p. m. slight perspiration was noted, and hypoglycemia suspected. The blood sugar had fallen to 40 mgs.

For the first time serious consideration was given to the possibility of a lurking upper urinary infection as being responsible for the marked variability of the renal threshold and carbohydrate imbalance. Cystoscopy revealed a pyelitis more marked on the left side. Pelvic lavage was given. It was gratifying to note the rapid improvement in the patient's general condition. Marked improvement in carbohydrate tolerance was noted, together with a reduction in insulin dosage. Her carbohydrate allowance on discharge was 110 gms. with 17 units insulin daily. She gained in weight nicely, and continued in excellent condition for two years. Six months ago glycosuria was again noticed, and could not be accounted for through any indiscretion in diet. Additional insulin was prescribed by another physician. Several shocks were experienced. The patient then recalled that she had been somewhat negligent in her kidney treatments during the past year. Resumption of urological treatments enabled her to return to her former insulin dosage and diet.

CASE 2. Male, aged twenty-six years, a known diabetic, was first seen in June, 1928, having suffered a "collapse" two days prior about five minutes after taking 20 units of insulin. There was no evidence of impending coma, but thirst and polyuria were marked. He complained at times of diffuse abdominal pain, not unlike that so often obtained in the history of an impending coma. Upon entrance he had a glycosuria of 1 per cent; blood sugar 285 mgs.; slight acetonuria, and urine microscopically negative. The N.P.N. however, was 58 mgs. White count 10,770. Blood pressure 130/100. A basal diet was prescribed, with 30 units insulin daily. Improvement was fair. Two days later, the blood sugar rose to 450 mgs. and the N.P.N. to 125 mgs. Forced fluids and hot packs reduced the N.P.N. to 66 mgs. within forty-eight hours, but the blood sugar remained high (330 mgs.) At this time the urine gave some evidence of a possible pyelitis, with cystoscopy confirming the impression. Pelvic lavage was done. Two days later the blood sugar was 130 mgs. He was discharged four days later with a normal blood sugar, and an N.P.N. of 30 mgs. After two years he continues well, seeing the urologist at infrequent intervals. Insulin dosage has dropped from 40 to 20 units daily on a 2200 caloric diet.

Typical of the "silent" nature of upper urinary tract infection, is the following case:

CASE 3. Female, aged thirty, was first seen in April, 1928. The diabetes appeared mild, with a blood sugar of 155 mgs. Arriving at a proper maintenance diet and insulin dosage, she continued well until December, 1930. Without apparent reason a persistent glycosuria was observed by the patient. She re-entered the hospital showing a disturbed renal threshold—blood sugar curve ranging from 223 mgs. to 123 mgs. with glycosuria. No definite history relative to any infection was obtainable. She did recall, however, slight difficulty in urination at times during the past several months. Microscopically the urine was negative. Cystoscopy revealed a definite pyelitis—more marked on the left side. Under urological treatment she returned to her old insulin dosage of 17 units daily, and former diet.

RENAL GLYCOSURIA AND UPPER URINARY TRACT INFECTION

Great has been our gain in knowledge of diabetes during the past quarter century. Nevertheless, certain problems still defy final analysis by eminent diabetic contemporaries; the same defiance that thwarted such immortals as Pavy, Fitz, Cantani, and others. One such problem is the real truth concerning the renal threshold, and its variability. Much has been written; nothing has been proved. "Renal glycosuria" still remains a mystery. That such glycosurias are favored by infection was considered by Cammidge.[2] The condition was well known to Leidy,[3] who observed a non-diabetic glycosuria in two cases of appendicitis with disappearance two days after operation. Cohen[4] observed similar results, while Hill[5] as early as 1861 discovered glycosuria following burns. If infection be an etiological factor—at least in certain instances in so-called "renal glycosuria"—upper urinary tract infection can obviously play a role, as is illustrated in the following case:

CASE 4. Female, aged thirteen, showed a definite glycosuria. Mid-afternoon blood sugar was 110 mgs. The glucose-tolerance curve was normal. She had, however, a marked bilateral pyelitis. Under urological treatment she became sugar free, and at present continues so on a non-diabetic diet.

QUESTION OF "INFECTION" AS ETIOLOGICAL FACTOR IN DIABETES

Another unsettled problem is the true status of infections as an etiological factor in the causation of diabetes. Joslin[6] remains open-minded on the question. In only a few cases has he been able to associate infection as an etiological factor. Geyelin[7] has observed eight cases originating within five weeks of the onset of infection, and all were known to have been sugar free before. The marked decrease in carbohydrate tolerance in diabetics once an infection appears, is all too well known, but as Joslin reminds us, demands further investigation. On the other hand, Kleen[8] contends that in connection with clinical symptoms, we must consider pathologic-anatomic lesions in diabetes as being the likely result of its effects rather than a speculative cause. In this connection it was interesting to observe the following case:

CASE 5. Male, aged thirty-eight, giving negative diabetic family history. Sugar was discovered five months previous to hospitalization. Weight loss thirteen pounds over a period of nine months. A general diabetic diet, without insulin, had been prescribed. Upon entrance the blood sugar was 167 mgs.; glycosuria 0.7 per cent; acetone negative; slight albuminuria; no casts; pus cells abundant. The N.P.N. was 26 mgs. He tolerated 100 gms. carbohydrate well, with a slight glycosuria at infrequent intervals. 5 units insulin daily reduced the blood sugar to 143 mgs. Urological examination revealed a definite colon B. pyelitis. With 10 units insulin daily, he tolerates his maintenance diet well, and is gaining nicely in weight. Whether or not this upper urinary tract infection was the sole etiological factor in causing his diabetes remains, of course, a question.

COMMENT

Eleven years ago the diabetic had his meager diet, the willing efforts of his physician, and—in many instances—but a few years to live. He was a constant worry to the physician, and practically shunned by the surgeon, since the surgical diabetic was always a dangerous risk. But then came Banting's gift, and with it "a new race of diabetics", so aptly put by Joslin.[9] Insulin, however, instead of relieving the eternal vigilance of the physician in observing his diabetic patient, has, on the contrary, challenged more determinedly his greatest efforts in diabetic treatment. McKittrick and Root[10] have shown that the surgical diabetic can now demand his full rights to surgical treatment. The anesthetist, too, has been relieved of much worry, but infection still endangers the diabetic as before.

If the urinary tract, often insidious as a complicating factor and responsible for carbohydrate imbalance, be at fault, we have now the advantage of a highly developed urological technique as a direct means of diagnosis and treatment.

BIBLIOGRAPHY

1. Griffiths—British Med. Jour.; 2:559-560; Oct. 4, '30.
2. Cammidge—Glycosuria & Allied Conditions: E. Arnold Co., London, 1913.
3. Leidy—Medical News, 1894.
4. Cohen—N. Y. Med. Jour., 1894.
5. Hill—Archives Med., 1861.
6. Joslin—Treat. Diabetes, Lea & Febiger, 1923.
7. Geyelin—Connecticut State Med. Meeting, New Haven, 1923.
8. Kleen—Diabetes Mel. and Glycosuria; Blakiston & Son. Philadelphia, 1900.
9. Joslin—Treat. Diabetes, Lea & Febiger, 1923.
10. McKittrick and Root—Diabetic Surgery, Lea & Febiger, 1928.

Misbranded "Health" Products

The injudicious use of the word "health," in the labeling of products like breakfast foods, bread and other bakery products will be subject to action under the national pure food law, according to a statement recently by the Federal Department of Agriculture:

"Breakfast foods, bread and other bakery products, and alimentary pastes are not medicines," states Dr. P. B. Dunbar, Assistant Chief, Federal Food and Drug Administration, "and such products, bearing on their labels an injudicious use of the word 'health' will be subject to action under the national pure food law."

Several domestic and imported food products bearing label representations and containing statements in the accompanying literature as to their value in maintaining, promoting, or restoring health or in acting directly as therapeutic agents in the treatment of disease have recently appeared upon the market.

These forms of labeling, according to Dr. Dunbar, have been noted particularly on cereal products, such as breakfast foods, bread and other bakery commodities, and alimentary pastes.

In many instances the statements or claims appearing upon the labels are false or misleading to an extent constituting misbranding under the Federal Food and Drugs Act. In such cases the Administration has proceeded against the commodities shipped within the jurisdiction of the act.

"The use of the word 'health' in connection with the name of such articles or the use of similar expressions on the labels constitutes misbranding unless the goods actually can be relied upon to restore or maintain the health of the consumer," stated Dr. Dunbar. "Further, it has been noted that such statements as 'rich in iron, lime, and vitamins' are not justified by the composition of the food in many cases. All statements of composition, as well as all statements of therapeutic effect, must be fully warranted; otherwise they are properly classed as misbranding."

The President's Page

A Personal Communication to the Membership from

D. C. Houser, M.D., Urbana, Ohio

The payment of dues to the Ohio State Medical Association is an important function of the various Component Societies of the State and it may not be out of place for me to call your attention to Chapter II of the By-Laws which reads as follows:

Section One:—Dues and Assessments: The annual dues and all assessments shall be determined by the House of Delegates, and shall be levied per capita on the members of the Ohio State Medical Association. They shall be payable on or before January 1st of the year for which they are levied. The dues and assessments shall be collected by the designated officer of each component society and shall be forwarded to the headquarters of this Association, together with such data as shall be required for a record of its officers and members.

Section Two:—Receipts of Dues. Qualifying Membership. The record of payment of dues and assessments on file in the offices of this Association shall be final as to the fact of payment by a member and as to his right to participate in the business and proceedings of this Association and of the House of Delegates.

Section Three:—Arrears in Membership. A member of this Association shall be deemed delinquent and in arrears in all his relationships as a member, including his rights to Medical Defense, from and during the period extending from January 1st of the current year until his dues and assessments shall have been received at the headquarters of this Association, having been remitted by the designated officer of the component society of which he is a member.

Section Four:—Penalty For Failure To Remit. Any county society which fails to make the reports required, at least thirty days before the annual meeting of the Ohio State Medical Association, shall be held suspended, and none of its members or delegates shall be permitted to participate in any of the proceedings of this Association or of the House of Delegates.

You will note that dues are to be paid "on or before January 1st of the year for which they are levied"; that they are to be collected by the designated officer of each component society, and forwarded to the headquarters of the State Association; that the record of payment of dues on file in the office of the Association *shall be final as to the fact of payment by a member* and as to his right to participate in the business of the Association; that a member shall be deemed delinquent and forfeits his rights to medical defense from January 1st until his dues shall have been *received at the headquarters* of the State Association and that any County Society failing to make the required reports, at least thirty days before the annual meeting, shall be suspended and none of its members can participate in any of the proceedings of the Association.

The State Medical Association renders much valuable service to the individual physician who is a member in good standing in his County Society and State Organization, and of all the services rendered, it appears to me that "Protection against unwarranted malpractice suits " stands out as one of the major benefits afforded those who are members. This is especially true at this time because of the economic condition.

The legitimate physician is less likely to become the prey to attempts at all sorts of "hold-ups" if he is a member of the Ohio State Medical Association than if he is not a member. Let me urge every physician in the state to see that his dues are on record at the State Headquarters before January 1, 1932.

During the month of December is the time for each County Society to make an effort to get into its society every legally qualified ethical physician. Remember that a physician who is not a member of a County Medical Society and interested in organized medicine, is always a potential liability. It is your constitutional duty to use your efforts to reduce to a minimum the number of physicians who are not members of your society. Organized medicine will be thoroughly tested in the next few years and our lines must hold. Self-seeking organizations, professional uplifters and cults "Shall Not Pass."

Some Suggestions for Winter Reading

Ohio physicians who are looking for non-scientific reading concerning doctors and medicine will find the following list of 100 books, published in a recent issue of the *Bulletin* of the Wayne County (Michigan) Medical Society, of interest. With a few exceptions, the books listed were written by doctors and have to do entirely with doctors and medicine:

History of Medicine—Fielding Garrison.
Annals of Medical History—Paul Hoeber, publisher.
Medical Leaders—Lambert and Goodwin.
Essays in the History of Medicine—Newburger-Garrison.
Essays in the History of Medicine—Sudhoff-Garrison.
Medical History of Michigan—2 volumes.
Devils, Drugs and Doctors—Haggard.
Magicians and Leech—W. Dawson.
Stalkers of Pestilence—Wade W. Oliver.
History of Medicine in the United States—Francis R. Packard.
Medicine, an Historical Outline—M. G. Seelig.
History of Medicine—Davis.
The Doctor Looks at Biography—Joseph Collin.
The Doctor Looks at Literature—Joseph Collin.
Taking the Literary Pulse—Joseph Collin.
Luke the Physician—W. M. Ramsay.
With Sabre and Scalpel—John Allan Wyeth.
Samuel Reynolds House of Siam—Pioneer Medical Missionary—George Haw Fellus.
Microbe Hunters—Paul De Kruif.
Labrador Looks at the Orient—Sir William T. Grenfel.
The Genuine Works of Hippocrates—Adam.
The Infancy of Medicine—Dan McKenzie.
Life of William Osler—Cushing.
Bibliography of the Writings of Sir William Osler—M. W. Biggs.
The Work of Gerber—Richard Russell.
Paracelsus—His Life and Doctrine—Franz Hartman.
The Religio-Medical Masquerade—Frederick Peabody.
Christian Science—Mark Twain.
Mary Baker Eddy—Dakin.
Gilbertus Anglicus—Harry E. Henderson.
Montaigne and Medicine—James Spottswoode Taylor.
Moral Principles and Medical Practice—Rev. Charles Coffers, S. J.
The Meaning of Disease—William A. White.
The Memoirs of a Physician—Vikerty Veressayew.
Book on the Physician Himself—D. W. Cathell.
Francis Rabelais—Albert Jay Nock and C. R. Wilson.
Sir Victor Horsley—Stephen Paget.
Doctor Versus Folks—Robert T. Morris.
San Michele—Axel Munthe.
Memories and Vagaries—Axel Munthe.
The Gold Headed Cane—William Macmichael.
The Quacks of Old London—C. J. S. Thompson.
Arrowsmith—Sinclair Lewis.
The Medicine Man—E. C. Dudley.
Goethe—Carre.
Guy Patin.
Doctor's Dilemma—Bernard Shaw.
Moliere—Malade Imaginaire.
Biographic Clinics—George M. Gould.
Building a Profitable Practice—Reilly.
Chronologia Medica—Sir D'Arcy Powers.
The Papers and Speeches of John Chalmers DaCosta, M.D., and etc.
The Recovery of Myself—Marian King.
Sorrel and Son—Warwick Deeping.
Health Heroes—Edward L. Trudeau.
The Book of My Life—Jerome Cardan—by Jean Stoner.
Florence Nightingale—Mr. I. B. O'Malley.
Jungles Preferred—Janet Miller.
Medical Man in the Time of Christ—Robert N. Wilson.
Maimonides—David Gellin and Israel Abraham.
Syphilis—Hieronymus Fracastor.
Postmortems—C. MacLaurin, M.D., etc.
Mere Mortals—C. MacLaurin.
Fads, Frauds and Physicians—Harding.
Life of Pasteur—D. Vallery Radot.
My Easy Chair—James H. Dempster.
Pathfinders of Physiology—James H. Dempster.
Doctors Recreation Series—10 volumes.
Doctor Serocold—Helen Ashton.
Freud and His Time.
Noguchi—Gustav Eckstein.
Hatter's Castle—Dr. A. J. Cronic—novel.
Sherlock Holmes—Doctor Watson.
Laennec—Gerald B. Webb.
Ambrose Pare—Travels—5 Foot Library.
Autobiography of a Quack—Weir Mitchell.
A Doctor of the Old School—Ian MacLaren.
The Human Mind—Karl A. Menninger.
The Human Body—Logan Clendening.
Percival's Medical Ethics.
Peaks of Medical History—Dana.
Medieval Medicine—Walsh.
Cures—Walsh.
Anatomic Illustration—Garrison.
Atlas of History of Medicine—I. S. DeLint.
Consecratio Medici—Harvey Cushing.
The Doctor in Court—Williams—Excellent.
Confessio Medici—Unknown Author.
Our Medicine Men—Paul de Kruif.
Domus Doloris—Compton Leith.
The Charaka Club—Transactions of.
Evolution of Anatomy—Singer.
The Beloved Physician—Sir James MacKenzie, by A. MacNair Wilson.
Writings of Oliver Wendell Holmes—especially Essays.
Story of a Surgeon—C. Cope.
Havelock Ellis—Sex—Evolution of Modesty, etc.
Religio Medici—Sir Thomas Brown.
Life of Claude Bernard—Sir Michael Foster.
William Harvey—D'Arcy Power.

Psychiatric Examination is Recommended as a Preliminary to Parole

The Cleveland Bar Association has recommended to the State Parole Board that no parole be considered until the prisoner has been examined by a phychiatrist and a psychologist on the staff of the State Department of Welfare and until a report of the examination together with as full a social history as possible is in the hands of members of the Board, according to an announcement by Walter L. Flory, president of the Bar Association.

According to Mr. Flory, adoption of this policy by the parole board would mean that 2500 prisoners in state penal institutions, approximately 600 of them from Cuyahoga County, who are now eligible for parole under the new indeterminate sentence law, will be examined by a psychiatrist before the board would act on their paroles. The adoption of the suggestion would mean radical changes in the administration of criminal justice in Ohio, in that, the Bar Association says, the adoption of scientific methods in dealing with the punishment and release of offenders will afford greater protection to society. It would also prevent the return of those Cuyahoga County prisoners eligible for parole who are mental defectives and whose release would probably cause them to again offend society in this county.

The examination by a psychiatrist and a psychologist would be made for the purpose of separating the insane, the feeble-minded and the psychopathic who are not ready to return to society, from the prisoners who are not so affected and on whom punishment has had such a salutary effect that they could come back to society and not cause further trouble, it is pointed out.

The recommendation is in line with action taken several years ago by the American Bar Association, which was that no person indicted for an offense should be sentenced without first being subjected to an examination by a psychiatrist or a psychologist, the announcement explained.

Ohio's New Tax System Governing Returns and Payment on Personal Property, As Classified, Effective January 1, 1932

By January 1, 1932, Ohio's new system of taxation, enacted by the Eighty-Ninth General Assembly, in accordance with the adoption in November, 1929 of an amendment to Article 12, Section 2, of the Ohio Constitution, to permit classification of property for taxation, will have become effective.

A number of acts, passed by the last Legislature, providing for changes in and additions to the old state tax code, have already gone into effect.

Some of these are:

Excise tax on sales of cigarets.

Increase in the membership of the State Tax Commission and revisions in its methods of operation.

Changes in the amount of incorporation fees collected by the Secretary of State.

Changes in the excise taxes on street, suburban, interurban and railroad companies.

Administrative changes in the collection on the tax on motor vehicle fuels.

Authorizing the issuance of bonds, and the levying of taxes outside the 15 mill limitation for certain purposes, and changing the vote requirement for issuing such bonds and levying such taxes.

Changes in the methods of collecting delinquent taxes.

However, two acts which constitute the most important and major portions of the new taxation system have not as yet become effective.

One of these, an act providing for the classification of personal property for taxation and for a flat rate taxation of intangibles, considered the most important measure in the revision of the taxation system, will take effect on January 1, 1932.

The other act, providing for increases in the annual license fee on motor vehicles, becomes effective December 31, 1931, but the act specifies that the commissioner of motor vehicles may accept applications for registration for the year 1932, or cause them to be accepted, prior to that date, a custom followed in previous years.

PROVISIONS COMPLICATED

No attempt will be made in this article to analyze the numerous complex provisions of the new personal property tax law which designates what is taxable property; provides the methods of establishing the valuation of taxable property, and specifies the various tax rates. The act is intricate and complicated. Even tax experts are not unanimous as to the exact meaning of some sections of the act. Undoubtedly, before definite procedure on some phases of the code can be established, important rulings by the State Tax Commission and the Attorney General will be necessary, as well as decisions by the various courts.

Forms to be used in returning personal property for taxation are now being prepared by the State Tax Commission. These forms will explain in detail the provisions of the law, serving as a guide to the taxpayer in making out his return.

FAILURE TO GET FORM NO EXCUSE

Every physician should be sure to obtain one of these forms. Although the county auditor, under the law, is required to send blanks to all known taxpayers he is not equipped to know every individual possessing taxable property or what form each taxpayer requires in making his return. Therefore, the law places on the taxpayer the duty of making a return within the time limit for filing returns, whether he receives a form from the county auditor, or not. Furthermore, it places on the taxpayer the duty of obtaining the proper form for making a return of the particular kind of taxable property in his possession.

Any physician who is confused as to how to proceed after careful study of the proper form on which his return must be made should consult a competent attorney or some official familiar with the provisions of the law.

TIME LIMIT ON RETURNS

Some of the less technical and intricate provisions of the law, summarized briefly, are as follows:

Every person possessing taxable personal property is required to file a return with the county auditor, in duplicate, annually, between February 15 and March 31, except persons who become taxpayers after March 31 and before July 31, in which case they must file returns within 10 days after they become taxpayers. For good cause, the county auditor may extend the time within which a taxpayer may make a return for a specified period, not to exceed 60 days, and must certify this fact to the State Tax Commission.

As pointed out previously, failure to receive a proper form for making a return will not be accepted as an excuse for failure to make a proper return of all taxable property.

DATES FOR LISTING

Taxable property, other than real property, must be listed with respect to ownership or control, valuation and taxing district as of January 1, annually, except in the case of bank deposits,

the listing date of which is to be determined by the State Tax Commission as some day in November after the day has passed. If a taxpayer files a copy of the balance sheet of his business, or a financial statement, he may make his return as of his fiscal year instead as of January 1, but such date must be adhered to annually unless he obtains permission from the State Tax Commission to subtsitute another date.

Taxable personal property used in business is required to be listed and assessed in the taxing district in which the business is carried on. If the business is carried on in more than one district in the same county, the return must show the property used in each district in the county and must name the taxing district. Taxable intangible personal property is returnable in the taxing district of its owner.

WHEN TAXES ARE PAYABLE

Each person when filing a return on taxable personal property (between February 15 and March 31) must pay one-half of the taxes due within the filing period or within 10 days thereafter, and the remainder by September 20.

There are three different ways in which returns may be filed and payments made, at the option of the taxpayer, so long as the State Tax Commission does not adopt a different method which it has authority to do under the law if it so desires. The three ways specified in the law are:

(1). The taxpayer may appear in person at the county auditor's office during the filing period (February 15 to March 31), present his return, have the amount of the tax computed and make his payment at that time in the county treasurer's office, after which the treasurer will deliver a copy of the receipt to the auditor and the auditor will mark the return "filed".

(2). The taxpayer may file his return by mail without any enclosure of the amount of the half-tax, in which event the auditor will send the certificate for payment to the taxpayer and the taxpayer will then mail or otherwise make payment to the treasurer within 10 days after the date stamped on the return as received by the auditor, and the treasurer will then file a receipt with the auditor who in turn will mark the return "filed".

(3). The taxpayer may compute his own tax and send the return in with the payment by check or otherwise enclosed, in which case the auditor and treasurer will handle the whole transaction and the taxpayer will be sent a tax receipt.

In view of the fact that many taxpayers wait until the last day for filing returns, the law provides that if the first step—the filing of the return—is taken within the time for filing, a payment made within 10 days thereafter is sufficient.

HEAVY PENALTIES PROVIDED

A taxpayer who fails to make a tax return may be assessed a penalty of 50 per cent of the assessment of each class of property which was not returned. However, if the delinquent taxpayer within 60 days after the time required for making the return, files a supplemental return, the penalty is only 5 per cent.

Whenever the 50 per cent penalty is imposed the taxpayer may within 30 days after receiving notice of the penalty assessment appeal to the State Tax Commission for a redetermination of the penalty assessment. If at a hearing on the appeal the Tax Commission finds that the failure on the part of the taxpayer was due to reasonable cause and not to wilful neglect, the Commission may reduce the penalty assessment to not less than 10 per cent of the original assessment.

Fiduciaries are held personally liable for failing to report property which they are required to return for taxation and except in cases of unintentional error the penalty assessed cannot be paid out of the property over which they have charge.

LICENSE FEES ON AUTOS

Motor vehicles need not be returned for taxation since they are exempted by the personal property tax law. However, they are subject to an annual license fee as in the past.

Under the provisions of the act amending the present law imposing a license fee on motor vehicles, the license fees were increased.

The schedule of license fees is as follows:

Pleasure automobiles:—

Each car with less than 25 horsepower, $7.00.

Each car having over 25 horsepower and not over 28 horsepower, $10.00.

Each car having over 28 horsepower and not over 32 horsepower, $15.00.

Each car having 32 horsepower and not over 36 horsepower, $20.00.

Each car having more than 36 horsepower, $25.00.

Commercial cars:—

For each commercial car having motor power and for each trailer or semi-trailer:

$0.75 per hundred pounds or part thereof for the first 2000 pounds.

$1.10 per hundred pounds in excess of 2000 pounds and not more than 3000 pounds.

$1.50 per hundred pounds in excess of 3000 pounds and not more than 4000 pounds.

$1.75 per hundred pounds in excess of 4000 pounds and not more than 6000 pounds.

$2.00 per hundred pounds in excess of 6000 pounds and not more than 10,000 pounds.

$2.25 per hundred pounds in excess of 10,000 pounds.

The minimum license fee for any vehicle in this class is $6.00 and for each trailer, $2.50.

The act provides that if the application for a license be made prior to April 1 the normal license fee shall be paid; if made on or after April 1 and prior to July 1, three-fourths of the normal fee; if made on or after July 1, and prior to October 1, one-half of the normal fee, and if made on or subsequent to October 1, one-fourth of the normal fee.

Interesting Figures and Other Data on Medical Licensure in Ohio

Some interesting statistics concerning medical licensure in Ohio during the year 1930 are found in the annual report of the State Medical Board for the period January 1, 1930 to December 31, 1930, recently submitted to Governor George White by Dr. H. M. Platter, secretary of the board.

Dr. Platter's report shows that during the year 1930, licenses to practice medicine and surgery in Ohio were issued to 339 graduates of medical schools, 226 pursuant to examinations, and 113 through reciprocity.

In addition, certificates to practice in Ohio were issued to 18 osteopaths, 15 following examination, and 3 through reciprocity; 90 limited practitioners following examination, and 39 chiropodists following examination.

The report reveals that up to December 31, 1930, the Board had issued licenses to practice medicine and surgery in Ohio to 18,874 physicians and surgeons; certificates of practice to 634 osteopaths, 939 limited practitioners; 392 chiropodists, and 701 midwives.

During the year, the report states, there were 500 investigations made by the Board of alleged violations of the Medical Practice Act, resulting in 110 arrests and 72 convictions.

A total of 1680 certificates were issued by that Department to nurses during the 12-months period, 55 under waiver of examination; 251 through reciprocity; and 1374 after examination. The department issued 2635 certificates of preliminary education to applicants for entrance to schools of nursing, 23 of whom had a college degree; 29 high school degree and part college training; 2360 high school degree; 117 more than one year in high school, and 106 one year in high school.

The report pointed out that there are 73 accredited schools of nursing in Ohio, the bed capacity of the hospitals conducting accredited schools of nursing totaling 13,719. There were 4309 students enrolled in these 73 accredited schools on December 31, 1930.

Up to the end of 1930, the Nurse Registration Department had issued certificates to 15,699 nurses, 5792 under waiver; 1081 through reciprocity, and 8826 after examination.

Procedure in Immunization—Cooperation Between Physicians and Health Departments

A controversy between the board of education and the board of health of a northwestern Ohio city over the question of immunization of children against diphtheria and conducting Schick tests in the schools was reported at some length recently in the newspapers of that city.

The articles appearing in the press intimated that the board of education was provoked because the State Department of Health had not accepted an invitation from the board to give Schick tests for diphtheria in the city schools free of charge.

Also, it was pointed out that the board of education was reluctant to endorse a proposal of the city board of health for immunization of preschool children by private physicians, by which the parents of the children would pay physicians their fees, and the board of health furnish the serum.

One member of the board is reported to have informed his colleagues that the State Department of Health is supposed to give these tests without cost through physicians paid from state funds and that the proposal of the board of health would "really force parents to pay twice for the giving of the tests".

The apparent misunderstanding on the part of the board of education of that city regarding the functions of the State Department of Health and of public health administration generally raises questions concerning the best policy to be pursued in any community in the matter of immunization and vaccination against communicable diseases.

In brief, organized medicine in Ohio always has supported the policy that the primary functions of public health administration in regard to immunization work are (1) educational and (2) to provide immunization service only for those unable to pay for it.

During the past decade definite policies on immunization have been established between health officials and members of the medical profession in the great majority of Ohio communities. Specific policies on methods of administration have been established in most instances through a mutual understanding between local physicians and local health officers. In some areas, public health officials have confined their work solely to an educational campaign, explaining the value of immunization and urging parents to take their children to their family physician for this service. In others, a plan of general immunization of all children of certain ages by public health authorities, with the consent of or at the request of the local medical profession, has been adopted. Other similar cooperative agreements on the question have been worked out and successfully

initiated. In fact, Ohio's immunization campaign of the past ten years has succeeded largely because of the mutual cooperation and understanding between public health officials and the medical profession.

The experience of the City of Detroit in its diphtheria prevention campaign offers an interesting sidelight on this very question of cooperation between public health officials and physicians.

Writing in a recent issue of the *American Journal of Public Health*, Dr. Henry F. Vaughan and Dr. Carl E. Buck, commissioner of health and deputy commisisoner of health, respectively, of Detroit, outlined the immunization procedure carried out in that city.

According to Drs. Vaughan and Buck, Detroit's official health administration after about eight years of conducting immunization clinics in the schools, reached the conclusion that the value of this service had been well demonstrated and that a different policy should be pursued.

Following conferences between the public health department and the Detroit medical profession, a cooperative plan was adopted which placed the responsibility for diphtheria prevention treatments and Schick tests entirely in the hands of the physicians of the city as part of their private professional practice, and the responsibility for continuing a campaign of education among the people of the community in the hands of the official health organization.

The explanation of Drs. Vaughan and Buck as to the methods pursued; the obstacles overcome, and the ultimate success of the undertaking is interesting and pertinent, but the following brief summary of the project which concludes their article, establishes a policy for immunization work generally which merits the thorough consideration of every community, urban or rural:

"To summarize very briefly," the article says, "it is our opinion that the program of having the private practitioners of medicine give diphtheria prevention treatments has a number of distinct advantages over the method of having this work done in schools or clinics.

"1. The policy is in keeping with the average American's desire to choose his own grocer, his own clothing and his own physician.

"2. It tends to place the responsibility, for that particular phase of child health at least, in the hands of the parent where we believe it rightfully belongs.

"3. It makes a substantial beginning in attaining the goal toward which we are aiming: a greater degree of participation on the part of the private practitioner of medicine in the field of preventive medicine and health promotion.

"4. It has cumulative educational effect on both patient and physician which does not obtain in the clinic system. For example, if in the immunization of 50,000 children by private physicians we have created even as few as 2,000 new contacts between family and physician, which contacts become enduring, and the physician becomes the family health adviser, we will have accomplished something of far more reaching effect than the immunization of 50,000 children against diphtheria, important as that is.

"5. This system seems to result in the immunization of a larger percentage of the most susceptible age group, the preschool child."

Another Wierd Stunt of Governor Murray of Oklahoma

Oklahoma City, Okla.—Governor Murray has announced that he probably will propose to the next Legislature a bill to construct a state-owned and operated hospital open to all forms of treatment and for use of chiropractors and other nonmedical practitioners.

This announcement followed action of the Board of Regents of the University of Oklahoma in refusing to permit chiropractors to the hospital, operated in conjunction with the medical school here.—United States Daily.

* * *

It is amusing, indeed, to contrast the attitude of the Oklahoma chief executive toward nonmedical cults and isms with that of Governor C. Douglass Buck of the State of Delaware who several months ago in a message vetoing a cult examining aid licensure bill said in effect that it would be wholly inconsistent for him to approve additional appropriations for the Delaware department of health and at the same time sign a measure to extend the practice of a cult which does not believe in the germ theory and the practitioner of which has not the education and training to qualify him to treat advisedly various kinds and types of disabilities.

Or, to contrast the action of Governor Murray with that of Governor LaFollette of Wisconsin, who at the close of the session of the Wisconsin General Assembly, vetoed a bill that would have made chiropractic treatment an optional and satisfactory substitute for medical treatment by licensed, qualified physicians under the provisions of the Wisconsin Workmen's Compensation Act.

Undoubtedly, the moral to be found in the Oklahoma episode is that the public cannot afford to treat lightly the important duty of selecting its public officials, especially those who have anything whatsoever to say about safeguarding the health of the citizenry. It becomes more and more certain that each candidate for public office must be weighed carefully relative to his views on health and medical matters, as well as on other important questions of statewide public interest. Characters of the type of "Wild Bill" may be all right as cow punchers but are dangerous as public officials and especially as governors.

Importance of X-Ray in Fracture Cases, Suggestions for the Medical Expert, and Court Decisions on Mistaken Identity of Patients Are Discussed.

On numerous occasions, the Committee on Medical Defense of the Ohio State Medical Association has emphasized and cautioned the members of the State Association regarding the importance of the use of the X-ray, especially in fracture cases, and the careful preservation of X-ray films, prints and reports as a part of the physician's armament in the defense of suits and threats for alleged malpractice.

Statistics from various sources indicate that there has been a gradual and substantial increase in the number of suits and threats against physicians for alleged malpractice.

A number of factors enter into this situation—the economic depression, unemployment, the desire of some dissatisfied patients to "hold up" or "blackmail" physicians, or to avoid the payment of just medical fees, occasioned by the special effort of physicians at this time to collect delinquent accounts.

This being the case, it is quite important that every physician understand the outstanding legal questions involved in suits for alleged malpractice, one of which is the part the X-ray plays in the deciding of many and various kinds of cases.

Under the rules of the Committee on Medical Defense of the State Association, no member of the State Association is entitled to the defense provided by that committee unless he has taken, or caused to have taken and kept on file, or has available, X-ray pictures of fracture cases, unless it can be shown that at the time and place it was impossible to secure an X-ray plate.

Similar warnings have been issued to the members of other state medical associations, as evidenced by a letter sent to the members of the Michigan State Medical Society by Dr. F. B. Tibbals, chairman of the Medico-Legal Committee of that society, which is quoted in part as follows in order to re-emphasize to members of the Ohio State Medical Association the legal, as well as scientific, importance of the use of the X-ray in cases where its use is feasible and possible:

"By direction of the Council this letter is being sent to you over the signature of the Chairman of the Medico-Legal Committee. You are urged to give it very careful attention and be guided by the recommendations herein contained. Your Medico-Legal Committee takes this opportunity of calling members' attention to the importance of X-ray and the necessity of procuring X-ray records in your practice. This is essential for your personal protection.

"Unquestionably, the X-ray is one of the most important advances in medical and surgical diagnosis. Clinical experience or ability cannot substitute for the X-ray in your fracture practice. We wish, therefore, to impress upon every member for his own protection that whenever you are asked to treat any accident cases where there is any possibility that a fracture or a dislocation may be present, you should insist *upon an X-ray picture and record before you proceed with the care of the case.* This is extremely important due to the fact that you must be able to prove, in court if necessary, that you at least asked for a radiograph but were refused. Where you are refused an X-ray you should obtain and preserve a written statement to that effect. This statement should be dated, signed by the patient, signed by yourself, and in the presence of one or two witnesses who also attach their signatures to the statement. This statement should then be carefully preserved for future reference. In fact, it is recommended that you should decline to diagnose or treat any case where you deem X-ray pictures necessary for the proper care and treatment and in which your patient refuses to have an X-ray taken.

"This X-ray should be used not only in the diagnosis of fractures but at least once after reduction to prove proper reduction, and then again when the case is discharged to prove the final result. It is also advised that several X-ray records be made during the course of treatment in order that you may show and be informed that position and anatomical reduction is being maintained.

"The courts in almost every instance hold that a *doctor is guilty of malpractice* if he undertakes to treat a case especially in fracture work and, of course, where a bad result is obtained without first obtaining X-rays to guide the treatment through to the end of the case. The X-ray should be used not only in the diagnosis of fractures but once at least soon after the reduction, to prove proper reduction, and preferably several times afterwards, to prove maintenance of reduction, and finally at close of treatment, to prove firm union. The professional man who has thus safeguarded himself need have no fear of suit. If the X-ray check shows a fracture which cannot be retained in good anatomical position, knowledge of this fact should enable the doctor to place upon the patient a responsibility for choice between the hoped for but uncertain result of useful function, and operative treatment, with its occasional hazards."

* * *

An increasing demand for medical expert witnesses to aid courts and juries in clearing up moot, debatable or disputed questions having a

health and medical angle has been noted during the past few years.

Under the present-day court system, expert medical testimony has become practically a necessity, so, in the opinion of those who have studied this question, it devolves upon physicians to be prepared to supply that need.

According to Dr. I. S. Trostler, Chicago, writing in *Radiology*, there is probably no occasion or position in which the average physician who is not accustomed to appearing in court finds himself at a greater disadvantage than when he is called upon to appear as an expert witness.

This is an unfortunate situation, in Dr. Trostler's opinion, for, as he points out, most any physician can make an excellent witness providing he undestands and observes certain fundamental points and maintains the usual presence of mind and calmness, such as he is wont to display in his daily routine of practice.

Some of the general points which should be observed by the medical expert witness are listed by Dr. Trostler as follows:

It is usually advisable not to make too prompt a reply to the question asked, since one of the counsel may want to make an objection to the answering.

It is usually advisable to stop when the question asked has been answered and it is seldom advisable to volunteer information.

It is never advisable to undertake to answer any question which is not thoroughly and clearly understood.

Do not fear the lawyers; remember that you know much more about medicine than they do and they know that you know that.

Do not be ashamed or afraid to say that you do not know; no man is expected to know all there is to medicine.

Do not become confused, agitated or excited by the attempted intimidation or interruptions of attorneys.

Do not be an advocate for the side for which you appear; do not appear to favor either side, for your place is to tell the truth as you see it and that only.

Do not be controversial; it is the attorney's business to argue the case.

Do not be too technical in your answers.

It is not advisable to become facetious; jokes may be misunderstood and tend to lower the dignity of the procedure.

Speak slowly and show that you mean what you say; be convincing.

It is Dr. Trostler's belief that the ideal medical expert witness is a physician who has built up a professional and personal reputation for honesty of character and integrity of purpose, who is widely known and well informed on general medicine, and has a standing beyond any cavil or question in his specialty.

* * *

Two interesting and important court decisions of recent date in two Western states are reviewed in the *New York State Medical Journal*, both having to do with lawsuits against physicians following the rendering of service to patients under mistaken identity. The cases emphasize the importance of establishing definite identity and liability for such failure.

Quoting from the *New York Journal:*

In the first of these cases the facts are briefly as follows: The plaintiff, a woman, consulted two doctors who were associated together in the practice of their profession, for the purpose of having a thorough physical examination made including a blood test. The examination was made and she was instructed to return a week later for the report of the examination. Another patient, upon whom a spinal puncture test was to have been made, had an appointment for the same hour. When the plaintiff returned at the designated hour, she waited in the reception room until a nurse employed by the doctors, without addressing her by name, told her to "come on." The patient followed the nurse and asked what was to be done and was told, "Oh, that is nothing, we are going to give you a test something like a blood test." The patient removed her clothing, was wrapped in a sheet and asked to get on the operating table, and was told that Dr. M. would perform the operation. She had no knowledge of what was to be done, but merely complied with instruction. The doctor made a spinal test in the usual manner, withdrawing a small quantity of spinal fluid by means of a hypodermic needle.

The plaintiff learned that the test had not been intended for her but for the other woman, and instituted suit against the two doctors for the sum of $15,000 for compensatory and punitive damages, claiming that as a result of the test made erroneously and without her consent she suffered great physical and mental pain, severe headaches, nausea and pains in her legs. Upon the trial of the case the plaintiff made no contention that the test was done in an improper manner. The defendants frankly conceded that the test was not intended for the plaintiff and that it was not necessary in her case, but was performed through "carelessness of the assistants in the office." A verdict was rendered by the jury in favor of the plaintiff for $6,250.

An appeal was taken on several grounds. It was contended that the plaintiff consented to the spinal puncture. The appellate court ruled that such an argument was not properly made to them as the jury had decided the facts to be otherwise, and it was unreasonable to interpret the facts as amounting to a consent as a matter of law. On this point the court said:

"The argument that she consented to the spinal puncture does not appeal to us. Neither did it to the jury. Most patients place implicit confidence and trust in their physicians. They do what they are told to do. Questions by the patient are usually not in order. There is evidence that the plaintiff did not know the nature of the test to be performed. If such is true how could she have given consent?"

The court in deciding the appeal ruled that a

case of liability entitling the plaintiff to damages for negligence had been established, but sent the case back for a new trial on the ground that punitive damages sometimes known as "smart money" had been included in the verdict which it ruled improper in such a case.

* * *

The fact situation in the second case was fairly similar, although it differed in the essential that the defendant doctor did not freely admit that an error had been made. The plaintiff was a young man who attended a state normal school. He suffered eyestrain and consulted Dr. P., an eye, ear, nose and throat specialist of excellent standing, for the purpose of having his eyes examined. On the occasion of his first call at the doctor's office, certain tests were made and the patient was informed that to accomplish a thorough examination dilation of the pupils would be necessary. The patient requested that that be not done at that time and obtained an appointment for the next day. The patient appeared for treatment at the appointed time and the nurse sent him into the doctor's office. According to the testimony of the plaintiff, Dr. P. invited him to sit down in a chair different from the one he had occupied on the previous visit and the doctor, without asking any questions, proceeded to wash out plaintiff's right antrum after applying a local anesthetic. After this was done, according to the patient's story, he overheard the doctor state to his nurse that he was expecting "that young fellow from the normal school." At this point the patient stated to the doctor that he was S, the normal school student, and the doctor thereupon exclaimed, "Gosh, I thought your name was G." The doctor then directed the young man to another chair where he completed the eye tests and concluded that glasses were unnecessary. The plaintiff claimed that the doctor said to him in a joking manner, "At least we know your antrum is clear."

Thereafter the patient brought suit against the doctor claiming that, due to the treatment administered to him without his consent, he became ill and suffered great pain in his head and another surgeon treated his antrum, draining therefrom a quantity of infected matter. The plaintiff further claimed that a subsequent confinement in a hospital was due to the treatment by Dr. P.

On the trial, the testimony of the plaintiff was substantially as set forth above. The doctor contended that there was no mistake in identity at all, but that the treatment was usual and proper and skillfully performed. Experts called on behalf of the defendant stated that the treatment given by Dr. P. was usual and customary in the course of such an examination as he had been requested to make. There was expert testimony on behalf of the plaintiff that the contrary was true. A verdict was rendered for the plaintiff amounting to $5,000. An appeal was taken and the court affirmed the judgment. The appellate court in its opinion said:

"It is doubtless true that if Dr. P. would have washed respondent's antrum as he did had he recognized respondent as S, the mere fact that Dr. P. mistook respondent for another of his patients would not of itself afford a basis for liability on the part of appellant; but as we read the evidence the same presents a conflict, not only as to whether or not Dr. P. mistook the identity of his patient, but also upon the question of whether or not the doctor would have performed such an operation upon respondent had he recognized respondent as S, and not mistaken him for G."

The court ruled that the issues were entirely issues of fact and that the jury had believed the story of the plaintiff and his experts, and would not therefore disturb the verdict.

Recent Summary and Study of Venereal Diseases In Ohio As Analyzed By Health Department

Under the title, "Diseases Presaging Disaster," the *Ohio Health News*, official publication of the State Department of Health, presents data and official information obtained from a recent venereal disease study made by the department in Ohio.

"There is no group of diseases comparable with that formed by the venereal diseases in disastrous effects on individuals, on the state and on posterity," *The News* states.

"Gonorrhea and syphilis undoubtedly are the world's greatest menace today, sapping as they do the health, vitality and physical progress of all nations and races and more especially of those that have reached the higher levels of civilization.

"Iritis, tabes, half of all abortions and miscarriages, hemiplegia, paresis, 10 to 20 per cent of all insanity, 18 per cent of the deaths from organic heart diseases, optic neuritis, gonorrheal arthritis and 75 to 80 per cent of the many pelvic diseases of women are but a few of their effects.

"They are an ever-present menace to the clean-living as well as to the licentious and their effects on posterity are shown by such manifestations as deafness, mental defectiveness and interstitial keratitis.

Congenital syphilitic infection causes:

(1) A cessation of the fetal development and abortion, or
(2) The fetus grows but is born before the normal expiration of intra-uterine life (premature birth), or
(3) The child goes to term but is born dead (stillbirths), or
(4) The child is born with unmistakable signs and dies shortly, or
(5) The child shows no symptoms at birth but develops them in a few weeks (80 percent of these die—the real tragedy is that 20 percent live), or
(6) The child shows no symptoms for possibly years, and then the disease manifests itself usually in a tertiary form, or

(7) The child may be a puny weakling, under weight, show a lack of stamina, and be susceptible to any infection—a "runty" specimen of humanity, yet without other obvious signs of the disease.

Sixty per cent of blindness of the newborn and 10 per cent of all blindness can be attributed to gonorrhea and syphilis.

"Records of cases and deaths from these diseases are notoriously inaccurate and can only be approximately estimated, but according to Dr. Taliaferro Clark, U. S. Public Health Service, there are probably 425,000 fresh infections of syphilis in the United States each year and in the area in which syphilis has been reportable since 1920 there have been 35,000 more cases of syphilis than of scarlet fever, 79,000 more than all forms of tuberculosis, 500,000 more cases than of diphtheria, three times as much syphilis as smallpox and five times as much as typhoid fever.

"Any estimate of the cost of syphilis and gonorrhea must also be approximate, but the time of disablement, which may be weeks, months or even years, usually occurs at an age period when the individual should be at his best so far as public usefulness and productiveness is concerned, so it must be enormous. Dr. Thomas Parran, Jr., State Commissioner of Health of New York, states: 'The actual economic cost of gonorrhea and syphilis can never be determined with exactness, but estimates based on the best available data show: cost of treatment 88 cents per capita; loss due to shortened span of life due to dementia paralytica, $1.20 per capita, and loss due to deaths from other forms of syphilis more than $10.00 per capita.'

Gonorrhea and Syphilis in Ohio

The tabulation of case reports of gonorrhea is of little statistical value because the cards rereceived represent such a small proportion of actual cases.

"The following table shows the number of cases and the number of deaths from syphilis, with rates per 100,000 population, 1921 to 1931:

	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930
Cases	6246	6040	5508	6220	7158	7932	9407	10,025	10,706	9562
Rate	105.6	100.4	90.04	100.0	113.2	107.9	144.1	151.3	159.1	143.8
Deaths	675	636	779	721	677	592	494	453	464	540
Rate	11.41	10.56	12.73	11.59	10.70	9.21	7.56	5.83	6.89	8.08

"During 1930, a total of 13,388 reports of gonorrhea and syphilis were received from physicians, clinics and hospitals. This is a decrease of 1,526 cases (179 gonorrhea and 1,347 syphilis) from the report in 1929.

"Nearly 4.5 times as many males as females were reported as having gonorrhea, while the ratio is only 1.5 males to 1 female for syphilis.

"Following are age and sex tables of both diseases for 1930.

SYPHILIS

Male, 5,634. Female, 3,928. Total Cases, 9,562.

Age Groups	Under 5	5-9	10-19	20-29	30-39	40-49	50-59	60 and over	Unknown
Cases Male	55	33	343	1988	1500	917	418	139	241
Percent	0.975	0.585	6.084	35.267	26.61	16.267	7.415	2.465	4.275
Cases Female	51	50	590	1715	804	380	138	46	154
Percent	1.297	1.272	15.015	43.646	20.461	9.671	3.512	1.17	3.919
Cases Both Sexes	106	83	933	3703	2304	1297	556	185	395
Percent	1.108	0.868	9.757	38.726	24.095	13.564	5.814	1.934	4.13

GONORRHEA

Male, 3,127. Female, 699. Total Cases, 3,826.

Age Groups	Under 5	5-9	10-19	20-29	30-39	40-49	50-59	60 and over	Unknown
Cases Male	29	12	468	1755	568	160	43	8	84
Percent	0.927	0.383	14.961	56.407	18.158	5.115	1.374	0.255	2.685
Cases Female	69	79	182	258	63	12	6	2	28
Percent	9.871	11.301	26.036	36.909	9.012	1.716	0.858	0.286	4.005
Cases Both Sexes	98	91	650	2013	631	172	49	10	112
Percent	2.56	2.377	16.984	52.599	16.488	4.494	1.28	.261	2.926

"Both diseases become prevalent earlier in the female than in the male. Excepting the one male age group 20 to 29, in both diseases the percentage of frequency is greater in the females than the males in all the age groups below 30, while the reverse is true above the age of 30. The above tables show that 42 per cent of the males and 60 per cent of the females are infected with syphilis before 30, while 72 per cent of the males and 84 per cent of the females are infected with gonorrhea before that age, or, over one-half (50.4 per cent of all reported cases of syphilis and nearly three-fourths (74.5 per cent) of the gonorrhea cases were contracted before 30 years of age. In both syphilis and gonorrhea the prevalence decreases more rapidly in the female than the male age groups after 30 years. It is evident that the age group 20-29 has, by far, the greatest per cent of frequency in both sexes and both diseases.

REPORTS OF CASES

Disease	*Physician*	*Health Commr.*	*Nurse*	*Parents*	*Clinics*	*Total*
Gonorrhea	1,660	213	4	1	1,948	3,826
Syphilis	6,064	454	0	0	3,024	9,562
Totals	7,724	667	4	1	4,992	13,388
Percent	57.69	4.98	0.0296	0.0074	37.28	100

"The 13,388 reported cases of gonorrhea and syphilis during 1930 represent only an unknown part of an unknown number of cases; many are not reported and probably a still larger number are not under medical care.

"In a report from the Massachusetts Department of Health of 11,171 reported cases of gonorrhea and syphilis it was assumed that clinics and institutions reported most of their cases, and evidence showed that only 31 per cent of the physicians treating cases reported them, so it was estimated that at least 22,100 cases should have

been reported. If these estimates hold good, Ohio should have had 27,000 cases of gonorrhea and syphilis reported in 1930, and if, as stated in the Philadelphia Hospital and Health Survey, not more than half these cases in the population come to medical attention, Ohio had at least 54,000 cases.

Conclusions

"These diseases are primarily problems of adolescents and young adults.

"If untreated, syphilis eventually leads from a temporary incapacity to work to a permanent incapacity which necessitates public institutional care.

"From gonorrhea and syphilis arise innumerable physical defects that shorten the span of life.

"The spread of these diseases is largely due to patients who refuse long enough treatment to accomplish a cure, to infected persons who attempt self-treatment without a physician's prescription, to those who place themselves in the hand of persons other than regular practitioners, and to those who ignorantly hope to 'wear the disease out.'"

Recent Report on "Christian Healing" Again Focuses Attention on the Distinctions and the Relationship Between Religion and Medicine.

At the recent convention of the Protestant Episcopal Church, held in Denver, the question of "Christian healing" was again discussed.

It will be recalled that about 1922 the Episcopal Church authorized a "ministry of healing". Clergymen of that denomination were urged to prepare themselves for ministering to the sick through the mediums of faith and prayer.

The action, which, in effect, placed that church's stamp of approval on methods of treating the sick through prayer or other spiritual means, was taken in the wake of an outbreak in the public press of reports from many communities of the "amazing cures" by so-called spiritual healers and a wave of "healing madness", as one official religious publication chose to call it, among the clergy of a number of religious denominations.

During the past nine years, numerous committees and commissions of the Episcopal Church have made surveys and studies on the question of spiritual healing. Periodically, reports and recommendations on the question have been made to the governing body of the church.

What is presumed to be the "last word" on the subject, at least so far as the Episcopal denomination is concerned, is the report of the joint commission on "Christian healing" made at the Denver meeting, in which, according to Associated Press dispatches, it was recommended "that those who practice such healing in the church operate in co-operation with the medical profession".

The commission pointed out to the convention, according to newspaper accounts, "that, while the church must teach that spiritual healing is an integral part of the gospel of Christ and part of the pastoral office, it must not teach or use any methods tending to lead people to believe it is the only, or even the primary, element of that gospel".

"No sober minded man," the report, as published in the press, stated, "can dispute what materia medica has done for humanity to alleviate the suffering caused by disease and accidents and the practical eradication of certain diseases.

"We may believe that this progress in medical science has been due to certain illumination of the spirit of God. The church will not fail to give due credit to the medical profession for its noble work for poor suffering humanity."

The primary stress of a constructive movement, the commission was reported as suggesting, must be placed on "health" and not on "healing", and by stressing health the church must have an effective message to the sick as it now has for the sinful.

"Many today would stress what is called 'the sacrament of unction'," the report pointed out. "To them it has not only the psychological but also sacramental value. It is clearly spiritual and has behind it the authority of apostolic times. We rejoice that there is a form of service for its administration. But no one, however high the value he placed on it, would question that it is only a means to a spiritual end.

"A sane constructive health movement cannot be based upon the use of consecrated oil; that is not its primary truth. The same may be said of 'a gift of healing', so much disputed and about which we know practically nothing. No movement could be based on that."

A Denver newspaper in a published story on the report said:

"As a fundamental principle, the commission declared that 'communion with God, in Christ, practiced in the right way, results in a marked increase in vital energy'.

"'It releases the inner curative tendencies of the body, and augments them with what we may believe is the infinite power of Almighty God.

"'Effective prayer has the effect of potent tonic; it vitalizes and energizes the whole personality of man. And this is what we mean by what we crudely call spiritual healing'.

"At the same time the commission issued a warning 'to avoid all weird speculations and eschew all sensational methods of healing'.

"According to the commission, 'The problem with the sick is to find means of releasing Christ's power to heal. We may be so clogged up with inhibitions of all kinds, with passions and lusts, fears and depressions, worldliness and materialism, that we thwart the Divine Will'."

The obscurity of many passages of the report have a tendency to dim the meaning of the report as a whole.

Just what the commission believes the church should do, and how, in the field of healing is not exactly clear.

On the other hand, the report deals in detail with various prohibitions which the clergy are cautioned to regard in the conduct of their pastoral duties.

In fact, the report as a whole seems to be for the most part negative, reciting at length many things which should not be done and leaving the clergy guessing as what should be done.

To those who are familiar with the suggestions and recommendations found in previous reports on the same question to the same body of clergy, the Denver report may have significance.

Some interesting deductions may be drawn by comparing this latest summary on the question with some of the earlier pronouncements on "Christian healing".

At the outset, it is evident that almost a decade of consideration has tempered to a large degree the spontaneous and bubbling enthusiasm shown by the Episcopal clergy for a mass movement in spiritual healing.

Also, it is evident that events of the passing years have raised innumerable doubts in the minds of many leaders of that denomination as to the unfailing power of religious faith and prayer as a cure-all in all kinds of sickness.

The report indicates that after a decade of thorough investigation and study there has been unearthed little, if any, evidence that faith or religion even in a small measure can be a substitute for definite medical sciences.

Finally, by sounding of warnings and emphasis on "don'ts", the report, in effect, admits that too great reliance has in the past been placed on the tenets of "Christian healing" and that sad and disastrous results have in many instances followed.

The suggestion of cooperation between the clergy and the medical profession is not new. The combination of these two forces interested in the welfare of mankind has on innumerable occasions produced beneficial results. A closer cooperation and coordination probably would result in additional and greater benefits to the laity.

It must be admitted that there is nothing in this latest pronouncement which should in any way alter the existing opinion of the medical profession concerning "Christian healing".

The medical profession always has frankly conceded that there can be no reasonable question but that the mental attitude of a patient may have much to do with his desire and determination to recover from a serious illness. It has agreed that a clean mind, stimulated by religious and moral teachings, may have a decided influence on an individual and help him to avoid transgressions and intemperances which result in physical disabilities. That a proper spiritual attitude is of benefit to the physician in serving his patients, likewise is true.

The medical profession with its scientific knowledge of the human organism and its years of clinical experience cannot subscribe to any fallacious assumption that religion may be substituted for medicine in abolishing disease and repairing physical wreckage, any more than it can support any contention that medicine may be substituted for religion in dealing with questions that are distinctly moral, spiritual and religious ones. Each has a distinct function to perform and each must realize its proper field.

As emphasized in the Denver report, spiritual guidance, faith, prayer should continue to be but aides of scientific medicine insofar as any attempt is made to utilize them in dealing with diseases of the mind and body.

The 1932 Christmas Seal Campaign

The Annual Christmas Seal campaign in Ohio opened on November 27, and will continue until Christmas.

Millions of the seals have been distributed throughout the state by the Ohio Public Health Association which serves as agent for the National Tuberculosis Association in conducting the seal sale in this state through its local affiliated health and welfare groups and societies.

Approximately eighty per cent of the money raised by the sale of Christmas Seals will be retained by the local groups for local programs in connection with prevention of tuberculosis.

About twenty per cent of the total amount raised in local communities is turned over to the Ohio Public Health Association which is requested to send five per cent of this amount to the National Tuberculosis Association.

The 15 per cent retained by the Ohio Public Health Association finances the anti-tuberculosis program of that organization, its activities in the fields of heart disease, cancer, child hygiene, social hygiene, industrial hygiene, mouth hygiene, and various public health promotion and propaganda projects.

According to a recent announcement, the goal of this year's Seal Sale campaign in Ohio will be $325,000. The amount raised in the 1930 seal campaign was $215,811, about $22,000 less than the amount raised in 1929.

Medical Claims Under Workmen's Compensation Are Discussed by Chairman Leonard of the Ohio Industrial Commission

Wellington T. Leonard, chairman of the State Industrial Commission, was elected president of the International Association of Industrial Accident Boards and Commissions at the recent 18th annual meeting of that organization at Richmond, Va.

In addition to honoring the head of Ohio's commission, the organization voted to hold its next annual meeting in Columbus.

Many medical problems encountered in the administration of the workmen's compensation laws of the various states were discussed at the Richmond meeting.

Mr. Leonard addressed the gathering on, "Should There Be an Unlimited Medical Period?"

The need for an "unlimited medical period", with certain safeguards to prevent abuse, was emphasized by Mr. Leonard, who cited several cases in Ohio where the medical fees had aggregated thousands of dollars over a long period of time, but in each case the injured workman had been rehabilitated and restored to industry, or had been adequately cared for without becoming a public charge on the community in which he lived.

Mr. Leonard reviewed the provisions of the Ohio law regarding medical care and expenses. He declared that the present medical fee schedule followed by the Commission has proved generally satisfactory to both the Commission and the medical profession of Ohio, and that the most cordial relations exist between the Commission and the physicians of Ohio, generally, especially the membership of the Ohio State Medical Association which, he said, had played an important part in bringing about a mutual spirit of cooperation between physicians and the Commission.

"Workmen's compensation claimants are not charity cases, and there is no reason in equity why those who care for them should render their services gratis," Mr. Leonard said.

"To be really helpful, compensation should cover all major cases, at least; they are the ones who need it most.

"In Ohio for the year 1930, the average medical cost per claim in all types of claims, was $22.85. This includes "medical only" claims, when disability exists only for one week or less, and upon which only medical expense is paid, as claims for disability for one week or less, under the Ohio Compensation Law, are not compensable; also death claims in which medical attention has been necessary prior to death, and in compensable claims, when disability extends beyond the period of one week.

"In compensable cases, the average cost per case in 1930 was $78.25. These are cases in which disability extended beyond one week, and in which compensation is paid in addition to medical expenses. Medical costs average about 26.1 per cent of the total benefit costs.

"Naturally, there should be some check on medical costs. The Commission should have some protection against excessively large bills. In Ohio there is such a check whenever the Commission desires to apply it. Payment of fees in excess of $200 may only be made after the need is clearly shown, and on unanimous vote of the Commission. While there are, undoubtedly, some cases of unnecessary and ill-advised treatment, I think such cases are relatively infrequent and may be prevented entirely only by personal investigation of every claim which is obviously impossible."

Commenting on the provisions of the Ohio law which give to the injured claimant free choice of his physician in a great majority of cases, Mr. Leonard declared:

"Under the Ohio procedure, an injured worker may select the doctor of his choice, provided he is a licensed practitioner, except when the employer is a self-insurer, and, in that event, the employer is given permission to furnish medical and hospital care, provided it is satisfactory to the Commission. At one time in Ohio there were approximately 1500 self-insuring employers. Today, there are around 260 industries in Ohio which are paying compensation and medical bills, direct, upon order of the Commission."

In conclusion, he said:

"There should be an 'unlimited medical period', but safeguards should be instituted to prevent abuse of the privilege. The need for such a policy was recognized in Ohio a very few years after the Workmen's Compensation Act was passed, and there has never been an attempt to withdraw the privilege granted in 1917; even employers recognize the need for unlimited time service."

Dr. Henry Field Smyth, assistant professor of industrial hygiene, University of Pennsylvania, told the assembly of commissioners that, in his opinion, industrial medicine, surgery, and health work should be stressed more by medical colleges, so that the medical profession would be in a better position to cope with the disabilities and health problems of modern industry.

Dr. Henry H. Kessler, medical director of the New Jersey Rehabilitation Commission, emphasized the necessity of careful examination and

observation, to determine the exact nature of the symptoms complained of by injured workmen, in order to distinguish between purely neurotic cases and cases that appear to be neurotic but are actually based on serious functional or organic disturbances. He said that the responsibility for assisting compensation commissions in discovering neurotic cases rests upon the medical profession.

Major General H. L. Gilchrist, M.D., chief of the Chemical Warfare Service, U.S.A., and formerly of Cleveland, told the gathering that many individuals claiming that chemicals are responsible for their disability "are found to be suffering from injuries and ailments any of which could produce changes identical with those attributed to chemicals". He said that industrial organizations are facing the same problem, which has arisen from the claims of former service men that their present disability is due to being gassed during the war, when other factors are actually the cause.

Socialized Movements Affecting Medical Practice Are Multiplied Through Present Economic Crisis

Some time ago, Dr. H. S. Cumming, surgeon general of the United States Public Health Service, at the request of President Hoover, made a survey of the health of the nation for the purpose of determining what effect economic conditions have had on morbidity and mortality records.

Somewhat to the surprise of those who had shown anxiety over the possible effect of the depression on health conditions, it was found that the mortality and morbidity rates at the present time were no greater than the average; in fact, they were found to be somewhat better than for several years past.

Not long after the report was made public, criticism of it was voiced, the greatest objection being that it misled the public as to the influence of unemployment and poor economic conditions upon public health and had a tendency to divert financial support from hospitals, clinics, dispensaries, etc., in a time when they were in need of the greatest support.

To formulate a reply to these criticisms, the Public Health Service made another study which has just been completed and which contains some significant data, especially as it concerns the practicing medical profession.

The last survey shows that while an increasing number of persons are at the present time applying to free hospitals, dispensaries, etc., fewer persons are going to private practitioners, and that the free clinic and hospital work of the private physician has greatly increased during the past year.

Quoting from the statement issued by Dr. Cumming:

"The private practitioner is seeing far fewer cases probably because so many more are going to free clinics and charity wards of hospitals. The decrease in private patients is said to be general and quite marked. * * * While there is an increased number of cases in hospital wards and clinics, it does not mean that there is more sickness at the present time."

This situation described by Dr. Cumming is of more than casual interest, at least from the standpoint of the private practitioner.

During times of financial distress, it is reasonable to assume that there will be something of an increase in charity work done by physicians, hospitals, clinics, dispensaries, etc.

On the other hand, some have pointed out that the present situation which reflects a gradual drift away from the private physician is not wholly an outgrowth of present unsettled economic conditions.

It has been noted that even in the recent years of prosperity, more and more persons have been taking advantage of the services offered by organized charitable institutions, some of whom no doubt could have afforded to pay something for medical services. The increase in the number of such institutions during the past decade evidences a proportionate increase in the demand for low-priced or charity service.

Naturally, the private practitioner wonders when and where this drift from his office toward the part-pay or charity clinic or dispensary will eventually stop.

The practicing physician, who contributes many dollars annually in free medical service, is firm in his belief that no one should be deprived of adequate medical care regardless of his financial status. That there is a need for some sort of a system of furnishing medical care to the indigent is obvious.

However, many familiar with present-day tendencies see a grave danger at the present time in expansion on a too permanent or too elaborate scale of socialized facilities for free services, ostensibly to meet a temporary unsettled economic condition.

With the return of better times, the necessity for a part of the elaborate facilities for caring for those unable to pay for medical services should be past. Will the services set up during times of emergency be abandoned or will they be continued? Will many persons who have been forced through temporary financial troubles to accept the services of charity be content with the return of prosperity to pay fair and just medical fees in keeping with their social and economic standing? Will the practice of the private physician again become normal or will the physician be compelled to continue to face multiplying economic problems?

These are some of the quetsions being asked by the practicing medical profession and in them are reflected some of the vital social and economic problems of the moment.

The continuance of private medical practice on an efficient scale may depend to a large extent on the correct solution of these social-welfare problems.

Social and Economic Factors Predicate An Inevitable Increased Death Rate, According To One Authority

Such questions as when the population of the United States will reach a stationary level and what the effect will be on the social and economic life of the country have furnished topics for considerable discussion among historians, economists, and statisticians.

Most of the experts, as well as the general public, have been accustomed to think of a stationary population in terms of a falling birthrate.

That there is another important factor that must be considered in a survey of this question is suggested by Professor Henry Pratt Fairchild, who, writing in a recent issue of *The Survey*, predicts that within ten years we shall see the beginning of a substantial rise on the deathrate, a question that has received relatively little attention.

"It is a striking fact, though seemingly little recognized," Professor Fairchild says, "that the deathrate in the United States has been barely holding its own since 1920, in spite of all the advances in sanitation, medicine and surgery that have taken place.

"Even more striking is the virtual certainty that within a decade the deathrate will begin to go up, and that by the end of a generation it will be at least two or three points higher than at present. This latter fact has hitherto received very little attention, even from specialists in vital statistics. When it begins to seep through to the general public it is bound to create profound consternation, unless the public mind is prepared for it in advance, and equipped to understand its real meaning. A low deathrate has always been regarded as a ground for national pride, and a declining deathrate has been accepted as a proof of improving hygienic and social conditions. A rising deathrate is sure to arouse widespread dismay, and to call forth a host of pessimistic explanations and Jeremiads of various sorts."

Professor Fairchild believes that such a state of affairs, when it arrives, should not be a cause for national misgiving or alarm. He explains that the impending increase in the deathrate is a natural and unavoidable consequence of social changes which have been going on in this country for some time and which in themselves are neither discreditable nor unfortunate, but on the contrary salutary.

"In the first place," he explains, 'it is well to recognize that deathrates are naturally deceptive, and may lead to very erroneous conclusions, especially when considered as an index of general hygienic or mortality conditions. It is quite possible for a country with very excellent health and living conditions to have a higher deathrate than another which is distinctly inferior in those respects. Very much better than the deathrate as an index of mortality conditions is the expectation of life. This is simply another name for the average age at death."

In presenting data on which he bases his prediction of an upturn in the deathrate, Professor Fairchild makes the following observations of factors leading up to the present situation in America and comments on some of the social changes likely to accompany the decrease in the population growth.

"From the beginning of our national life we have been a very rapidly growing people," he declared.

"Our population has increased from about four million in 1790 to over one hundred and twenty-two million in 1930—or over thirtyfold in 140 years. We have consequently become habituated to a very low deathrate, much lower than our hygienic and sanitary conditions in themselves would justify, and so low as to give us a wholly unwarranted attitude of superiority toward foreign countries with a higher rate.

"Within the last few decades we have experienced a sharp decline in the birthrate. Our vital statistics are so inadequate, and of so short duration, that we do not know just when this decline commenced or how it has progressed. But common observation tells us that it has taken place, and what figures we have bear it out. This in itself would be expected to produce an increase in the deathrate, though its full effect would not become manifest until after the lapse of a period about equivalent to our expectation of life, that is, twenty-five or thirty years from now.

"In the meantime, however, other developments have been taking place which have tended to lower the deathrate temporarily. These are the great advances in medicine, surgery, and public health, and a consequent extension of the expectation of life by raising the average age at death. The operation of such forces has already been explained. They produce an abnormally great improvement in the deathrate while they are going on, which has to be largely compensated for eventually. This principle is of particular weight since so large a portion of the modern saving of life has been in infancy and early childhood. For the earlier in life vital improvements are introduced, the more conspicuous is their effect on the deathrate, but the more certainly they have to be paid for eventually. These improvements have therefore served to counterbalance the unfavorable effect on the deathrate of the declining rate of population growth, permitting the deathrate to decline for some years, and to barely hold its own for the past decade or so.

"But the near future will certainly see a change. The decline in the rate of population increase will in all probability go on, tending to raise the deathrate accordingly. And of a surety we shall begin to reap the full effects of the decreased birthrate of the past fifty or sixty years.

"The difficulty of making exact predictions is increased by the fact, already alluded to, that an increasing population produces a distortion in the birthrate, just as it does in the deathrate. Birthrates are determined by comparing the total number of births in a year with the contemporary population. But births are not produced by the total contemporary population, but by that section of the population that was born as many years previously as the average age of mother at childbirth, probably between thirty and thirty-five years. In a stationary population this number would remain constant, and a given rate of actual fecundity would produce a higher birthrate than in a growing population. A decline in the rate of growth of population, accordingly, has a tendency to raise the birthrate as well as the deathrate, and since this decline is produced by a diminution of births there arises the peculiar paradox that a reduction in births has a tendency to raise, as well as to lower, the birthrate. But the depressing tendency, of course, far exceeds the elevating tendency. Since the expectation of life is about twice the average age at childbirth, the distortion of the birthrate is only about half that of the deathrate. All this shows how exceedingly misleading it is to base generalizations about vitality and mortality conditions on ordinary birthrates and deathrates.

"The only possible way to stave off an increase in the deathrate would be through superhuman improvements in the saving and lengthening of life. Some further advances in this field are certainly to be expected. But there is not the slightest ground for hope that they can be extensive enough to offset the forces tending to raise the deathrate, especially as we shall soon begin to feel the tremendous rebound from the improvements already made and the false deathrate that they have helped to produce.

"In this connection, it is well to remember that most of the extension of the expectation of life which has been so noteworthy in recent years has been due to savings in the early age groups. The reduction of infant mortality has been one of the outstanding achievements of the twentieth century. But there is very little evidence that the total span of life has been increased much, if any. It is one thing to raise the average age at death, and it is quite another to extend the upper limits of existence. Babies live longer, but old people do not. Each year it is becoming more true that further improvements in the expectation of life must be achieved at the upper end, and the prospects are not very bright in this direction.

"Whether or not we are to have a stationary population in this country within the next half-century, at just what point the birth and deathrates will be equalized, just how they may fluctuate up and down in the meantime—these are points about which there is no certainty. But whatever comes, it is beyond question that one of the accompanying phenomena will be an upturn in the deathrate. This will, of course, be particularly marked in certain of the states. In 1926, for instance, the deathrate in Nebraska was 9.1, in North Dakota 8.3, in Montana 7.8, and in Idaho 7.4, against the average for all states of 12.2.

"And if we are to stop with a stationary population, and not go into an actual decline, the fall in the birthrate must be checked at a higher point than is ordinarily supposed. The deathrate in this country in 1929 stands at 11.9. It is accordingly easy to get the notion that the birthrate may fall to 11.9 before the population becomes stationary. But long before the birthrate reaches 11.9 the deathrate will necessarily have risen far above that point. The point of stabilization will be somewhere between the present birthrate of 19.7 and the present deathrate.

"Our expectation of life at the present time is about 56.4 years. This calls for a birth- and deathrate of 17.7 on the basis of a stationary population. It may be that in the next few decades the expectation of life may be pushed up enough so that the rates might be stabilized a point or two lower than this. But how slight is the chance of preventing a considerable increase in the deathrate is shown by the fact that, in a stationary population, a deathrate of 12.0, such as we have now, would mean that everybody, on the average, would have to live to be over eighty-three years old!

"As an example of a country with a stationary population we may take France, which, in view of these principles, appears in a very different light from that in which it is usually painted. It is customary to point at France in scorn or pity as the horrible example of a country with a stationary population, and to lay the blame on Frances' relatively high deathrate, 16.4. The French, to be sure, lay all the emphasis on their birthrate, and bend all their energies to increase that figure. But doubtless many of them concede some truth to the oft-repeated observation that if France could only bring her deathrate down to that of certain other civilized countries, she could enjoy a very neat little increase of population. But France can not lower her deathrate materially while her birthrate stays where it is, and it is not fair to expect it of her. France has had a low birthrate for so long that her deathrate is bound to be high. The prevailing notion is that France's population is stationary because her deathrate is high. The truth is just the opposite—France's deathrate is high because her population is stationary.

France's expectation of life in 1920-23 was

about 54, which, in an absolutely stationary population, would call for a death and birthrate of 18.5. Her actual birthrate was 20.1 and her deathrate about 17.5. By strenuous efforts France might raise her expectation of life to 57 or so, in which case her deathrate would fall, and she would get a corresponding increase in her population growth without any enlargement of her birthrate. But only through the latter factor can she hope to achieve any material and rapid increase in her population—and after all, why should she want to?

"Does this seem like a pessimistic article? There is no reason for so regarding it. Remember that deathrates in themselves mean nothing. The number of deaths in a year is important—the deathrate is not. A decline in the number of births will increase the deathrate; but it will not increase the number of deaths—in the end it will diminish it.

It is interesting to speculate on some of the social changes that will accompany the increase in the average age of the population which will result from a decrease in the rate of population growth. There will be changes in the relative demand for different types of commodities—someone has said 'fewer baby carriages, and more wheel-chairs.' There will be a shift in the relative importance of various diseases—fewer deaths from whooping cough, diphtheria, and diarrhea, and more from heart disease, cancer, and apoplexy. And as the deathrate increases from twelve to sixteen, there will be about a 30-per cent increase in the relative demand for those occupations connected with death, undertakers, casket-makers, and—shall we say doctors?

"We need a decline in the rate of population increase in this country. There is little doubt that a stationary population would be an excellent thing, for a time at least. The changes that are going on are healthy and desirable. If the nature of statistics is such that these changes must be accompanied by a raise in the deathrate—that is a trivial and insignificant coincidence."

Epilepsy might be considered a symptom of a disease rather than a disease, in the opinion of Dr. William G. Lennox, author of an article on epilepsy in *Hygeia*. The underlying causes seem to differ in various cases.

Though it is generally believed that heredity is the most important factor, Dr. Lennox states that heredity has long been overemphasized. He asserts that epilepsy is hereditary in the same manner as are other morbid conditions, including cancer and kidney disease, that is, that the tendency or susceptibility is inherited.



Edward D. Allgaier, M.D., Cincinnati; Medical College of Ohio, Cincinnati, 1908; aged 48; member of the Ohio State Medical Association and Fellow of the American Medical Association; died November 6 from injuries received in an automobile accident. Dr. Allgaier had practiced in Cincinnati since his graduation. He is survived by his widow and two children.

Emma J. Batchelor, M.D., Cincinnati; Presbyterian Hospital and Woman's Medical College, Cincinnati, 1894; aged 76; member of the Ohio State Medical Association and the American Medical Association; died November 4 of heart disease. Dr. Batchelor had practiced in Cincinnati for 37 years, and although she retired three years ago, she continued to treat charity patients. Surviving are a son and a daughter.

Duran Shepard Cossitt, M.D., Conneaut; Western Reserve University, School of Medicine, Cleveland, 1892; aged 65; member of the Ohio State Medical Association and the American Medical Association; died October 8 of heart disease. Dr. Cossitt had practiced in Conneaut for 39 years. Surviving him are three daughters and a sister.

John T. Davis, M.D., Zanesville; Medical College of Ohio, Cincinnati, 1872; aged 83; member of the Ohio State Medical Association and the American Medical Association; died at Bethesda Hospital, Zanesville, November 10. Dr. Davis had practiced in Zanesville for 56 years.

Charles M. Deibert, M.D., Toledo; National Normal University College of Medicine, Lebanon, Ohio, 1894; aged 63; former member of the Ohio State Medical Association; died October 4 following a long illness. Dr. Deibert had practiced in Toledo for 38 years. He is survived by two sons, two brothers and three sisters.

William Wilson Donaldson, M.D., Cleveland; Western Reserve University School of Medicine, Cleveland, 1915; aged 46; member of the Ohio State Medical Association and Fellow of the American Medical Association; died October 26 of heart disease. Dr. Donaldson had practiced in Cleveland for 16 years. Surviving him are his widow, one son; his mother, one brother and one sister.

Charles A. Faber, M.D., Toledo; University of Michigan, School of Medicine, Ann Arbor, 1890; aged 67; died October 11, of a heart attack while returning to his home from Akron. Dr. Faber had practiced in Toledo for 40 years, and was

formerly an assistant superintendent of the Toledo State Hospital. He is survived by his widow, one son and one daughter; two brothers and a sister.

William A. Fahl, M.D., Mt. Blanchard; Eclectic Medical College, Cincinnati, 1885; aged 72; died October 26 of cancer. He had practiced in Hancock county for 42 years, and was active in civic affairs. His widow, two brothers and two sisters survive him.

John H. Fibbe, M.D., Toledo; Starling Medical College, Columbus, 1882; aged 75; died October 7 of heart disease. He is survived by one son and one daughter.

James C. M. Floyd, M.D., Steubenville; Long Island College of Medicine, Brooklyn, N. Y., 1875; aged 79; member and former president of the Ohio State Medical Association, and Fellow of the American Medical Association; died October 17 at Ohio Valley Hospital, Steubenville, following a two weeks' illness. Dr. Floyd had been in active practice for 56 years in Steubenville and Jefferson County. He was active in medical organization, having served on numerous committees of the State Association, and as a member of the House of Delegates. He was president of the State Association in 1912-1913, and was a former president of the Jefferson County Medical Society. At the time of his death, and for many years, he was legislative chairman of his society. In addition to his activities in medical circles, Dr. Floyd took a keen interest in civic and church affairs. He was a member of the board of education for two terms; member of the Y. M. C. A. and the Y. Men's Club, and president of the Union Building and Loan Company. During the World War, he was a member of the special board of medical examiners engaged in examining drafted men. He is survived by his widow and two daughters.

Samson G. Goode, M.D., Sidney; New York University Medical College, New York, 1887; aged 86; died October 23. Dr. Goode had practiced in Sidney for 50 years. He is survived by one daughter and one brother.

Henry S. Guthrie, M.D., Higginsport; Starling Medical College, Columbus, 1881; aged 74; former member of the Ohio State Medical Association; died October 19 of cerebral hemorrhage. Dr. Guthrie had practiced in Higginsport for 50 years. He came from a line of physicians, his father and two brothers also being in practice many years. He is survived by his widow and one brother, Dr. Austin L. Guthrie, of Oklahoma City, Oklahoma.

James Henry Meek, M.D., Bellaire; Ohio Medical University, Columbus, 1898; aged 69; member of the Ohio State Medical Association and Fellow of the American Medical Association; died October 24 following a long illness. Dr. Meek began practice in 1898 at Smithfield, Jefferson County, and later located in Glencoe, where he practiced until 1910 when he moved to Bellaire. Surviving him are his widow, one son, one daughter, two brothers and three sisters.

Rob Roy McCully, M.D., Cincinnati; Columbia University College of Physicians and Surgeons, 1901; aged 54; died October 25 of cerebral hemorrhage. Dr. McCully located in Cincinnati two years ago, where he was doing hospital duty with the U. S. Veterans' Administration.

Harry P. Pomerene, M.D., Canton; Jefferson Medical College of Philadelphia, 1890; aged 66; member of the Ohio State Medical Association and Fellow of the American Medical Association; died October 25 of cerebral hemorrhage. Dr. Pomerene had practiced in Canton for many years, and was formerly a member of the staff at Aultman Hospital, Canton. He is survived by one sister, Ora Pomerene, Canton, and three brothers, Atlee Pomerene, Cleveland, former U. S. Senator from Ohio; Dr. Lister Pomerene, of Coshocton, and Dr. M. B. Pomerene, of Millersburg.

Harold Lowell Reinhard, M.D., Portsmouth; Ohio State University, College of Medicine, Columbus, 1927; aged 32; member of the Ohio State Medical Association and Fellow of the American Medical Association; died November 4 of spinal meningitis. Dr. Reinhard had practiced in Portsmouth since his graduation.

Maurice Eugene Roasberry, M.D., New London; Cleveland-Pulte Medical College, Cleveland, 1904; aged 51; member of the Ohio State Medical Association and Fellow of the American Medical Association; died October 15 following a long illness. Dr. Roasberry had practiced in New London for many years, and was active in civic affairs in his community. He is survived by his widow, two sons, two sisters, and a brother, Dr. Earl Roasberry, of New London.

Louis Robechek, M.D., Cleveland; Cleveland College of Physicians and Surgeons, 1895; aged 60; died October 18 of heart disease. Following post graduate study at Johns Hopkins University, Dr. Robechek opened an office in Cleveland, where he continued in active practice. Two daughters and three brothers survive him.

David E. Stephan, M.D., Lorain; Cincinnati College of Medicine and Surgery, 1897; aged 51; former member of the Ohio State Medical Association; died October 13 of heart disease. Dr. Stephan had practiced in Lorain for the past 18 years, and had practiced in Zanesville before locating in Lorain. He was a veteran of the Spanish-American War. Surviving him are his widow, one son, Dr. Louis B. Stephan, of Amherst; four brothers and four sisters.

George W. Steward, Jerusalem; licensed, Ohio,

1896; aged 81; former member of the Ohio State Medical Association; died November 9 of apoplexy. Dr. Steward, dean of his profession in his community, had practiced in Monroe and Belmont counties for nearly 60 years, and had made a professional call the day before his death. He never forsook his horse and buggy for the more modern automobile as a means of making his calls.

KNOWN IN OHO

Salmon Black Axtell, M.D., San Diego, California; University of Wooster, Medical Department, Cleveland, 1880; aged 78; died September 30. Dr. Axtell was well known in Lake County, where he practiced until his retirement 20 years ago.

Byron B. Viets, M.D., Los Angeles, California. Cleveland University of Medicine and Surgery, 1880; aged 82; died October 8. Dr. Viets formerly resided in Conneaut and in Cleveland, where he practiced for many years prior to moving to Los Angeles. One daughter survives him.

NEWS NOTES of OHIO

Norwalk—Sterilization, and other questions in connection with the treatment and care of the mentally ill, were discussed by Dr. O. O. Fordyce, superintendent of the Toledo State Hospital, at a recent meeting of the Norwalk Kiwanis Club.

Toledo—Dr. Fred W. Clement has been elected president of the Midwestern Association of Anesthetists.

Wooster—Dr. Margaret R. Wendell, wife of Professor Richard G. Wendell, Wooster College, has joined Dr. J. B. Patterson as an assistant, and will specialize in women's diseases.

Cincinnati—Dr. Charles E. Neal, director of the State Department of Health under Governor Myers Y. Cooper, has been appointed superintendent of the Hamilton County Home, effective January 1, 1932.

Hamilton—Dr. H. A. Schirrman has been appointed city physician, succeeding Dr. H. N. Ward, resigned.

Painesville—The Lake County Public Health League was addressed recently on "Cancer" by Dr. Abraham Strauss, Cleveland.

Celina—Dr. J. T. Gibbons is recovering from a fractured right arm and cuts and bruises sustained in an automobile accident while en route to St. Johns, Michigan, for a vacation. Dr. F. G. Maurer, Lima, who accompanied him received numerous cuts and bruises.

Bowling Green—Dr. J. W. Rae has returned from Rochester, Minnesota, and Northwestern University where he took postgraduate work.

Cuyahoga Falls—The local Kiwanis Club was addressed recently by Dr. F. C. Potter who spoke on preventive medicine.

Lima—Dr. E. B. Pedlow has been elected president of the Endocrine Study Club. Other officers are: Dr. E. H. Hedges, vice president; and Dr. W. W. Beauchamp, secretary-treasurer.

Columbus—An effort to secure blood from those who have had infantile paralysis to be used in the manufacture of a serum to be used in combating the disease in Columbus is being made under the auspices of the College of Medicine, Ohio State University.

Cincinnati—Annual meeting of the Central States Pediatric Society was held recently in Cincinnati. More than 150 physicians from the nine states in the central area attended.

Cleveland—Dr. Roy Wesley Scott, professor of clinical medicine in the School of Medicine, Western Reserve University, recently addressed the New York Academy of Medicine on "Diseases of the Heart and Circulation".

Columbus—Two heroes of Dr. Walter Reed's battle against yellow fever were recently honored at ceremonies staged at Fort Hayes, here, at which gold medals authorized by Congress to be presented to all who participated in Major Reed's research expedition were given to Captain Thomas M. England and Sergeant Levi E. Folk, retired, by Major General D. E. Nolan, commanding officer of the post. Both served under Major Reed as privates and underwent many hardships in assisting Reed in his historical venture. A pension of $125 a month accompanied the medals.

Fremont—The early history of medicine was reviewed by Dr. C. L. Fox at a recent meeting of the Brotherhood Society of Grace Lutheran Church.

Hamilton—Dr. A. L. Smedley has been reappointed physician for the Butler County infirmary, the county jail and boys' detention home.

Columbus—Dr. S. J. Goldstein has resigned from the staff of the Columbus State Hospital and opened offices at 1009 Livingston Avenue.

Xenia—Dr. Walter M. Simpson, Dayton, was re-elected dean of the medical and surgical staff at the Ohio Soldiers' and Sailors' Orphans Home, Xenia, at the 26th annual meeting of the home staff. Dr. A. C. Messenger, resident physician at the institution, was renamed secretary. Among those who addressed the staff meeting were: Dr. B. R. McClellan and Dr. R. R. McClellan, members of the consulting staff.

Greenfield—Dr. William H. Pritchard, superin-

tendent of the Columbus State Hospital, spoke at a recent meeting of the Greenfield Rotary Club.

Hamilton—About 50 physicians attended the semi-annual session of the Union District Medical Association held recently at Fort Hamilton Hospital. The meeting was addressed by Dr. Malcolm Cook, Hamilton, and Dr. Eslie Asbury and Dr. A. Graeme Mitchell, Cincinnati. It was voted to hold the next meeting at Rushville, Indiana. Dr. Merle Flenner, Hamilton, presided in the absence of Dr. P. E. Decatur, Hamilton, president of the organization.

Toledo—Dr. C. D. Selby was a recent speaker at a meeting of the Knights of Columbus Luncheon Club.

Middletown—Dr. E. O. Bauer is taking post-graduate work at the General Hospital, Boston.

Cleveland—The Cleveland Chamber of Commerce has announced that the annual meeting of the National Aero Medical Association, of which Dr. Herbert B. Wright, Cleveland, is a member, will be held in Cleveland next September.

Lancaster—Dr. C. W. Brown has returned from Cambridge, Massachusetts, where he has been taking post-graduate work at Harvard Medical School.

Alliance—Dr. G. O. Thompson, who recently completed his internship at the Charity Hospital, Cleveland, has opened offices here.

Bellaire—Dr. H. F. Zink sustained several broken ribs in an automobile accident near here.

Cleveland—Dr. R. C. Engel has been elected a member of the advisory board of the Industrial Division of the National Safety Council and chairman of the health committee of the Medical Section.

Cleveland—Dr. Howard T. Karsner has been named a member of the Council on Physical Therapy of the American Medical Association, succeeding the late Dr. A. S. Warthin.

Columbus—Announcement has been made of the marriage at the Church of the Transfiguration (Little Church Around the Corner), New York City, of Miss Carmen A. Hambleton and Dr. Frank Warner, both of this city.

Cleveland—Dr. Myron Metzenbaum addressed the Philadelphia Laryngological Society, November 3, on "Dislocations of the Lower End of the Septal Cartilage In the New Born, the Infant and in Young Children".

Canton—Dr. Howard Dittrick of Cleveland, delivered an illustrated lecture on October 30 before the Canton Medical Library Society, on the subject, "Medicine in Art". The careful portrayal by various artists of pathological conditions even in the early centuries, was clearly shown. The lecture was most interesting and of cultural value to all.

HOSPITAL NOTES

—Under a reorganization plan, recently announced at White Cross Hospital, Columbus, effective January 1, the position of chief of staff, held for the past few years by Dr. Andre Crotti, is abolished and the conduct of the staff placed under the control of a medical council, composed of the general superintendent of the institution, the director of surgery, the director of medicine, the director of obstetrics, and a representative of the sub-departments under general surgery and general medicine. The council when it begins to function the first of the year will be composed of Rev. Frank G. Fowler, superintendent of the hospital; Dr. Fred Fletcher, director of surgery; Dr. W. F. Milhon, director of medicine; Dr. G. Wayne Brehm, director of obstetrics, and Dr. A. B. Landrum, representing the sub-departments.

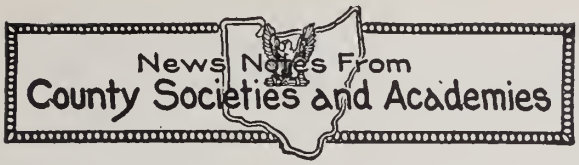
—A new $25,000 hospital at Port Clinton is being planned by Dr. H. J. Pool to replace the present Pool Hospital.

—Bids for the construction of the new Lima Memorial Hospital were closed December 1. The city's bond issue of $500,000 for construction on the institution were purchased by the State Teachers' Retirement Fund.

—The directors of Peoples' Hospital, Akron, have announced the following staff will serve the hospital until January 1, 1933:

Chief of staff: Dr. E. A. Weeks. Consultants in medicine: Dr. W. S. Chase, Dr. B. E. Miller. Consultant in pathology: Dr. T. H. Boughton. Active staff: Medicine: Dr. H. S. Davidson, Dr. C. E. Held, Dr. E. B. Dyson, Dr. G. M. Campbell. Surgical: Dr. J. G. Blower, Dr. G. M. Logan, Dr. J. D. Smith, Dr. R. H. McKay. Junior surgical: Dr. P. R. Adams, Dr. B. H. Hildreth, Dr. C. H. Franks, Dr. C. H. Kent. Obstetrical: Dr. L. L. Bottsford, Dr. S. B. Conger, Dr. J. G. Lemmon, Dr. W. E. Gallagher, Dr. M. C. Tuholske, Dr. R. G. Werner. Eye, ear, nose and throat: Dr. G. E. Black, Dr. T. K. Moore, Dr. U. D. Seidel, Dr. J. E. Springer, Dr. D. W. Stevenson, Dr. L. A. Witzeman.

Anesthesia: Dr. A. S. McCormick, Dr. R. E. Amos, Dr. J. G. Griffin, Dr. G. K. Parke, Dr. A. Rowland, Dr. A. D. Traul. Dermatology: Dr. J. S. Millard, Dr. H. E. Blass. Neurology and psychiatry: Dr. D. H. Morgan. Roentgenology: Dr. J. H. Selby. Pathology: Dr. F. C. Potter. Cystoscopy: Dr. Samuel Miller. Proctology: Dr K. H. Harrington. Orthopedic surgery: Dr. W. A. Hoyt.



First District

ACADEMY OF MEDICINE OF CINCINNATI

(H. H. Shook, M. D., Secretary)

Dr. William H. Ross, a member of the Committee on Public Relations of the New York State Medical Association and former president of the New York State Medical Association, addressed the Academy of Medicine of Cincinnati at its regular meeting, October 5, on "Changing Relations of Medicine".

Dr. Ross emphasized what in his opinion is the need for medical leadership in all medical and health activities and recommended that organized medicine endeavor to bring about active cooperation and interest between the medical profession, official and unofficial health agencies and all other groups interested in health and welfare questions. He declared that medical leadership is welcomed by agencies sincerely interested in medical, health and welfare problems and that it is up to the organized profession to serve as a coordinating influence in sound health-welfare projects.

Following Dr. Ross' address, Dr. Parke G. Smith, chairman of the Academy's Committee on Public Relations, announced that two sub-committees of his committee were ready to report to the Academy on their activities for the past year.

Dr. Elizabeth Campbell, submitted the report of the Sub-Committee on Medical Publicity. Dr. Campbell reported that through the active interest and cooperation of members of this committee with representatives of the Cincinnati Public Health Federation, the Cincinnati Better Business Bureau and the Cincinnati Dental Society, considerable had been accomplished—chiefly:

1. Securing of a cooperative agreement with the newspapers and radio stations of the city whereby the committee or other reliable groups would furnish them with advice and assistance in obtaining information concerning health devices and persons claiming to be able to treat or cure disease.

2. Assisted the Cincinnati Department of Health in its campaign against fraudulent healers and the sale of harmful drugs and foods, in which the Health Department is assisted by the Better Business Bureau.

3. Studied plans of the Public Health Federation for a series of questions and answers on health matters in the press.

4. Cooperated in the publication of a series of articles on heart disease in a Cincinnati newspaper, sponsored by the Academy of Medicine and the Heart Council.

5. Initiated a plan whereby the Better Business Bureau, the Public Health Federation and the Cincinnati Board of Health should prepare a joint statement on the subject of foods to offset some of the claims made by food faddists.

6. Laid plans for a series of radio health talks under the auspices of the committee.

The sub-committee concluded its report by recommending that the joint committee be continued and that the idea of a special foundation to finance a community program of health education be considered.

The report of the Sub-Committee on Centralization of Dispensary Service was submitted by Dr. Richard Austin, chairman.

The report recommended that a "comprehensive, county-wide plan of administrative simplification, with adjustment of duties and fields of activity of the various health agencies" of Cincinnati and Hamilton County should be constructed through the combined efforts of representatives of these agencies in order that the scientific and executive abilities of their personnel may be fully utilized for the benefit of the community.

The agencies included in the plan would include the various departments of the city government supervising health and welfare activities; the boards of health of the county and municipalities of Greater Cincinnati; the hospitals and sanatoriums supported by public funds; the College of Medicine, University of Cincinnati, and the privately supported hospitals and unofficial health agencies and organizations.

The report also outlined a suggested program for the unification of the dispensary services to the indigent of Cincinnati and Hamilton County, including:

1. Development of a general dispensary at the General Hospital, making it the main teaching laboratory of the University for student instruction in medicine and nursing so far as the ambulant patient is concerned; a central dispensary for special services not supplied by other clinics and dispensaries, and a central service to which physicians can send indigent patients for consultation.

2. Coordination of existing public and private dispensaries with the Central Dispensary, the public dispensaries to be organized and operated as stations of the Central Dispensary, under the same general management and organization, and the private dispensaries to be coordinated through the mechanism of a central exchange to which all patients shall be reported in order that information may be readily exchanged, clinic abuse minimized and the distribution of medical charity better controlled.

3. Establishment of a system of dispensary stations throughout the Metropolitan District after careful study of the needs of the various districts.

4. Establishment of a central exchange to coordinate the various stations and dispensaries.

5. Improvement of the professional service and appointment of clinicians upon the recommendation of the department heads of the College of Medicine, University of Cincinnati; also, that clinicians be compensated upon a "per session" basis as soon as funds can be obtained.

6. Employment of an adequate and qualified staff of social investigators.

7. Recommendation that the Academy of Medicine and the public and private relief agencies cooperate in setting up an organization to accomplish the outlined program and agree upon a basic family budget to govern the distribution of medical charity.

In conclusion, the report recommended that the Academy take the initiative in the matter of unifying the medical, health and welfare work in the city and county, and pledge its aid in the development of the program outlined by the committee or a similar program.

Following some discussion, the reports of both sub-committees were approved and the committees instructed to continue their activities.

October 12—Dr. Henry W. Newman addressed the Academy on "The Health Problem of China".

October 19—The scientific program consisted of a paper, illustrated by lantern slides, on "The Treatment of Acute Empyema", by Dr. Lloyd Johnston, with a discussion by Dr. Dudley W. Palmer, and a paper on "Salpingitis", by Dr. J. D. Heiman, with a discussion by Dr. V. B. Roberts.

October 26—Address by Dr. Edmund Prince Fowler, New York otologist, director of research and clinics for the New York League for the Hard of Hearing. Guests included members of the Cincinnati League for the Hard of Hearing.

Adams County Medical Society held its regular monthly meeting on Wednesday, October 21, at Peebles. Members and their wives, together with visiting physicians and their wives from the Scioto and Highland County Medical Societies, were entertained at dinner by Drs. J. M. Brooke, G. W. Chabot, and Geo. F. Thomas, at the home of Dr. Thomas. Dr. D. C. Houser, Urbana, president of the Ohio State Medical Association, gave an interesting and instructive talk on organization matters. "Appendicitis Occurring in Early Life", was the subject of a paper presented by Dr. Sam Clark of Cherry Fork; Dr. Frederick Maurer, Lima, spoke on "Diabetes in General Practice", and Dr. J. R. Tillotson, Lima, discussed "Difficulties in the Treatment of Fractures".—News Clipping.

Clermont County Medical Society met in the Owensville School Auditorium, Owensville, Ohio, on Wednesday, November 18, for its annual meeting. Following the business session including reports of committees, the following scientific program was presented: "Hemorrhoids", by Dr. F. M. Oxley, Cincinnati, Professor of Proctology, University of Cincinnati; and "Some Principles of Diagnosis and Treatment in Urinary Surgery", by Dr. C. J. McDevitt, Cincinnati, Senior attending urologist, Good Samaritan Hospital.—Bulletin.

Clinton County Medical Society held its regular monthly meeting at the New Martin Restaurant, Wilmington, at noon, Tuesday, November 3, with 14 members attending. Case reports were presented as follows: Dr. Elizabeth Shrieves, "Seventh Nerve Palsy"; Dr. H. E. Gibson, "Congenital Atresia of Small Intestine"; Dr. A. C. Roberts, "Perforated Gastric Ulcer"; Dr. W. B. Yoakley, "A Case of Pregnancy in which the Diagnosis was Obscure"; Dr. Robert Conard, "Heart Block with Gastric Symptoms". Dr. H. E. Gibson discussed the subject of "Tetanus" and reported a case resulting in recovery after the use of 120,000 units of antitoxin. Dr. J. F. Fisher discussed the subject of "Dementia Praecox", describing the clinical course of typical cases and stressing the responsibility of the general practitioner in the early diagnosis of mental disease.—Robert Conard, Secretary.

Fayette County Medical Society held its regular November meeting at the Y. M. C. A., Washington C. H., on Thursday afternoon, Nov. 5. Dr. G. W. Blakeley was voted a life member of the Fayette County Medical Society and Ohio State Medical Association. The President appointed a nominating committee to report December 3, on the list of officers for 1932. We then listened to a very well prepared paper by Dr. Lloyd King Felter, Cincinnati, on the timely subject of "Pneumonia in Children", which created a good discussion and many favorable comments. —James F. Wilson, Secretary.

Warren County Medical Society met at Harmon Hall, Lebanon, on Tuesday afternoon, October 6. Dr. H. D. Cassell, of Dayton, discussed "Pulmonary Tuberculosis", illustrating his lecture with a series of lantern slides.—News Clipping.

Second District

Clarke County Medical Society held a luncheon meeting at Hotel Shawnee, Springfield, on Wednesday, October 14. Dr. Paul L. Mellenbruch, of the psychology department of Wittenberg College, Springfield, addressed the society on "The Community Problem of the Mentally Unfit".

October 28—Following the regular luncheon at Hotel Shawnee, a symposium on "Diagnosis and Treatment of Appendicitis", was presented. Dr. F. P. Anzinger discussed the subject from the standpoint of internal medicine; Dr. R. S. Fidler told of laboratory findings on the ailment, and Dr. J. H. Rinehart discussed it from a surgeon's viewpoint.

November 11—Dr. D. C. Houser, Urbana,

president of the Ohio State Medical Association was the speaker at the regular luncheon meeting of the Society, held at Hotel Shawnee.—News Clipping.

Greene County Medical Society held its regular meeting at the Court House, Xenia, on Thursday, October 8. Dr. D. C. Houser, Urbana, president of the State Association, was the guest speaker. —News Clipping.

Miami County Medical Society met at the Stouder Memorial Hospital, Troy, on Friday afternoon, November 6. The scientific program which preceded a six o'clock dinner at the hospital, was as follows: "The Injection Treatment of Varicose Veins", by Dr. G. E. McCullough, Troy; discussion opened by Dr. H. W. Kendell; "Treatment of Traumatic Injuries of the Brain", by Dr. J. R. Caywood, Piqua; discussion opened by Dr. G. J. Hance.—Bulletin.

Montgomery County Medical Society held its regular meeting in the Fidelity Medical Building, Dayton, on Friday evening, October 30. Speakers of the evening were Dr. Hugh Wellmeier and Dr. W. B. Taggart. Dr. Wellmeier discussed "Congenital Syphilis", and Dr. Taggart spoke on "Deficiency Diseases in Infancy", with special reference to scurvy and rickets. The dinner meeting, Friday evening, November 13, at the Nurses' Home, Miami Valley Hospital, Dayton, was followed by a clinical-pathological conference.—Bulletin.

Third District

Allen County—The Academy of Medicine of Lima and Allen County was held on Tuesday evening, October 20, in the Steiner Building, Lima, following a staff meeting of St. Rita's Hospital, during the afternoon. Dr. A. F. Basinger, Lima, spoke on the subject of "Malignancies" at the Academy session.—News Clipping.

Auglaize County Medical Society met in St. Marys, Thursday evening, October 8. Dr. John A. Fisher, Cincinnati, addressed the Society on the subject of "Diagnosis and Treatment of Genito-Urinary Obstruction in Males".—News Clipping.

Marion Academy of Medicine held its regular meeting at Hotel Harding, Marion, on Tuesday evening, November 3. Dr. Joseph Price, president of the Columbus Academy of Medicine, addressed the society on "The Ideal Anesthetic". Discussion which followed, was led by W. I. Jones, D.D.S., Columbus.—News Clipping.

Van Wert County Medical Society held its regular meeting on Tuesday, November 3, at the Senior House of the Marsh Foundation School, Van Wert. Frank Hines was host, giving the dinner honoring his father, Dr. J. A. Hines, and his grandfather, Dr. P. J. Hines, who was the first physician to practice in Van Wert County. Kathryn Vore-Egan rendered a number of musical selections on the harp during the luncheon hour. Our State President, Dr. D. C. Houser, Urbana, and Dr. O. P. Klotz, Findlay, Councilor from the Third District, were present and addressed the society and guests. Physicians were present from Paulding, Allen and Mercer County Societies, while all but two members of the local society were in attendance. At the business session, Dr. S. A. Edwards was re-elected president; Dr. W. J. Reuter, vice-president; Dr. R. H. Good, re-elected secretary-treasurer; Dr. A. T. Rank, delegate to the state meeting, with Dr. F. W. Dannecker as alternate.—News Clipping.

Fourth District

ACADEMY OF MEDICINE OF TOLEDO AND LUCAS COUNTY

(A. P. Hancuff, M. D., Secretary)

November 6—General Meeting of the Academy. Program: "Proper Procedure for Child Placement", by Rev. Alvin E. Bell, chairman, Children's Bureau, the Social Service Federation; "Food Allergy", by Dr. K. D. Figley; discussion, Dr. J. L. Stifel; "Medico-Legal Aspects of Industrial Medicine", by Dr. T. H. Brown; discussant, Dr. B. J. Hein.

November 13—Section of Pathology, Experimental Medicine and Bacteriology. Program: "Bacteriology of Sub-Acute Bacterial Endocarditis", by Dr. F. C. Clifford; "A Case of Sarcoma of Stomach", with photomicrographs, by Dr. W. A. Neill; "A Case of Contagious Jaundice", by Dr. T. W. Durbin.

November 20—Medical Section. "The Mechanism of Heart Failure", by Dr. L. A. Levison; discussion opened by Dr. N. Worth Brown; "Polyserositis, or Pick's Disease", Case Reports with Lantern Slide Demonstration, by Dr. T. L. Ramsey; discussants, Dr. J. B. Rucker, Jr., and Dr. M. J. Larkin.

November 27—Surgical Section. Symposium on "The Comparative Value of Anesthetic Agents", presented as follows: "The Guiding Signs of Anesthesia", by Dr. E. I. McKesson; "Pre-Anesthetic Medication", by Dr. K. C. McCarthy; "Nitrous Oxide and Oxygen", by Dr. Josephine S. Orr; "Endo-trachial Technique and other Special Procedures", by Dr. F. W. Clement; "Chloroform", by Dr. S. J. Coulter; "Ether", by Dr. T. F. Higgins; "Spinal Anesthesia", by Dr. S. B. Andrews; "Local and Regional Anesthesia", by Dr. Kinsley Renshaw. Discussants: Drs. C. E. Price, N. W. Gillette, B. H. Carroll, W. A. Neill, E. G. Galbraith, M. W. Diethelm, Ira Winger, W. W. Beck, R. C. King, and W. W. Stone. —Bulletin.

Putnam County Medical Society met Tuesday evening, October 1, at Hotel DeMont, Ottawa, for its first regular meeting after a summer vacation. Following a dinner, which was well

attended, Dr. James W. Halfhill, Lima, gave an interesting and instructive address on "No Man's Land in Surgery".—News Clipping.

Sandusky County Medical Society held its regular meeting in the City Council Chamber, Fremont, on Thursday evening, October 29. The program consisted of a symposium on Obstetrics. Dr. H. K. Shumaker, spoke on "Obstetrics" and Dr. E. J. Shanahan discussed "Obstetric Anesthesia and Analgesia".—News Clipping.

Fifth District

ACADEMY OF MEDICINE OF CLEVELAND

(Clarence H. Heyman, M. D., Secretary)

November 6—Clinical and Pathological Section. Program: "Streptococcic Cellulitis of the Orbit, with Recovery", by Dr. F. A. Spittler; "Ureterectasis due to Infection in a Child", by Dr. Henry L. Sanford; "Jejuno Colic Fistula", by Dr. E. P. McNamee; "Double Carcinoma of the Sigmoid", by Dr. Frank J. Gallagher; "Thrombo Angiitis Obliterans, Two Cases", by Drs. H. V. Paryzek and J. N. Wychgel; "Cyst of Mesentery, causing Volvulus of Small Intestine", by Dr. Frank P. Corrigan; "Empyema following Rupture of Lung Abscess, with Recovery", by Dr. Richard Dexter.

November 13—Experimental Medicine Section. (Program arranged by the Department of Pathology). "Purine Metabolism in Polycythemia Vera", by invitation, R. F. Hanzal, Ph.D., and (from Dept. of Medicine) Dr. S. Shelburne; "Urea Tolerance after Unilateral Nephrectomy", by Drs. H. T. Karsner and R. A. Moore, and by invitation, R. Strauss, A. B. and R. F. Hanzal, Ph.D.; "Postulates of Koch in Syphilis", by E. E. Ecker, Ph.D.; "The Isolation of a Haptine from Diphtheria Toxin", by E. E. Ecker, Ph.D.; "The Physiological Action of Dimethylguanidine Sulphate", by Drs. H. Goldblatt and H. T. Karsner; "Shwartzman Phenomenon in the Rabbit Stomach", by Dr. H. T. Karsner, E. E. Ecker, and by invitation, E. L. Jackson, A.B.; "Shwartzman Phenomenon in the Joints of Rabbits", by Dr A. R. Moritz and by invitation, J. D. Morley, A.B.

November 27 — Ophthalmological and Oto-Laryngological Section. (Program presented through the courtesy of Departments of School of Medicine, W. R. U.) "Anatomy of the Labyrinth", by Dr. N. W. Ingalls; "Physiology of the Labyrinth", by invitation, John P. Quigley, Ph.D.; "Clinical Labyrinthitis", by Dr. W. B. Chamberlin.—Bulletin.

Ashtabula County Medical Society held its regular monthly meeting at the Hotel Cleveland, Conneaut, on Tuesday evening, Nov. 10, 1931. The guest speaker for the evening was Dr. Elmer Hess, of Erie, Pa. Dr. Hess presented a very interesting and instructive paper on "Differential Diagnosis of Kidney and Gastro-intestinal Pain". The paper was well received and a lively discussion followed.—E. H. Merrell, Secretary.

Erie County Medical Society held its regular meeting on Thursday evening, October 29, at the Sunyendeand Club, Sandusky. Dr. C. L. Cummer, Cleveland, Councilor of the Fifth District, gave a brief talk on "Medical Defense", and Dr. Harry V. Paryzek, also of Cleveland, spoke on "The Treatment of Cardiac Decompensation".—News Clipping.

Lorain County Medical Society met at the Lorain Hotel, Lorain, on Tuesday evening, November 10. Following a dinner at 5 o'clock, Dr. Thomas A. Peebles, Lorain, spoke on "The Coroner and the Medical Man".—Bulletin.

Trumbull County Medical Society held its regular monthly meeting at the Trumbull Country Club, Warren, on Thursday evening, October 22, with 75 per cent of the membership in attendance. An excellent paper on "Preoral Endoscopy as an Aid in the Diagnosis and Treatment of Intra-Thoracic Disease" was presented by Dr. Edward C. Goldcamp, of Youngstown. His paper was illustrated with lantern slides.—Bulletin.

Sixth District

Mahoning County Medical Society, at its regular meeting on Tuesday evening, October 27, was addressed by Dr. Frank Smithies, of Chicago. "Gastro-Duodenal Hemorrhage" was the subject of his discussion.—John U. Buchanan, Correspondent.

Portage County Medical Society members and their wives were entertained at a dinner at the home of Dr. and Mrs. S. U. Sivon, Ravenna, on Wednesday evening, November 4. The superintendent and nurses of the Portage County Hospital also attended. Following the dinner, Dr. A. S. McCormick, Akron, secretary of the Summit County Medical Society, spoke on "The Evolution of Antiseptic Surgery".—Bulletin.

Stark County Medical Society held its regular meeting on Tuesday evening, November 10 at the Elks' Club, Canton. The program was as follows: "The Treatment of Congestive Heart Failure", by Dr. William H. Bunn, Youngstown; discussion opened by Dr. E. O. Morrow, Canton; "Eighty-five Years of Pediatrics", by Dr. A. W. Thomas, Youngstown, with discussion opened by Dr. Fred G. King, Canton.—Bulletin.

Summit County Medical Society met at the Akron City Club on Tuesday evening, October 6. Dr. W. E. Lee, Professor of Surgery, Graduate College of Medicine, University of Pennsylvania, and Associate Editor of "Annals of Surgery", spoke on "The Tannic Acid Treatment of Burns" (with motion pictures).

November 3—"The Neurological Aspects of Pernicious Anemia" was the subject of an ad-

RADIUM THERAPY
DEEP X-RAY THERAPY
ELECTRO COAGULATION

BEN RENICK KIRKENDALL, M.D.
EDWARD TAYLOR KIRKENDALL, M.D.

137 E. State Street, Columbus, Ohio
Or Mt. Carmel Hospital

Office Phone Adams 7656 **Res. Phone** Gahana, Ohio 44 F. 14

W. H. MILLER, M. D.

X-Ray

328 East State Street **Columbus, Ohio**

Complete Diagnosis and Therapy

Diseases of Chest
Gastro-Intestinal Tract
Genito-Urinary Tract
Gall Bladder
High Voltage X-Ray Therapy
Portable X-Ray
Electro-Coagulation
Fractures and Dislocations

PROMPT AND FULL REPORT

dress by Dr. M. A. Blankenhorn, Cleveland, Professor of Clinical Medicine, Western Reserve University, at the regular meeting of the Summit County Medical Society, held Tuesday evening, November 3, at the Akron City Club.—Bulletin.

Seventh District

Belmont County Medical Society held its regular meeting on Thursday afternoon, October 8, in the American Legion Rooms, St. Clairsville. The meeting, which was devoted to a business session, was followed by a five o'clock dinner.—News Clipping.

Tuscarawas County Medical Society met at Twin City Hospital, Dennison, on Thursday evening, October 8, with thirty members present. Following a dinner, Dr. O. P. Kimball, of Cleveland, spoke on "Treatment of Goiter".—News Clipping.

Eighth District

Athens County Medical Society held its regular meeting at Hotel Berry, on Monday evening, October 5. Dr. M. H. Cherrington, of Logan, addressed the society on the subject of "Acute Epidemic Encephalitis".—News Clipping.

Guernsey County Medical Society met at the Romance Restaurant, Cambridge, on Thursday noon, October 15. Dr. A. G. Ringer, of Cambridge, read an instructive and timely paper on "Infantile Paralysis".

An excellent paper on "State Medicine" was presented by Dr. Fred W. Lane, of Cambridge, at the luncheon meeting of the Society, held Thursday, October 1.—News Clipping.

Muskingum County Academy of Medicine held its regular meeting in the American Legion rooms, Zanesville, on Wednesday evening, November 4. Speakers were Drs. E. G. Horton and Ernest Scott, Columbus, members of the faculty of Ohio State University College of Medicine. Dr. Horton spoke on "Poliomyelitis", and Dr. Scott discussed "The Pathology of Poliomyelitis", illustrating his talk with lantern slides.—News Clipping.

Ninth District

Scioto County—Hempstead Academy of Medicine held its regular meeting at the Nurses' Home, Portsmouth, on Monday evening, November 9. The program consisted of the presentation (in talking movies) of the subject of "Diseases of the Intestinal Tract". Buffet lunch was served after the meeting.—Bulletin.

Tenth District

COLUMBUS ACADEMY OF MEDICINE

(James A. Beer, M. D., Secretary)

October 19—Columbus Public Library. Program: "Medical History", by Dr. Eugene F. McCampbell; Symposium on Cervical Adenopathy—"General Discussion" by Dr. Bruce K. Wiseman; "Surgical Aspects", by Dr. W. B. Morrison. Amendments to the Constitution and By-Laws were considered at the business session.

Columbus Radium Laboratory

Radium and Deep X-Ray Therapy

EDW. REINERT, Ph.G., M.D.
350 E. State St., Columbus, O.
Bell, Main 1537

CHAS. F. BOWEN, M.D.

SPECIALIZES in

Superficial Malignancies

Removal of Foreign Bodies

Radium and X-Ray

Diagnosis and Therapy

332 E. State Street
COLUMBUS, OHIO

RADON

We announce the following prices anywhere in the United States and Canada

GOLD RADON IMPLANTS

Millicuries	Per Implant
1.0	$ 4.00
1.5	5.50
2.0	7.00
2.5	8.50
3.0	10.00

Our price is based on the Radon content at the hour of use.

The GOLD RADON IMPLANTS are 0.3 millimeter pure gold.

Certificate of Guarantee furnished with each Radon preparation assuring accurate dosage.

Instruments loaned without charge if returned in good condition within five days after you have used them.

RADON COMPANY, Inc.

1 East 42nd St., New York

Telephones: Vanderbilt 3-2811; 3-2812

RADIUM RENTAL SERVICE

BY

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to Physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

CAREFUL CONSIDERATION WILL BE GIVEN INQUIRIES CONCERNING CASES IN WHICH THE USE OF RADIUM IS INDICATED.

The Physicians Radium Association

1307 Pittsfield Bldg., 55 E. Washington St.,

CHICAGO, ILL.

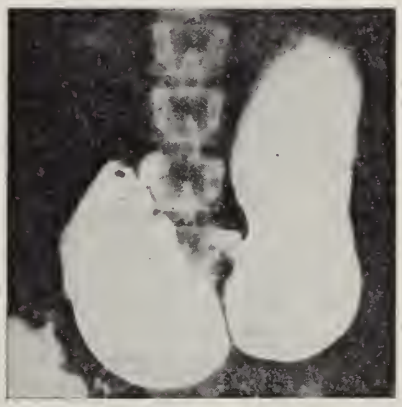
Telephones Central 2268-2269

Wm L. Brown, M.D., Director.

BOARD OF ADVISORS

William L. Baum, M.D. Bennett R. Parker, M.D.
Frederick Menge, M.D. Walter S. Barnes, M.D
Louis E. Schmidt, M.D. S. C. Plummer, M.D.

X-Ray Film Consultation



A service for Physicians who do their own X-Ray work and are in doubt as to the interpretation. Detailed reports will be made.

A brief case history sent with the films will assist in the diagnosis.

Correspondence solicited.

HUGH J. MEANS, M.D.

683 East Broad St.,

Columbus, Ohio

X-RAY DIAGNOSIS AND THERAPY

LABORATORY

Service and Consultation

James A. Beer, B.Sc., A.M., M.D.

21 East State Street Columbus, Ohio

Telephone, ADams 3847

October 26—Program: "Optimism in the Treatment of Heart Disease", by Dr. Paul Dudley White, Boston, physician to the Massachusetts General Hospital, and instructor in Medicine, Harvard Medical School.

November 9—Annual D. Tod Gilliam Memorial Lecture, by Dr. George Gellhorn, professor of Obstetrics and Gynecology, St. Louis University College of Medicine, on the subject of "The Causes and Treatment of Vaginal Discharge". The meeting was preceded by a dinner at the Athletic Club.—Bulletins.

Crawford County Medical Society held its regular monthly meeting on Monday evening, November 2, at the Elks' Grill, Bucyrus. Guest speakers were Dr. Robert Carothers, past president of the State Association and Dr. Ralph G. Carothers, of Cincinnati. The subject presented in their talks was "The Modern Treatment of Fractures", illustrated by motion pictures, lantern slides and radiographs.—Bulletin.

Delaware County Medical Society met in Delaware, on Tuesday evening, November 3. Dr. Warren Breidenbach, of Dayton, spoke on "Respiratory Diseases". A turkey dinner, which preceded the program, was enjoyed by members and guests, including several members from the Union County Medical Society.—News Clipping.

Knox County Medical Society met Thursday, October 29 for its regular luncheon meeting at the Alcove, Mt. Vernon. Dr. Frank W. Watson, Columbus, member of the staff at White Cross Hospital, addressed the society on the subject of "Some Reasons for Failures in Abdominal Operations".—J. Shamansky, Secretary.

Ross County Academy of Medicine met Thursday evening, November 5, at the Warner Hotel, Chillicothe, with a fair attendance. Several out-of-town men were present; namely: Dr. I. P. Seiler, Piketon, Councilor of the Ninth District; Dr. L. E. Wills, Waverly, and Dr. W. R. Riddell, Jackson. Dr. I. B. Harris, of Columbus, gave a very interesting talk on the subject of "Intestinal Obstruction".—W. C. Breth, Secretary.

PUBLIC HEALTH NOTES

—Dr. L. L. Kersell, Columbus, has been appointed to the staff of the Division of Communicable Diseases, State Department of Health, and will assist in immunization work work in the drought stricken areas of southern and southeastern Ohio.

—Dr. Lonzo G. Bean, 58, chief of the bureau of dental hygiene, State Department of Health, and for many years a practicing dentist at Athens, died from carcinoma of the stomach, following several months' illness.

URINE
BLOOD
SPUTUM
REFUSIONS
STOMACH CONTENTS
WASSERMAN & KAHN
PRECIPITIN TESTS
GONORRHEAL COMPLEMENT FIXATION TEST
BLOOD CHEMISTRY
PROTEIN SENSITIZATION TESTS
BASAL METABOLISM
AUTOGENOUS VACCINES
FAECES
GENITO-URINARY
SURGICAL and GYNECOLOGICAL PATHOLOGY
DARK FIELD ILLUMINATING FOR SPIROCHETA PALLIDA
MEDICO-LEGAL POST-MORTEMS
X-RAY

LABORATORY
Clinical and Pathological
Approved by the American Medical Association
Columbus, Ohio 370 E. Town Street

DIRECTOR
J. J. Coons, B. Sc., M. D., D. Sc.
Dorris Coss, B. Sc., M. Sc.
Frances Coup, A. B.
Flora Moone

PROMPT SERVICE
Immediate Report on Frozen Sections of all Tumors.
ESTABLISHED 1904



Wilson's Evaporated Milk is fresh, pure cow's milk in sanitary, inexpensive form—always available, always the same. You can safely prescribe it for infant feeding. Clinical samples, information and literature sent to physicians on request.



WILSON'S MILK COMPANY
728 Chamber of Commerce Bldg., Indianapolis



modern trend in infant feeding

the modern influence in infant feeding has established new ideals and earned the hearty endorsement of thousands of physicians trained in the feeding of infants . . . its simplicity . inherent soundness of principle with a background of intensive scientific research . . . all combine to give the physician a product which not only produces results in the majority of cases but gives these results more simply and more quickly . such has ever been the ideal of S. M. A.

s. m. a. corporation cleveland

©SMAC

This laboratory is approved by the Council on Medical Education and Hospitals of the American Medical Association

Langdon-Meyer Laboratories

OFFER A COMPLETE 24 HOUR SERVICE ON WASSERMANNS— INCLUDING, WATER-BATH; ICE-BOX; AND KAHN TEST.

Fee—$5.00

Send for our Fee Table

519 Main Street **CINCINNATI, OHIO**

—Officers for 1932 were elected by the Ohio Conference on Water Purification, which held its eleventh annual session at Lorain, October 15-16, as follows: W. I. Van Arnum, Youngstown, chairman; Thomas H. Tristam, Lorain, vice chairman; J. M. Montgomery, Piqua, secretary-treasurer; P. J. O'Connor, Warren, and F. J. Hull, Ashtabula, members executive committee. Choice of next year's meeting place was left to the executive committee. Attendance was 105, which is about the average.

Of special interest in the program were papers dealing with the following subjects: Odor and taste prevention, changes in bacteriological methods, and reforestation. This last is a subject that is receiving much attention from waterworks men, as the forestation of drainage areas from which water supplies are drawn is a factor of great magnitude.

An inspection trip included visits to the Lorain, Avon Lake Village, Elyria and Sandusky water treatment plants. A complimentary luncheon, prepared by wives of the Lorain waterworks employes and served at the Lorain Yacht Club, was a pleasant feature.

—Sewage treatment men to the number of 130 registered for the fifth annual Ohio Conference on Sewage Treatment, held at Akron, Oct. 13-14. Registration alone exceeded the attendance at any previous conference, and as there was a considerable attendance that did not register, the total exceeded all records by a wide margin. Officers for the coming year were elected as follows:

G. E. Flowers, superintendent Southerly Sewage Plant, Cleveland, president; R. C. Sweeney, superintendent Sewage Treatment Plant, Toledo, vice president; T. C. Schaetzle, superintendent Sewage Treatment Plant, Akron, secretary-treasurer; Albert Fretter, superintendent Sewage Treatment Plant, Medina, member executive committee.

In addition to papers on the Akron and Elyria sewage treatment plants, outstanding topics discussed included sludge digestion and trickling filter loadings. An entire session was devoted to a round-table discussion of a number of subjects of interest, brought up by the members in advance of the conference.

Moving pictures of the Dayton and Akron plants, and of a number of English plants, taken by E. Sherman Chase, were presented and explained by him.

—The possibility that economic adversity may benefit rather than impair the health of a community is suggested in statistics covering the first nine months of 1931 which show a conspicuous decline in both sickness and mortality as compared with predepression years, according to information made available by the Public Health Service.

Comparisons with the year 1928, according to the Service, reveal small to substantial declines in all but one of the eight communicable diseases which are reported upon weekly to the Service by health officers throughout the Nation. The one

CLASSIFIED ADVERTISEMENTS

Rates for advertisements under this heading are 50 cents per line, payable in advance. Minimum charge of $1.00 for each insertion. Price covers the cost of remailing answers. Forms close 16th of the month preceding publication.

Situation Wanted—Salaried appointments for Class A physicians in all branches of the medical profession. Let us put you in touch with the best man for your opening. Our nation-wide connections enable us to give superior service. Aznoe's National Physicians' Exchange, 30 North Michigan, Chicago. Established 1896. Member of Chicago Association of Commerce.

Speeches, special articles, papers on special subjects, prepared from the latest data and authorities, for busy physicians. Prompt service extended at reasonable rates in an expert manner to your requirements. Authors' Research Bureau, 516 Fifth Ave., New York.

Wanted—Ethical physician, gentile, experienced hospital executive; good business training; qualified and efficient; wishes the management of a hospital. W. A., care *Ohio State Medical Journal.*

Wanted—Resident physician for the Ohio Hospital for Epileptics at Gallipolis. Prefer single male under 41 years of age. Must have Ohio license. Apply to Dr. G. G. Kineon, Superintendent.

Wanted—Young physician for general practice in small town, near summer resort, and in good agricultural community. For detailed information write S. M., care *Ohio State Medical Journal.*

THE NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL

(Organized 1881)

(The Pioneer Post-Graduate Medical Institution in America)

We Announce

FOR THE GENERAL SURGEON

A Combined Surgical Course Comprising

GENERAL SURGERY
TRAUMATIC SURGERY
ABDOMINAL SURGERY
ORTHOPEDIC SURGERY
GYNECOLOGICAL SURGERY
UROLOGICAL SURGERY
PROCTOLOGY
THORACIC SURGERY
GASTRO-ENTEROLOGY
ORTHOPEDIC SURGERY
LABORATORY
X-RAY DIAGNOSIS

CADAVER COURSES in all branches of Surgery
SPECIAL COURSES in all Medical and Surgical specialties

For Information Address

Medical Executive Officer, 345 West 50th Street, New York City

Physicians' Service

QUALITY FIRST

We are exclusive manufacturers of Pharmaceuticals, U. S. P. and N. F. Preparations, Specialties, Tablets, Ointments, Ampoules, Suppositories, Effervescents, etc., for Physicians Dispensing and Prescribing.

NOTHING SOLD AT RETAIL EXCEPT ON ORDER OF PHYSICIAN

Offices and Laboratories
330-336 OAK STREET, EAST
One-half Square North of Grant Hospital and Carnegie Library.

THE
COLUMBUS PHARMACAL CO.
COLUMBUS, OHIO

The Wendt-Bristol Company

Two complete ethical stores in Columbus

51 E. State St. 721 No. High St.

for the convenience of the Physicians and Surgeons—and the many people they serve

Two Prescription Departments
maintained in a high class manner with eight registered Pharmacists

Other Complete Departments

OFFICE EQUIPMENT
PHYSIO THERAPY APPARATUS
HOSPITAL SUPPLIES
HEALTH FOODS

W-B Pharmaceutical Supplies
JOBBING STOCKS ALL LEADING MANUFACTURERS
Antitoxins and Vaccines in Special Refrigeration Plants

Prompt Service on Phone Orders

exception, poliomyelitis (infantile paralysis), occurs about once a generation and its prevalence greater than ordinary this year is simply a coincidence.

While it can hardly be questioned that severe economic distress is bound to lower the resistance of the human machine, through want of adequate nutrition if not through mental strain, it is not at all unlikely, the source states, that greater care may be exercised over one's health at a time of depression and that unemployment, despite its accompanying despair, may have provided physical rest perhaps sorely needed by many individuals. Further information was made available by the Service as follows:

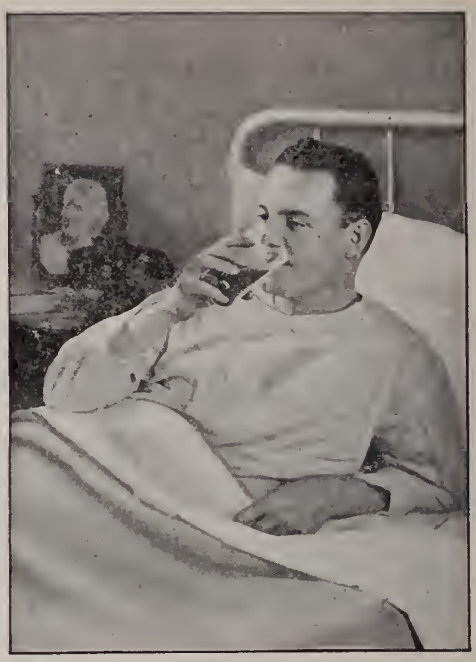
"Contrary to the general thought that economic recession impairs the health of the Nation, a study made several years ago by a prominent sociologist, shows that health conditions during depression years have been just as good if not better than in normal years. In none of the previous depressions has there been unusual illness or mortality, but on the contrary the great influenza epidemic of 1918, the worst this country has ever seen, afflicted the Nation in 1918 and another extensive outbreak of this disease came in 1928.

"Comparing the prevalence of the communicable diseases thus far this year with 1928, we find fewer cases during 1931 of influenza, diphtheria, meningitis, measles, scarlet fever, smallpox and typhoid fever. As regards mortality, a compilation of reports from 13 States with a total population of 43,000,000 shows that during the first five months of the present year the death rate per 1,000 persons was 12 as compared to 13.7 for the corresponding period of 1928.

"Again, the records of industrial insurance companies, having an aggregate of more than 70,000,000 policyholders, show a death rate among this group during the first six months of the year of 10.5 per 1,000 persons as compared with 10.6 in 1928. The reports of sick benefit associations of a sample group of wage earners also show substantially less illness among these workers than in 1928.

"In view of these disclosures, it may be that the effects of a depression do not become visible until 5 to 10 years later, when the present generation of children will have reached the stage which will manifest physical abnormalities caused by malnutrition and tuberculosis. It is to be noted here that tuberculosis has increased sharply in every period following prolonged wars or situations causing a deficiency in the variety (rather than quantity) of foods supplied to children.

"At the same time, it is to be wondered if depression does not give us a clue as to our health habits in more prosperous times and if it does not reveal a gross neglect of the human body in periods of prosperity. Certainly, the abundance of money is more conducive to gay life, with its



For *hyper-nutrition* in post-operative cases

A delicious food drink—easily digested—quickly metabolized

DOCTORS have been quick to discover in Cocomalt a high caloric food of ready digestibility, ideal in post-operative cases.

This delicious chocolate-flavor food drink imposes no strain upon the digestive system. It meets the demand for a highly nutritious food that does not produce stasis. Cocomalt greatly aids digestion by helping to digest the starches of other foods.

A scientific food-concentrate

Cocomalt is a balanced combination of milk protein, milk minerals, concentrated cocoa, sugar, barley malt and whole egg. Made as directed, it increases the caloric value of a glass of milk 72%—adding 40% more protein, 56% more mineral salts, 188% more carbohydrates, *but only* 12% *more fat.*

Cocomalt contains Vitamin D, the anti-rachitic "sunshine" vitamin. Especially valuable for growing children, convalescents, nursing and expectant mothers. At all grocery and leading drug stores. Mail coupon for *free* trial can.

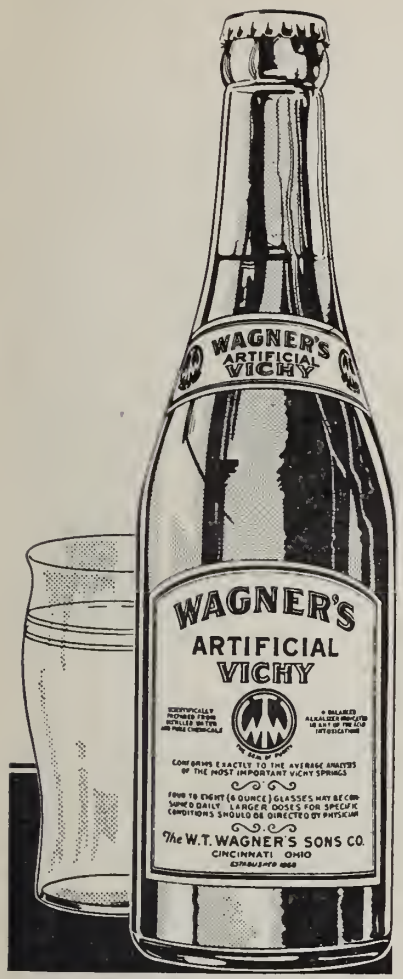
Cocomalt

DELICIOUS HOT OR COLD



ADDS 70% MORE NOURISHMENT TO MILK

R. B. DAVIS CO., Dept. AT-12, Hoboken, N.J.
Please send me, without charge, a trial can of Cocomalt.
Name .....
Address .....
City ..... *State* .....



Achieving A Worthy Ideal

ACHIEVEMENT of anything laudable inspires admiration and respect. Consecrated effort is the price of reaching any worth while goal, and the reward . . . universal recognition. Wagner's Vichy, which today enjoys the highest obtainable professional endorsement, is the realization of a worthy ideal. This balanced alkalizer, scientifically prepared from distilled water and pure chemicals, is the outcome of chemical research, the use of modern laboratory equipment and tireless supervision in manufacture . . . The W. T. Wagner's Sons Co., in Cincinnati, Ohio, since 1868.

WAGNER'S
VICHY
(artificial)

When to Administer

In serious acidosis, it is desirable to determine the carbon dioxide combining power of the blood plasma. When this is down to 30 or 40 volumes per cent, Wagner's Vichy may be given both as a prophylactic against the further development of acidosis and also as a means of supplying much needed fluid to the patient.

The Ohio State Nurses' Association

Official Registries for Nurses

District No. 1—42 Hawthorne Ave., Akron, Ohio. Phone Fr. 7013
District No. 3—601 Mahoning Bank Bldg., Youngstown; Phone 44581; 44582
District No. 4—2157 Euclid Ave., Cleveland, Ohio. Phone: Prospect 1951
District No. 8—Room 733 Chamber of Commerce Bldg., Cincinnati, Ohio Phone: Main 7142
District No. 9—1930 Robinwood Ave., Apartment 40, "The Scotwood," Toledo, Ohio. Phone: Main 7962
District No. 12—The Normandie Hotel, Room 610, Columbus, Ohio. Phone Adams 1569
District No. 15—2744 Scioto Trail, Portsmouth, Ohio. Phone: Portsmouth 1343

DIABETICS ARE SATISFIED WHEN YOU PRESCRIBE CUURDOLAC FOODS

Curdolac Breakfast Cereal
Curdolac Casein Bran Improved Flour.
Curdolac Casein Compound.
Curdolac Soya-Bran Breakfast Food.
Curdolac Soya-Bran Flour.
Curdolac Soya Cereal Johnny Cake Flour.
Curdolac Soya Flour.
Curdolac Wheat-Soya Flour.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Samples and literature on request.

CURDOLAC FOOD COMPANY Box 299 Waukesha, Wis.

attendant late hours and indulgence in fancy foods, than in a sober, sane preservation of the bodily organs and the nourishment of simple, home-cooked meals.

—By 1937 the deathrate from tuberculosis in the United States will be 40 or less per 100,000 population, according to a prediction made in a recent issue of the Statistical Bulletin of the Metropolitan Life Insurance Company.

Explaining the basis for its optimistic view of the future with regard to tuberculosis, the Bulletin said:

"The business of prophecy is always full of dangers.. But now and then it is possible to make cautious and controlled forecasts where sufficient information of past and current performance is at hand. A few years ago, a projection was made of the probable future course of the tuberculosis deathrate in the United States. Using the facts available for 1900 to 1928, a projection of the deathrate up to the year 1937 was made and it was then estimated that in 1930, the rate would be under 70 per 100,000 and, possibly by 1937, the deathrate from tuberculosis would be under 40. The facts for the last few years bear out the accuracy of the estimate and give some assurance that the estimate for 1937 will not be far from the actual facts. A glance at the chart will show how well the figures for the last four or five years have kept within the charted course.

"It is in many ways a remarkable fact that, after two years of serious economic depression, the tuberculosis deathrate should continue its declining trend, for much historical and present-day discussion has stressed the close relation between the tuberculosis deathrate and economic and social conditions. There has been apparently no serious effect as yet on the general health of the community as the result of unemployment and of the lower incomes of the large mass of the working population. For the year 1930, the tuberculosis deathrate was 67.2 per 100,000 in the population of 34,000,000 in the Original Registration States, and this rate was 6.5 per cent below that for 1929. For the first eight months of 1931 the decline has been 7.4 per cent since 1930 among insured wage earners, and there is every indication that the present year will close with the lowest rate on record by a large margin.

"It seems, therefore, that the forces for the control of tuberculosis among the thirty-four millions of people in the Original Registration States have been so well organized and coordinated as to take care not only of the usual tuberculosis load, but also of accretions resulting from the economic depression. The effect of the work of the last 25 or 30 years has been cumulative in nature. The philanthropic and public health agencies of the country have continued to be alert to the necessity for caring for the tuberculous. The medical profession is becoming more and more skilled in the diagnosis and treatment of the disease. Sanatoria are expanding their facilities and their service results in arresting tuberculosis and in restoring patients to working capacity on a large scale. Many thousands of lives are saved annually as a result of this effort alone.

"Fewer deaths from tuberculosis mean that there are fewer advanced cases capable of producing new infections in the community. Fewer infections imply a reduced number of breakdowns later in life. There is thus set up a beneficient

Relative Values of Carbohydrates

New Findings Confirm Old Truths

Recent scientific investigations in rats (tabulated at the right) are in accord with many years of clinical observations on babies, as shown by the following excerpts from authoritative medical literature reflecting the consensus of three decades of pediatric experience.

RELATIVE ASSIMILATION VALUES OF VARIOUS CARBOHYDRATES[1]

		Average per 100 gms. body weight
1	MALTOSE	1.50
2	DEXTRIN + MALTOSE	1.32
3	Glucose + dextrin	1.32
4	Glucose + sucrose	1.32
5	Glucose	1.04
6	Sucrose + maltose	0.98
7	Fructose + glucose	0.98
8	Sucrose + dextrin	0.76
9	Sucrose	0.76
10	Fructose	0.5
11	Glucose + lactose	0.26
12	Lactose	0.16
13	Galactose	0.1

These authors have also stated: "Maltose, fructose, glucose, starch and dextrin *lead* in nutritive value, *followed by* galactose, mannose, arabinose, xylose, lactose, sucrose and glycogen.[2]

[1] H. Ariyama and K. Takahasi: *Biochem. Z.*, **216**:269 (1929) and [2] *J. Agr. Chem. Soc.*, Japan 5; 674 (1929).

CHART OF CARBOHYDRATE HYDROLYSIS[3]

MILK SUGAR GROUP
Lactose** (Milk Sugar)
Dextrose* Galactose*

CANE SUGAR GROUP
Saccharose** (Cane Sugar)
Dextrose* Levulose*

MALT SUGAR GROUP
Starch
Amylodextrin***
Erythro-dextrin*** Achro-dextrin***
Maltose**
Dextrose* Dextrose*

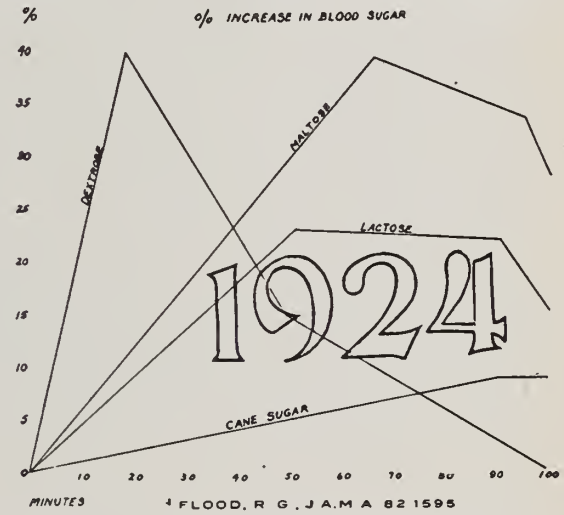
Note.—The end product of maltose is all dextrose, which means quicker assimilation than end products from other carbohydrates.

*Monosaccharide **Disaccharide ***Polysaccharide

Of the monosaccharides, dextrose, the end product of maltose, is converted into glycogen more easily than levulose or galactose. Therefore, maltose, which splits into two molecules of dextrose, may be absorbed with much less digestive energy than either lactose or saccharose.

[3] Morse, J. L. & Talbot, F. B. *Boston Med. & Surg. Jl.*, 159:852.

RATE OF SUGAR ABSORPTION IN NEWBORN[4]



[4] FLOOD, R. G. J.A.M.A. 82 1595

MALTOSE OR LACTOSE IN INFANT FEEDING[5]

Answer—The superiority of one form of carbohydrate over another in artificial feeding of infants has been much discussed during recent years. It is generally accepted that cow's milk without modification is not a satisfactory infant food. So far as the carbohydrate is concerned, about one-fifth to one-eighth ounce per pound of infant's body weight is required daily. To supply this amount it is necessary to add carbohydrates in some form. Admitting that lactose is the sugar supplied in human milk, it does not follow that it is the sugar best tolerated in another medium, such as cow's milk. It is generally believed that lactose is more laxative than sucrose—that it must be fed with a certain amount of caution, as fermentative upsets are likely to follow if amounts approximating that found in human milk are fed. There is cause for disagreement among clinicians, as it is important to consider the other food elements; i.e., the amounts of fat and protein fed as well as the medium in which they are fed. For example, when lactic acid milk is used, more added carbohydrate seems to be tolerated than when sweet milk mixtures are fed. Sucrose has the advantage of being much cheaper and is always available. Evidence has not been presented that it should not be used in infant feeding. With its general use in large infant welfare clinics where supervision is a matter of routine, there is less to be said against it as far as clinical results are concerned. The complaint that it is too sweet is not often encountered when the usual amounts are fed. The dextrin-maltose preparations possess certain advantages. When they are added to cow's milk mixtures, we have a combination of three forms of carbohydrates, lactose, dextrin and maltose, all having different reactions in the intestinal tract and different absorption rates. Because of the relatively slower conversion of dextrins to maltose and then to dextrose, fermentative processes are less likely to develop. Those preparations containing relatively more maltose are more laxative than those containing a higher percentage of dextrin (unless alkali salts such as potassium salts are added). It is common experience clinically that larger amounts of dextrin-maltose preparations may be fed as compared with the simple sugars. Obviously, when there is a lessened sugar tolerance such as occurs in many digestive disturbances, dextrin-maltose compounds may be used to advantage. [5] *Queries and Minor Notes, J. A. M. A.*, 88:266.

MEAD JOHNSON & COMPANY, EVANSVILLE, INDIANA, U.S.A., *Specialists In Infant Diet Materials*

circle which serves to protect the community. The country, as a whole, has not yet experienced the full effect of the work done over the past two or three decades. That is why we may be so hopeful as to the record of the immediate future for tuberculosis. We see, therefore, no reason at this writing to modify the earlier estimate that, in 1937, the tuberculosis deathrate will be less than 40 per 100,000 in certain of the northeastern states.

"There is much evidence to show that the heaviest social burdens inflicted by tuberculosis have been materially eased. Among males, the major impact of the disease formerly fell upon the age period 35 to 39 years, when family responsibilities are greatest. In recent years, the greatest toll of tuberculosis among males has been exacted well beyond 40 years of age. It is significant that there has been no let-up in the tendency of tuberculosis to advance toward those ages where it will cease to act as one of the major sources of dependency and of family disruption."

Mr. G. Bernard Shaw, internationally known as a British playwright and author and not so well known as a caustic critic of the medical profession and the foe of many of the essential elements of scientific medicine, has been quoted as expressing his views against and condemnation of vaccination against smallpox.

Mr. Shaw, in explaining why he thinks "general infantile vaccination is an unscientific abomination and should be made a criminal practice", points out that he was born in 1856, vaccinated in infancy (and had good marks for it), and during the great epidemic of 1881, caught smallpox.

G. B. S. shouldn't feel very proud of his most recent tirade. In fact, it might be taken as an indication that he is losing the punch that has won him fame.

To abolish vaccination because Mr. Shaw and undoubtedly some other persons who had been vaccinated contracted the disease would be equivalent to abolishing railroads because some engines have jumped the track; to scrapping all the airplanes because some aviators have been killed; to eliminating machinery in industry because men and women are injured by it and, as one writer has pointed out, to dispensing with brakes on automobiles because collisions occur between autmobiles equipped with brakes.

As a matter of fact, it is possible that Mr. Shaw might not be on deck today to continue his criticism of vaccination had he not been vaccinated previous to the great epidemic of which he speaks.

It looks as if Mr. Shaw had topped his shot pretty badly and is still quite a ways short of the green.

Mercurochrome 220 Soluble

(Dibrom-oxymercuri-fluorescein)

The Stain Provides for Penetration

—and—

Fixes the Germicide in the Tissues

Mercurochrome is bacteriostatic in exceedingly high dilutions and as long as the stain is visible bacteriostasis is present. Reinfection or contamination are prevented and natural body defenses are permitted to hasten prompt and clean healing, as Mercurochrome does not interfere with immunological processes. This germicide is non-irritating and non-injurious when applied to wounds.

Hynson, Westcott & Dunning

Inc.

BALTIMORE, MD.



MEN ARE NOT IMMUNE

EXCESSIVE perspiration does not search out its victims by sex. Men just as often suffer from its discomforts as women. This is especially true of hyperidrosis of the axillae, hands and feet.

The physical discomfort and social implication of excessive perspiration are equally distressing to men and women.

NONSPI

(AN ANTISEPTIC LIQUID)

checks the perspiration and prevents the odor, too. It needs to be applied only once or twice a week to those parts of the body not exposed to adequate ventilation. Trial supply gladly sent to physicians on request.

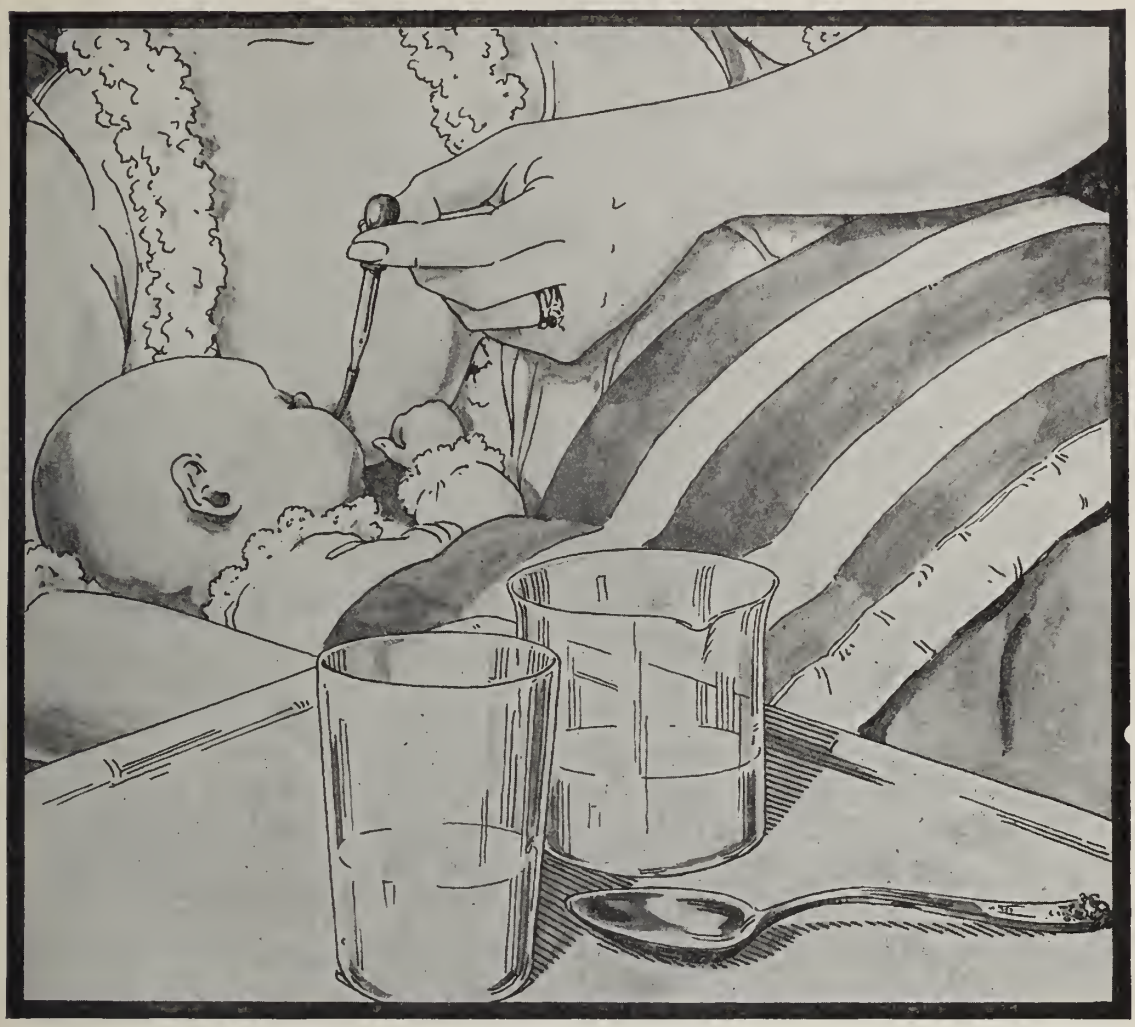
YES, I'd like to try NONSPI. Please send me a free trial supply.

Name.....

Address.....

City.....*State*.....

THE NONSPI COMPANY, 117 West 18th Street, N.Y. City



MEDICINE-DROPPER METHOD

OF FEEDING THE NEWLY-BORN



SIMILAC fed with a medicine dropper, simultaneously with the breast, during the newly-born period, reduces the initial loss in weight and prevents inanition fever, according to the results reported by a number of physicians.

The use of the medicine dropper instead of the rubber nipple nursing bottle, at this time, teaches the newly-born a very important lesson—that of nursing at its mother's breast.

Ask for Index Card, "Feeding the Newly-Born."

M & R DIETETIC LABORATORIES, INC.,
COLUMBUS, OHIO

OHIO STATE MEDICAL ASSOCIATION

STANDING COMMITTEES
(Constitutional)

PUBLIC POLICY

John B. Alcorn, Chairman, (1933) Columbus
C. W. Stone, (1932) Cleveland
J. H. J. Upham, (1934) Columbus
D. C. Houser, (ex-officio) Urbana
H. M. Platter, (ex-officio) Columbus

PUBLICATION

Andrews Rogers, Chairman, (1934) Columbus
Gilbert Micklethwaite, (1932) Portsmouth
A. B. Denison, (1933) Cleveland

MEDICAL DEFENSE

J. E. Tuckerman, Chairman, (1934) Cleveland
F. P. Anzinger, (1932) Springfield
W. H. Snyder, (1933) Toledo

MEDICAL EDUCATION AND HOSPITALS

Ben R. McClellan, Chairman, (1934) Xenia
R. H. Birge, (1932) Cleveland
John F. Wright, (1933) Toledo

MEDICAL ECONOMICS

J. Craig Bowman, Chairman, (1933) Upper Sandusky
E. O. Smith, (1932) Cincinnati
A. B. Brower, (1934) Dayton

SPECIAL COMMITTEE
Periodic Health Examinations

V. C. Rowland, Chairman Cleveland
Jonathan Forman Columbus
Beatrice T. Hagen Zanesville
R. R. Hendershott Tiffin
J. I. Stephens Ansonia

MENTAL HYGIENE

E. J. Emerick Columbus
O. O. Fordyce Toledo
L. J. Karnosh Cleveland
Wm. H. Pritchard Columbus
T. A. Ratliff Cincinnati

Military Committee

Harry D. Jackson, Chairman Circleville
Louis H. Feid, Jr. Cincinnati
David H. Moore Urbana

COUNCIL COMMITTEES

AUDITING AND APPROPRIATIONS

S. J. Goodman, Chairman Columbus
C. L. Cummer Cleveland
E. M. Huston Dayton

ARRANGEMENTS 1932 ANNUAL MEETING

E. M. Huston, Chairman Dayton
H. S. Davidson Akron
I. P. Seiler Piketon

PROGRAM 1932 ANNUAL MEETING

H. M. Platter, Chairman Columbus
John A. Caldwell Cincinnati
S. J. Goodman, Secretary Columbus

Delegates and Alternates to American Medical Association

DELEGATES		ALTERNATES	
Wells Teachnor, Sr., (1932)	Columbus	D. H. Morgan, (1932)	Akron
Ben R. McClellan, (1932)	Xenia	A. C. Messenger, (1932)	Xenia
E. R. Brush, (1932)	Zanesville		
C. W. Stone, (1932)	Cleveland	C. L. Cummer, (1932)	Cleveland
J. P. DeWitt, (1933)	Canton	G. F. Zinninger, (1933)	Canton
C. E. Kiely, (1933)	Cincinnati	L. H. Schriver, (1933)	Cincinnati
C. W. Waggoner, (1933)	Toledo	John Sprague, (1933)	Athens

SECTION OFFICERS FOR 1931-1932

MEDICINE

Leo C. Bean — Chairman
Gallipolis
C. S. Mundy — Secretary
125 15th Street, Toledo

SURGERY

M. E. Blahd — Chairman
1420 Medical Arts Bldg., Cleveland
C. R. Steinke — Secretary
1027 Second National Bldg., Akron

OBSTETRICS AND PEDIATRICS

E. G. Horton — Chairman
350 E. State Street, Columbus
B. H. Carroll — Secretary
240 Michigan Street, Toledo

EYE, EAR, NOSE AND THROAT

Albert L. Brown — Chairman
2700 Union Central Bldg., Cincinnati
Ivor G. Clark — Secretary
188 E. State St., Columbus

NERVOUS AND MENTAL DISEASES

John D. O'Brien — Chairman
332 Market Ave. N., Canton
J. Fremont Bateman — Secretary
Box 36, Elmwood Place

PUBLIC HEALTH AND INDUSTRIAL MEDICINE

R. C. Engel — Chairman
3102 Independence Rd., Cleveland
R. H. Markwith — Secretary
Court House Annex, Akron

Eighty-Sixth Annual Meeting, Dayton, May 3-4, 1932.

Ways to Compensate

for the "DON'TS"

ON THE DIABETIC DIET

If what the patient *can* eat be made more varied and more appetizing, conforming to the "don'ts" on the diet will seem much less of a hardship. Knox Sparkling Gelatine brings change to the diet without involving deviation *from* the diet. Its use introduces more than fifty appealing dishes to the diabetic routine—all built up from the basic foods allowed.

The splendid thing about Knox Gelatine is that it can be used freely and safely. It is pure, granulated gelatine. It contains no sugar, no coloring, no flavoring . . . no synthetics of any kind. It combines ideally with other foods.

Knox has prepared a Diabetic Recipe Book. Many physicians have found this book to be valuable, giving it to their patients as a supplement to the diet list. It is available in any quantity for physicians who desire it. For your convenience, a coupon is printed below. Just send it in.

WINTER SALAD *(Six Servings)*

	Grams	Prot.	Fat	Carb.	Cal.
2 teaspoons Knox Sparkling Gelatine	4.5	4	..	..	..
¼ cup cold water	..	..	..	..	..
½ cup hot water	..	..	..	..	..
½ teaspoon salt	..	..	..	..	..
¼ cup vinegar	..	..	..	..	..
1½ cups grated cheese	150	43	54	..	..
½ cup chopped stuffed olives	70	1	19	8	..
½ cup chopped celery	60	1	..	2	..
¼ cup chopped green pepper	25	..	..	1	..
½ cup cream, whipped	75	2	30	2	..
Total		51	103	13	1183
One serving		8.5	17	2	197

Soak gelatine in cold water. Bring hot water and salt to boil and dissolve gelatine in it. Add vinegar and set aside to chill. When nearly set, beat until frothy, fold in cheese, olives, celery, pepper and whipped cream. Turn into molds and chill until firm. Unmold on lettuce leaf and serve.

SPANISH CREAM *(Six Servings)*

	Grams	Prot.	Fat	Carb.	Cal.
1 tablespoon Knox Sparkling Gelatine	7	6	..	..	..
¼ cup cold water	..	..	..	..	..
1 cup milk	240	7	10	12	..
¾ cup boiling water	..	..	..	..	..
2 eggs	100	13	10.5	..	..
1½ teaspoons vanilla	..	..	..	..	..
Few grains salt	..	..	..	..	..
Total		26	20.5	12	336.5
One serving		4	3	2	56

Soak gelatine in cold water five minutes. Heat water and milk over boiling water, add gelatine and stir until dissolved. Separate eggs and beat yolks until lemon colored. Stir gelatine mixture slowly into egg yolks. Return to stove and cook over boiling water until mixture begins to thicken. Remove from stove, add vanilla and salt and chill. Beat egg whites until stiff and fold into jelly when almost set. Mold and chill until firm.

KNOX *is the real* GELATINE

IF you agree that recipes like the ones on this page will be helpful, write for our complete Diabetic Recipe Book—it contains dozens of valuable recommendations for the diabetic diet. We shall be glad to mail you as many copies as you desire. Knox Gelatine Laboratories, 434 Knox Ave., Johnstown, N. Y.

ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods

Name _____

Address _____

City _____

State _____

Your next bifocal Rx, Doctor . . .



BLUE RIBBON Rx SERVICE

try PANOPTIK *—the bifocal that gives single vision comfort . . .*

The WHITE-HAINES OPTICAL COMPANY

"There's a W-H house near you"

Columbus Cleveland Cincinnati Dayton
Lima Zanesville Springfield
Marion Youngstown



STONEMAN PRESS, COLS., O

[PRINTED IN U.S.A.]

The New York Academy of Medicine

THIS BOOK MUST NOT BE RETAINED FOR LONGER THAN ONE WEEK AFTER THE LAST DATE ON THE SLIP UNLESS PERMISSION FOR ITS RENEWAL BE OBTAINED FROM THE LIBRARY.

